

Somerset Villa Residential Care Home Limited

The Horizon

Inspection report






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Ratings

Overall rating for this service

Good 

Is the service safe?	Requires improvement 
Is the service effective?	Good 
Is the service caring?	Good 
Is the service responsive?	Good 
Is the service well-led?	Good 

Overall summary

This inspection took place on 8 July 2015 and was unannounced. The Horizon provides care and support to a maximum of eight adults with mental health needs. At the time of our inspection, there were six people using the service.

At our inspection on 4 June 2014 the service did not meet regulation 23 of the Health and Social

Care Act 2008 (Regulated Activities) Regulations 2010 because staff had not received appropriate support through supervisions and appraisals. Our inspection on 8 July 2015 found that the service had made improvements in respect of supporting staff and regulation 23 had been met.

There was a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People who used the service told us they felt safe in the home and around staff. Relatives of people who used the service told us that they were confident that people were

Summary of findings

safe in the home. Systems and processes were in place to help protect people from the risk of harm. These included careful staff recruitment, staff training and systems for protecting people against risks of abuse.

Positive caring relationships had developed between people who used the service and staff and people were treated with kindness and compassion. People were being treated with respect and dignity and staff provided prompt assistance but also encouraged people to build and retain their independent living skills.

People told us that they had been given their medicines as prescribed. There were arrangements for the recording of medicines received into the home and for their storage, administration and disposal of medicines. However, we noted that regular temperature checks had not been carried out to ensure that medicines were stored at the right temperature. We also found that medicine audits were not documented and therefore there was no evidence that these took place.

There were enough suitably trained staff to meet people's individual care needs and this was confirmed by staff we spoke with. Staff spoke positively about the training that they had received.

Staff had the knowledge and skills they needed to perform their roles. Staff spoke positively about their experiences working at the home. Staff told us that they felt supported by management within the home and said that they worked well as a team.

Care plans were person-centred, detailed and specific to each person and their needs. People were consulted and their care preferences were also reflected. People's health

and social care needs had been appropriately assessed. Identified risks associated with people's care had been assessed and plans were in place to minimise the potential risks to people.

Staff received training in the Mental Capacity Act 2005 and were able to demonstrate a good understanding of how to obtain consent from people. Staff we spoke with understood they needed to respect people's choice and decisions if they had the capacity to do so.

The CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS ensure that an individual being deprived of their liberty is monitored and the reasons why they are being restricted is regularly reviewed to make sure it is still in the person's best interests. No DoLS applications had been submitted as people were not restricted.

The service had an open and transparent culture where people were encouraged to have their say and staff were supported to improve their practice. We found the home had a clear management structure in place with a team of care staff, the deputy manager and the registered manager. There was a system in place to monitor and improve the quality of the service which included feedback from people who used the service, staff meetings and a programme of audits and checks.

We found the premises were clean and tidy. The home had an Infection control policy and measures were in place for infection control. There was a record of essential inspections and maintenance carried out.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe. We saw that arrangements were in place in relation to the recording and administration of medicines. However, temperatures were not recorded and there was no evidence of medicines audits.

People who used the service told us they were treated well by staff and felt safe in the home.

Staff were aware of different types of abuse and what steps they would take to protect people. Risks to people were identified and managed so that people were safe and their freedom supported and protected.

Staffing arrangements were adequate. Safe recruitment processes were followed and the required checks were undertaken prior to staff starting work.

The provider had appropriate systems in place to manage emergencies.

Requires improvement



Is the service effective?

The service was effective. Staff had completed relevant training to enable them to care for people effectively. Staff were supervised and felt well supported by their peers, the deputy manager and the registered manager.

People were provided with choices of food and drink. People's nutrition was monitored.

People were able to make their own choices and decisions. Staff and the registered manager were aware of the requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS) and its importance.

People had access to health and social care professionals to make sure they received appropriate care and treatment.

Good



Is the service caring?

The service was caring. We saw that people were treated with kindness and compassion when we observed staff interacting with people using the service. The atmosphere in the home was calm and relaxed.

Wherever possible, people were involved in making decisions about their care and staff took account of their individual needs and preferences.

People were treated with respect and dignity. We saw that staff respected people's privacy and dignity and were able to give examples of how they achieved this.

Good



Summary of findings

Is the service responsive?

The service was responsive. Care plans were person-centred, detailed and specific to each person's individual needs. People were consulted and their care preferences were reflected in the care plans.

People were encouraged to provide feedback about the quality of the service they received. We saw evidence that care plans were reviewed by staff and people.

Activities were available and people had opportunities to take part in activities they liked. We saw that the home had a room dedicated to activities.

The home had a complaints policy in place and there were procedures for receiving, handling and responding to comments and complaints.

Good



Is the service well-led?

The service was well led. Staff were supported by management within the home and felt able to have open and transparent discussions through supervision meetings and staff meetings.

The home had a clear management structure in place with a team of care staff and the registered manager. Staff said that the managers were approachable and helpful.

The home had carried out an annual satisfaction survey. We saw that the feedback was generally positive.

Systems were in place to monitor and improve the quality of the service.

Good



The Horizon

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, and to provide a rating for the service under the Care Act 2014.

We undertook an unannounced inspection on 8 July 2015 of The Horizon. The inspection was carried out by one inspector.

Before we visited the home we checked the information that we held about the service and the service provider including notifications about significant incidents affecting the safety and wellbeing of people who used the service.

During this inspection we observed how staff interacted with and supported people who used the service. We reviewed five care plans, three staff files, training records and records relating to the management of the service such as audits, policies and procedures. We spoke with four people who used the service and three relatives. We also spoke with the registered manager, deputy manager and two members of staff.

Is the service safe?

Our findings

All people we spoke with at The Horizon told us they felt safe in the home. One person said, “Yes it is safe here.” Another person told us, “I feel safe here.” Relatives of people using the service told us that they were confident that people were safe. One relative said, “It is definitely safe. I have no concerns at all.”

Staff we spoke with were able to identify the different kinds of abuse that could occur and knew how and where to make a referral. Staff knew what action they would take if they suspected abuse had happened within the home. They said that they would directly report their concerns to management. Staff were also aware that they could report their concerns to the local safeguarding authority and the CQC. We saw evidence that staff had received training in how to safeguard adults and training records confirmed this. Safeguarding policies and procedures were in place to help protect people and minimise the risks of abuse to people.

The service had a whistleblowing policy and contact numbers to report issues were available. Staff were familiar with the whistleblowing procedure and were confident about raising concerns about any poor practices witnessed.

The service had identified individual risks to people and put actions in place to reduce the risks. These were documented in care records. Risk assessments included details of preventative actions that needed to be taken to minimise risks and measures for staff on how to support people safely. Risk assessments were in place for various areas such as self-neglect, violence and absconding. The assessments outlined what people could do on their own and when they required assistance. This helped ensure people were supported to take responsible risks as part of their daily lifestyle with the minimum necessary restrictions.

Through our discussions with staff and management, we found there were enough staff to meet the needs of the people living in the home. On the day of the inspection we observed that staff did not appear to be rushed and were able to complete their tasks. People who used the service expressed no concerns in respect of staffing levels. The registered manager told us there was consistency in terms

of staff so that people who used the service were familiar with staff. We looked at the staff duty rota and saw that this correctly reflected the staff on duty on the day of our inspection.

We looked at the home’s recruitment process to see if the required checks had been carried out before staff started working at home. We noted that the home had not recently employed new members of staff. There were recruitment and selection procedures in place to help ensure people were safe. We looked at the recruitment records for three staff and found background checks for safer recruitment including enhanced criminal record checks had been undertaken and proof of their identity and right to work in the United Kingdom had also been obtained. Two written references had been obtained for staff, however we noted that in one staff’s file, the references had not been stamped by the referee and was not on letter headed paper and therefore it was unclear where the references were from. The registered manager explained that in future he would ensure that references were stamped or on letter headed paper.

The home had plans in place for a foreseeable emergency. This provided staff with details of the action to take if the delivery of care was affected or people were put at risk. For example, in the event of a fire or damage to the building.

Systems were in place to make sure people received their medicines safely. We checked some of the medicines in stock and these were accounted for. There were arrangements in place in relation to obtaining and disposing of medicines appropriately and systems in place to ensure that people’s medicines were stored and kept safely. The home had a medicines storage facility in place. The facility was kept locked and was secure and safe. We noted that regular temperature checks had not been carried out to ensure that medicines were stored at the right temperature and raised this with management in the home. They confirmed that in future these would be recorded.

The home had a comprehensive policy and procedure for the management of medicines to provide guidance for staff. We saw evidence that this policy was reviewed annually, to ensure that it provided up to date information on safe handling of medicines.

We viewed a sample of medicines administration records (MARs) for people who used the service. These were

Is the service safe?

accurate and were up to date, with one exception. We noted that for one person, the MAR had been signed to confirm that Paracetamol had been administered when it had not been given to the person. We spoke with the management about this and they confirmed that this was a one off error.

Staff who administered medicines told us they had completed training and understood the procedures for safe storage, administration and handling of medicines.

The deputy manager confirmed that medicine audits were carried out every day to ensure medicines were being correctly administered and signed for and to ensure medicines management and procedures were being followed. However, at the time of the inspection we saw no documented evidence to confirm this. The deputy manager and registered manager explained that these checks had not been recorded but confirmed that in future medicine audits would be documented.

The premises were well-maintained and clean. The home had an Infection control policy and measures were in place for infection control. Risks associated with the premises were assessed and all relevant equipment and checks on gas and electrical installations were documented and up-to-date. We also saw that the home had a cleaning schedule to ensure that all the necessary cleaning was carried out.

We recommend that regular temperature checks are carried out to ensure that medicines are stored at the right temperature and that there is evidence of medicine audits in accordance with medicines good practice and regulations.

Is the service effective?

Our findings

People told us that they were satisfied with the care and support they received. One person told us, “Staff are ok. They are friendly and talk to me with respect.” Another person said, “It’s fine here. No problems.” One relative we spoke with told us, “The home is fantastic. They deal with [my relative] wonderfully.” Another relative said, “I’m happy with the care.”

Training records showed that staff had completed training in areas that helped them when supporting people living at the service. Topics included safeguarding, medication, the Mental Capacity Act 2005 and DoLS, infection control and food safety. The registered manager explained that staff had received their training with the local authority and this was confirmed by staff we spoke with. Staff spoke positively about the training they had received and said that it had been helpful.

During our inspection on 4 June 2014, we found that staff had not received appropriate supervisions and appraisals enabling them to perform their work appropriately and ensure people using the service were safe and protected. Our inspection on 8 July 2015 found that the service had made improvements in respect of supporting staff. There was evidence that staff had received regular supervision sessions since the last inspection and this was confirmed by staff we spoke with. Staff spoken with said there were regular meetings where they were able to discuss their personal development objectives and goals. Staff said they found meetings useful because it helped them to discuss learning opportunities or training needs. We also saw evidence that staff had received an annual appraisal about their individual performance and had an opportunity to review their personal development and progress. The deputy manager confirmed that these would occur annually.

Staff told us that they felt supported by their colleagues and management. One member of staff told us, “It is exciting and interesting working here. We work well as a team. Management are helpful and friendly.” Another said, “I feel supported here.”

Care plans contained information about people’s mental state and cognition. We saw evidence that people who used the service were able to make their own choices and

decisions about care and they confirmed this when we spoke with them. People had regular meetings with staff to discuss their care and progress and people’s care plans were updated accordingly.

When speaking with the management at the home, they demonstrated a good understanding of the Mental Capacity Act 2005 (MCA) and issues relating to consent. Training records showed that all staff received training in this area. Staff we spoke with had knowledge of the MCA and were aware that they should inform the registered manager of any concerns regarding people’s capacity to make their own decisions. They were also aware of the importance of ensuring people were involved in decision making. Where people were unable to make decisions, they were aware of the importance of involving their relatives.

The CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The registered manager understood the requirements of the Deprivation of Liberty Safeguards (DoLS). There were systems in place to follow the requirements of DoLS. No DoLS applications had been submitted as people were not restricted within the home.

The arrangements for the provision of meals were satisfactory. We saw that there was a set weekly menu which was devised based on what people liked to eat. There were alternatives for people to choose from if they did not want to eat what was on the menu. People we spoke with were positive about the food at the home. One person told us, “The food is good. There is a variety of food.” Another person said, “The food is fine. There is enough food.” One relative told us, “People get a proper meal at the home. The food is fine. I have been there when food is served.”

During the inspection we observed that people were able to eat when they wished to do so. We saw that the food was freshly prepared. The kitchen was clean and we noted that there were sufficient quantities of food available. Further, we checked a sample of food stored in the kitchen and saw they were all within their expiry date.

People’s weights were recorded monthly. This enabled the service to monitor people’s health and nutritional intake. The registered manager explained that if people had a low appetite or were at risk of weight loss, they would complete a detailed record of their food intake so that they could

Is the service effective?

monitor people's nutrition and ensure that they were eating sufficient quantities of food and would consult with the GP. We noted that at the time of our inspection, there were no concerns about people's weight.

People were supported to maintain good health and have access to healthcare services and received ongoing

healthcare support. Care plans detailed records of appointments with health and social care professionals. We also saw evidence that following appointments, people's care plans were updated accordingly.

Is the service caring?

Our findings

When asked about the home and how they felt about living there, one person told us, “It’s caring here.” Another person said, “Staff are very helpful. They listen to me.” One relative told us, “[My relative] is well cared for here. It is a caring environment.” Another relative said, “I am happy with the care. It is like a family there. [My relative] has been calmer since he has been there.” All people spoke positively about the care and support they received at the home and no concerns were raised.

The registered manager, deputy manager and care staff we spoke with had a good understanding of the needs of people and their preferences. They were also able to tell us about people’s interests and their backgrounds. This ensured that people received care that was personalised and met their needs. Care staff were patient when supporting people and communicated well with people. The registered manager, deputy manager and care staff we spoke with explained to us that they encouraged people to be independent and where possible, to do things themselves.

Staff had a good understanding of treating people with respect and dignity. They also understood what privacy and dignity meant in relation to supporting people with personal care. They gave us examples of how they maintained people’s dignity and respected their wishes. One member of staff said, “I respect people’s privacy and give them choices. I call them by the name they like.”

We saw people being treated with respect and dignity. We observed care staff provided prompt assistance but also

encouraged people to build and retain their independent living skills and daily skills. Care plans set out how people should be supported to promote their independence and we observed staff following these during the inspection. People were supported to express their views and be actively involved in making decisions about their care, treatment and support and this was confirmed by people we spoke with. Care plans were individualised and reflected people’s wishes.

We observed interaction between staff and people living in the home during our visit and saw that people were relaxed with staff and confident to approach them throughout the day. Staff interacted positively with people, showing them kindness, patience and respect. People had free movement around the home and could choose where to sit and spend their recreational time. We saw people were able to spend time the way they wanted. Some people chose to watch television in the communal lounge and some people chose to spend time in their bedroom. Other people went out during the day.

Consistency of staff meant people were familiar with staff and appeared comfortable around them. This also helped ensure that staff were aware of people’s individual needs and what support they required.

All bedrooms were for single occupancy. This meant that people were able to spend time in private if they wished to. Bedrooms had been personalised with people’s belongings, such as photographs and ornaments, to assist people to feel at home.

Is the service responsive?

Our findings

People told us that they received care, support and treatment when they required it. They said staff listened to them and responded to their needs. One person said, “I feel involved with my care and with decisions.” One relative we spoke with said that they were kept involved with their relatives care and staff provided them with updates.

People who used the service were able to lead social lives that were tailored to their needs. Each person had an activity plan which detailed what activities they liked to participate in. During our inspection, we observed that some people were out throughout the day and others were in the home. The home had an activities room which included a snooker table and a tennis table. During our inspection we saw one person playing snooker with a member of staff. People spoke positively about the activities room and told us that there were sufficient activities available and had no complaints.

We looked at five care plans and found they contained detailed information that enabled staff to meet people’s needs. Care plans contained details of people’s personal preferences and routines and focused on individual needs. Care plans focused on ways to promote people’s independence and this was echoed by staff we spoke with. There were appropriate risk assessments and detailed guidance for staff so people could be supported appropriately. There was evidence that people were involved in completing their care support plan and these were person centred. We saw that care plans had been signed by people to show that they had agreed to the care they received.

Staff responded promptly when people’s needs had changed. Staff told us that they were made aware of changes by communicating with one another. When changes occurred, care plans were reviewed and changed accordingly and we saw evidence of this.

There were systems in place to ensure the service sought people’s views about the care provided at the home. There was evidence that people were given an opportunity to discuss their individual progress as well as other issues important to them such as food served and issues relating to the running of the home.

We saw evidence that a satisfaction questionnaire had been completed by people who used the service in January 2015. This showed that people were generally satisfied with the service. Feedback received included, “I feel staff are very caring and helpful, kind and cooperative.” The registered manager and deputy manager confirmed that satisfaction surveys would be carried out annually.

Information on how to make a complaint was available to people who used the service. We saw evidence that the service had dealt with complaints received appropriately. People told us they felt free to raise issues with the staff or management and were confident they would be addressed. The home had a complaints policy in place and there were procedures for receiving, handling and responding to comments and complaints. We saw the policy also made reference to contacting the CQC and local authority if people felt their complaints had not been handled appropriately by the home.

Is the service well-led?

Our findings

People told us that they found management at the home approachable and felt comfortable raising queries with them. One person said, “I feel able to raise issues if I need to but I have not problems/issues to raise.” and another told us, “The manager is fine. Everything is fine. I can raise issues if I need to.” One relative we spoke with told us, “The registered manager is nice and helpful. Staff provide me with updates.”

There was a clear management structure in place with a team of care staff, the deputy manager and the registered manager. Staff told us that the morale within the home was good and that staff worked well with one another. Staff spoke positively about working at the home. They told us the registered manager was approachable and the service had an open and transparent culture. One staff member said, “I really do feel comfortable raising issues. It is a good team. We work well together.”

Staff were informed of changes occurring within the home through staff meetings and we saw that these meetings were documented. Staff told us that they received up to date information and had an opportunity to share good practice and any concerns they had at these meetings. Staff also told us that they did not wait for the team meeting to

raise queries and concerns. Instead, they said they discussed issues during daily handovers and felt able to speak with management at any time. This was confirmed by the deputy manager who told us, “Staff can speak to me at any time.”

We saw that the home had a quality assurance policy which detailed the systems they had in place to monitor and improve the quality of the service. The service undertook a range of checks and audits of the quality of the service in an attempt to improve the service as a result. We saw evidence that the service carried out maintenance and health and safety checks. They also carried out audits in respect of complaints received and care plans. However we saw no documented evidence that medicine audits were being carried out. We spoke with the deputy manager and registered manager about this and they confirmed that they did daily checks in respect of medication but these were not formally recorded as part of an audit. They confirmed that in future, medicine audits would be recorded.

Accidents and incidents were recorded and analysed to prevent them reoccurring.

People’s care records and staff personal records were stored securely which meant people could be assured that their personal information remained confidential.