

Horizon Care Supported Living Limited

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Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This comprehensive inspection took place on 18 May 2018. We gave the service 48 hours' notice of the inspection visit because the location provides a domiciliary care service and we needed to be sure that someone would be at the office.

Horizon Care Supported Living Ltd provides personal care to people living in the community. The service is in the Dinnington area, on the border of Sheffield and Rotherham. Support packages are flexible and based on individual need. At the time of our inspection the service was supporting six people.

This service provides care and support to people living in a 'supported living' setting, so that they can live in their own home as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

At the last inspection in May 2016 the service was rated Good. You can read the report from our last inspections, by selecting the 'all reports' link for 'Horizon Care Supported Living Ltd' on our website at www.cqc.org.uk.

At this inspection we found the evidence continued to support the rating of Good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our rating of the service has not changed since our last inspection.

The registered provider had appointed a manager, who had commenced the process of applying to CQC. However, they were absent at the time of the inspection and the deputy manager was running the service on day to day basis, with support from the head of care services. This meant the service did not have 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 we spoke with felt safe using the service. We saw that the service was particularly person centred and that risks were well managed. People were safely supported with their medicines. There was a procedure in place to ensure any safeguarding concerns were addressed and reported. There were sufficient numbers of staff to meet people's needs and it was evident that staff had been safely recruited.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. The service supported people to maintain a healthy diet and people who required the involvement of health care professionals were assisted to obtain this. Staff told us they enjoyed working at the service and had received

support, training and supervision to help them to carry out their support role effectively.

People told us the support team were very caring. They said they treated people with respect and dignity, and staff supported them in a way which met their needs. People and their relatives had been involved in formulating support plans.

The service continued to ensure that people's needs were assessed and support was planned and delivered in line with their individual support plans. People's plans clearly identified their individual preferences and the areas in which they needed support. It was also evident that staff worked hard to provide people with the support they needed to have a good lifestyle that suited their individual and cultural needs and aspirations. The service continued to ensure that there was an effective and accessible complaints procedure.

The registered provider continued to ensure there was an effective system to monitor the quality of service delivery and of staff performance. People, and those who were important to them, were routinely consulted about their satisfaction in the service they received. It was evident that people's comments and ideas were used to develop and improve the service. It was also evident that the team worked well in partnership with other professionals, to provide a person centred service that met people's needs.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Horizon Care Supported Living Limited

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 registered provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection included a visit to the agency's office on 18 May 2018. To make sure key staff was available to assist in the inspection the registered provider was given short notice of the visit, in line with our current methodology for inspecting community based services. One adult social care inspector carried out the inspection.

To help us to plan and identify areas to focus on in the inspection we considered all the information we held about the service. This including notifications submitted to us by the registered provider, and information gained from people who had contacted CQC to share feedback about the service. A Provider Information Return (PIR) had been sent to the registered provider for completion. This was returned within the timescale requested. The PIR is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make.

We requested the views of other agencies that worked with the service, such as the local authority contracts team. We also spoke with one health care professional and an independent advocate who had ongoing involvement with some of the people who used the service.

During our inspection we visited the supported living setting and spoke with two of the people who were using the service. We also spoke with staff and managers including the head of care services, the nominated individual, one support worker, the in-house trainer, one senior support worker, and briefly, the deputy manager.

We looked at documentation relating to people who used the service, staff and the management of the service. We checked two people's care and medication records and five staff files, which included recruitment, training and support records.

Is the service safe?

Our findings

People indicated that they felt safe and we observed that they were relaxed and happy in the company of the staff who were supporting them.

The registered provider continued to ensure people were protected from abuse. Training records confirmed staff received training in safeguarding people from abuse. Staff we spoke with explained what they would do if they suspected abuse had occurred and were confident the management team would take appropriate action.

The service continued to ensure risks associated with people's care and support were managed safely. The risk assessments described the relevant risks in detail and there was detailed written guidance for staff on how to manage risks. Accidents and incidents were monitored and analysed and it was evident that lessons were learned and action taken to prevent recurrences.

The staff we spoke with told us they had completed moving and handling training, as well as additional training specific to the individual person and the support they required. They told us that this included training in how to use specialist equipment for helping people to move and transfer, such as hoists. Staff received training in infection control and, as part of people's support plans, effectively supported people to keep their home clean.

Each person's support hours were funded in line with their individual needs and it was evident there were enough staff to meet people's needs. The head of care services told us that if they felt people's level of need required more hours of support; they would discuss a reassessment with the person's social worker.

The registered provider continued to ensure there was a safe recruitment and selection process in place. The service had a recruitment policy and procedure in place for recruiting new staff. This process included obtaining pre-employment checks prior to staff commencing employment. These included references, and a satisfactory Disclosure and Barring Service (DBS) checks. The DBS checks help employers make safer recruitment decisions in preventing unsuitable people from working with vulnerable people.

Each person had secure storage for their medicines and their plans included a section about their medicines and how they should be taken. The medication administration record charts were audited by members of the management team to ensure people were receiving their medicines as prescribed. There were written records of audits and of action taken to address any issues arising from them. There was also written evidence that staff had been trained and assessed as competent to administer medicines.

Is the service effective?

Our findings

The service continued to ensure that people were supported to have sufficient to eat and drink and to maintain a balanced diet. As part of people's support plans, people were involved in menu planning and shopping. We visited the supported living environment and found staff were available to assist people with food and drink preparation when needed. Support plans identified the assistance each person required in this area and gave information about the person's likes and dislikes. Any food allergies were highlighted in people's records and, where necessary, health care professionals had been involved to support people to have a diet that met their particular needs. People who used the service indicated that they were happy with the support the staff provided with planning and preparing their meals. For instance, one person said, "I'm good at cooking and I enjoy it. Staff are good and help me."

The registered provider continued to ensure that people were supported to maintain good health. People's records showed that the staff had supported them to have access to a range of external healthcare services. People had plans about their health care needs such as, specific physical and psychological needs, along with their hearing, sight and dental care. There was clear records and guidance for staff where people had any specialist needs, and when they used specialist equipment, for instance, to help with their mobility.

Staff we spoke with were knowledgeable and understood people's needs very well. This included knowledge of any specialist healthcare needs they might have. Staff were trained in the areas that were relevant to people's needs. Records we saw showed they completed a very comprehensive range of e-learning sessions covering areas such as person centred care, risk assessment, nutrition and epilepsy, as well as communicating effectively and the principles of care and confidentiality. A number of staff had attained nationally recognised vocational qualifications in care at diploma level and above.

New staff completed an induction, which included training that was tailored to meet their individual training needs and the needs of the people who were using the service. The staff we spoke with confirmed this and told us that the registered provider placed a good emphasis on making sure staff were well trained. They told us they received effective face to face training, which supported them to carry out their role. This included core subjects such as moving and handling, safeguarding people, food hygiene and fire safety. Staff also told us they could request other training, to develop their knowledge in specific areas.

Staff we spoke with told us they were supported well by their colleagues and the management team. Although, there had been some changes and disruption some months ago, when the previous registered manager left and several other staff were leaving. They said this had now been resolved, the team was developing well and the appointment of the deputy manager had, had a very positive effect

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. The management team told us staff completed training in the MCA and in consent, and records we

saw confirmed this. The staff we spoke with were aware of good practice guidance. They told us they were always careful to maintain the principles of the MCA. For instance, one staff member said, "It's our role to support people to make their own decisions."

Is the service caring?

Our findings

The people who used the service indicated that staff were kind and caring. For instance, one person told us, "Yes, they [staff] are very nice, and caring."

The service continued to ensure that staff spoke to people with respect, upholding their dignity and confidentiality. We saw that staff interacted well with people who used the service. Conversations between staff and people who used the service were warm, friendly and positive. When people indicated that they needed help staff responded straight away, to assist the person or checked what they needed. One person confirmed that staff respected them and always sought their views.

The support plans we looked at showed that people had been involved in planning their care and support. There were records where people had recorded their support needs and the goals they wanted to achieve. The plans were written in a person centred way, meaning that each care plan was tailored to each person's individual needs. Where appropriate, support plans included information about ensuring people's dignity and privacy was respected.

Each care plan included daily notes which showed what support had been provided to each person. The notes were detailed and showed that people's support had been delivered in accordance with their assessed needs, as set out in their support plans. People's records included a lot of information about their personal circumstances and how they wished to be supported. The information had been added to and developed over time, to give a good picture of what was important to people, their preferred routines, their interests and the things they did and did not like. This helped to make sure that staff supported people in the way they wanted. People were asked about the kind of person they wanted to support them and care was taken in matching staff with people.

The registered provider continued to ensure that staff received training about equality and diversity and this was reflected in the way they approached people's support. The staff we spoke with described a personalised approach when talking about supporting people. For instance, some people had specific communication needs and staff described the work done to help staff to engage them effectively. Additionally, people had support from the same staff consistently, which was important to them and had enabled good communication and positive relationships.

Staff we spoke with told us the management team had clear values and encouraged them to work within these values. This included supporting people in the way they wanted, by listening to people and helping them to have choice. Staff were clear that it was important to ensure people were involved in their care and for them to be at the centre of all discussions and planning involving their care and support. They told us that they talked to people and involved them. They told us they supported and encouraged people to be as independent as possible. Additionally, two people had an advocate who was actively involved with them, and information was made available to people about what advocacy services they could use in the local area.

Is the service responsive?

Our findings

People told us that the support staff listened to them and helped them to be involved in all decisions about their support on a day to day basis. The health care professional and independent advocate we contacted confirmed this and provided positive feedback about the responsiveness of the service. For instance, the advocate felt the support offered to people was of a good standard. They felt the deputy manager had made a particularly positive contribution in ensuring that people and, where appropriate, their family members were involved in decision making.

The service continued to ensure that people were supported to follow their interests and take part in activities that they liked, and that were socially and culturally relevant and appropriate to them. This included having access to the wider community, and access to education and work opportunities. It was also clear from talking with members of the support team that thought and care was put into supporting people in their relationships with people that mattered to them, such as family, friends and partners.

We saw copies of people's support plans and day to day records during our visit to the office location. The plans we saw provided details for staff about people's individual needs and their preferences in relation to how their support was provided. This meant staff had good written information on how to provide person centred care and support in accordance with the person's wishes. This was helpful, particularly where people who used the service had specific communication needs. People had detailed plans in relation to their communication needs. There was also a lot of information shared with people in different, more accessible formats, such as large print versions with pictures, to help them make informed choices.

The service continued to ensure there was an effective complaints procedure. The records we saw showed that people's concerns and complaints were listened to, taken seriously, investigated and responded to. People had been given an easy read leaflet explaining how to complain. It was evident that people knew how to make a complaint and felt empowered to do so, without fear of discrimination, harassment or disadvantage. One person we spoke with said they were encouraged to raise concerns or make complaints if they were not happy about anything.

Is the service well-led?

Our findings

The registered provider had appointed a manager, who had commenced the process of applying to CQC. However, they were having a period of absence at the time of the inspection and the deputy manager was running the service on day to day basis, with support from the head of care services.

People we spoke with told us they were happy with the support team and of the way the service was run. Staff we spoke with also spoke positively about the deputy manager and felt supported by them. Staff told us they attended team meetings, which allowed for staff to be updated on developments within the service and changes to policy or procedure. Staff felt that people received a good service. They told us communication amongst the team was good and it was evident they worked well with other professionals.

The health care professional and the advocate we contacted were aware that there had been a difficult period when some staff had left, saying that at that time they had concerns about management and professionalism in the service. However, they told us this had been for a limited period and had been addressed effectively. Suitable replacement staff had been recruited and the team was working well. They provided very positive feedback regarding the way the service was managed by the deputy manager. For example, one health care professional told us of an instance where the team, particularly the deputy manager, had conducted themselves particularly well in relation to a specific challenge in one person's life. This included being open to ideas, supporting the person, maintaining a consistent approach, monitoring and recording, communicating well and participating in multidisciplinary meetings.

There were effective systems in place to evaluate the service, including monitoring records, such as people's support plans and medication records. Records of staff recruitment and training reflected that staff were both suitable and trained to meet the requirements of their role. Audits of the quality and safety of the service were thorough, and this meant that any shortfalls were quickly identified and addressed.

The registered provider continued to ensure people were regularly asked about their satisfaction with the service. People were routinely involved in day to day decisions and there were formal systems in place to gain and record feedback from people who used the service, their relatives, representatives and staff. This reflected that the management team continually evaluated the service and identified areas of improvement.