

Living Horizon Ltd

Living Horizon

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 inspection took place on 6 April 2018. It was an announced visit to the service.

We previously inspected the service on the 30 July 2015. The service was rated Good at the time. However the provider was failing to report events it was legally required to do so. We found a breach of the Regulations of the Health and Social Care Act 2008. We asked the provider to complete an action plan to show what they would do and by when to improve the key question, Well Led to at least good. At this inspection we found improvements had been made.

Living Horizon provides care and support to people living in three supported living settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. The Care Quality Commission (CQC) does not regulate premises used for supported living; this inspection looked at people's personal care and support. At the time of the inspection three people were supported with personal care needs by staff. People supported either had a learning disability or mental health condition.

We received positive feedback from people who were supported by the service. This was supported by health and social care professionals we received feedback from. Comments from people included "This is the best support I could ask for...They [Staff] care for me and worry about me." Another person told us "I get good support, whatever you need help with. I would recommend it."

People were encouraged to be independent and staff supported them to manage risks posed to them. This was supported by what a social care professional told us "They [Staff] work flexibly with her, giving her independence and managing risks."

People were treated with dignity and respect and staff were able to adapt their communication style to suit the situation.

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.

Systems were in place to ensure important information about people was shared with staff. Daily notes on

what support people had received were updated in a timely manner. Staff shared learning with each other to achieve the best outcome for people.

The provider monitored the service and regularly involved staff in the development of the service. Staff felt valued and listened to. There was a clear culture in the service to provide a high quality service.

We found gaps in some of the required records. For instance there was not a full record of member of staff employment history. We also found gaps in records relating to the support given to staff. We have made a recommendation about records in the report.

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 remained Good.

Is the service effective?

Good ●

The service remained Good.

Is the service caring?

Good ●

The service remained Good.

Is the service responsive?

Good ●

The service remained Good.

Is the service well-led?

Good ●

The service remained Good.

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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, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We gave the service 48 hours' notice of the inspection visit because it is small and the registered manager is often out of the office. We needed to be sure that they would be in.

Inspection site visit activity started on 4 April 2018 and ended on 12 April 2018. It included reviewing notifications and any other information we had received since the last inspection. A notification is information about important events which the service is required to send us by law. We visited the office location on 6 April 2018 to see the managers; to review care records and policies and procedures. We looked at three people's care records which included records of medicines administered. We reviewed four staff recruitment files and cross referenced practice against the provider's own policies and procedures. We visited one of the supported living settings, where we spoke with one person who was supported by staff and one staff member.

Following the visit to the office we sought further clarification from the provider, which we received in a timely manner. We spoke with and sought feedback from community healthcare professionals. We contacted social care professionals with knowledge of the service. This included people who commission care on behalf of the local authority. We sent a request for feedback to staff.

Before the inspection the provider completed a Provider Information Return (PIR). We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

Our findings

People told us they continued to receive safe care. One person told us "They [Staff] keep me safe...They [Staff] worry about me."

People were supported by staff with the appropriate experience and character to work with people. Pre-employment checks were completed for staff. These included employment history, references, and Disclosure and Barring Service checks (DBS). A DBS is a criminal record check. We noted gaps in the employment history were not recorded on one staff file. There is a requirement for providers to check gaps in employment for staff who work within a regulated service to ensure staff were suitable to work with people. The gap had not been identified by the provider. The registered manager agreed to ensure this was explored with the member of staff. The registered manager had been working on a checklist for the recruitment process as they had identified general improvements were required. The registered manager shared the work to date with us. Once embedded the checklist would reduce the likelihood of future gaps being missed. Recruitment files checked by the local authority in a recent contract monitoring visit did not find any gaps in the required pre-employment checks.

People told us they felt there were enough staff to support them with their needs. One person told us "I get the help I need" another person told us "[Name] of staff is always around to help me." The registered manager advised there was a minimum number of staff on duty each day and night, with additional support from a member of staff who was 'on call'. The number of staff on each day varied depending on the support required to people. For instance if a person required support to attend an external appointment, additional staff would be rostered. The registered manager advised that the use of agency staff was rare. Staff gave us feedback that on occasions they were asked to cover more than one supported home at the same time. One member of staff told us "It happens often that some clients are on 15 minutes checks and being a lone worker...makes it very hard." Another member of staff told us "I need to run next door to administer medication to another [Service user] or give emotional support to another client." The comments about the deployment of staff were also echoed by a health care professional who told us "I am not sure there is always enough staff to fully support people." We have provided this feedback to the provider to take appropriate action. We have also shared this information with the local authority contract monitoring team. We checked the staffing levels for all the people who received the regulated activity. We found enough staff were deployed to support people with their identified needs.

People were protected from the risk of abuse. The service had a safeguarding procedure in place. Staff received training on safeguarding people. Staff had knowledge on recognising abuse and how to respond to

safeguarding concerns. Staff were able to give us a comprehensive account of the different signs of abuse. Staff had access to the local safeguarding team contact details. One staff member told us "If I was told or suspected that someone had been abused I would record and report to management and or relevant authorities immediately." Another member of staff told us "I would report it straightaway to management and to the police." People we spoke with stated they knew who to speak with if they had any concerns. One person told us "I would talk to [Name of registered managers] or [Name of co-ordinator]." Where concerns were raised about people's safety or potential abuse, the service was aware of the need to report concerns to the local authority and also their requirement to report this to CQC. A social care professional we spoke with confirmed staff reported safeguarding concerns to them in a timely manner and felt the staff had a "Good understanding of how to safeguard people from abuse."

Risks posed to people as a result of their medical condition had been assessed and systems were in place to reduce the likelihood of harm. The service supported people who presented at high risk from abuse, self-neglect and or deterioration in their health. We noted people were supported to manage the risks posed to them. For instance people were encouraged to manage their health conditions by taking prescribed medicines and other people were encouraged to let the staff know their estimated time of returning to the service if they went out. The service had engaged with external organisations to help manage the risks to people. For instance the service had been visited by the local community support officer to talk to people on how they could keep safe.

Where people had known behaviours that challenged or presented a potential to harm staff, the provider had considered risks posed to staff. Clear guidance was available for staff on how to manage situations which could escalate. Staff had access to an emergency call system. Where required emergency services could be deployed if required. We checked incident reports and noted the emergency call system had been successfully used to deal with a recent situation. We found there was a good balance between managing risks and supporting people to express their freedom. This was supported by what a social care professional told us. They told us "They [Staff] work flexibly with her, giving her independence and managing risks."

The records around the management of risk were routinely reviewed. The provider had internal information sharing forums where discussions took place about how best to support people manage the risks posed to them. For instance we looked at communication between staff. One member of staff had shared a new approach they had used when supporting a person manage the risks of self-neglect. Records were securely stored and only available to staff who required access to them.

Where people required support with taking their prescribed medicine, this was detailed in their care plan. Staff who supported people were provided with training. One member of staff told us a senior member of staff had checked they were competent to support people with their medicine. Where people were prescribed medicines for occasional use (PRN), additional guidance was available for staff to follow. Where people were prescribed medicine which had the potential to be abused, the service ensured additional storage and stock checks were in place to reduce the likelihood of abuse or theft. A member of staff told us they felt the system for managing medicine was safe and "Worked well."

People were supported by staff who had received training on how to prevent the risk of infection spreading. Staff who supported people with food preparation had received training in food safety. Cleaning stock was discussed at weekly managers meeting to ensure staff had access to the required equipment to reduce infections. Health and safety checks were completed on a regular basis to ensure people were protected from the risk of infection and other hazards which could potentially cause harm.

Incident and accidents were recorded. Systems were in place to support staff to understand their

responsibilities to report events. The registered manager monitored events and any incidents or accidents were discussed in a weekly managers' meeting. If remedial action was required a member of staff would be identified a task. We could see the provider had shared learning with the wider staff group in order to prevent a future occurrence. This meant the provider had systems in place to learn from when care and support did not go as planned.

Our findings

People told us and we found they continued to receive effective care, based on best practice and national guidelines. Prior to a person moving into the supported housing schemes a full assessment of their needs was undertaken. Information was gathered from health and social care staff. Following the initial assessment, which considered cognition, physical ability, sexuality and religious beliefs, a full care plan was drawn up in partnership with the person. People told us they worked with staff to get the help they need. One person told us "I look a lot better now; I am involved with decisions about my care."

Staff had an awareness of actions which may discriminate and worked together to promote equality. Staff supported people who used the service to be aware of situations when they may be discriminated against. For instance, when out in the community.

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 take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. Applications to deprive a person who is supported in their own home need to be made to the Court of Protection (COP). The staff received training on the MCA. At the time of the inspection no-one who was supported had been referred to the COP. We spoke with a social care professional who told us they had supported the service to assess a person's capacity to make a specific decision about mobility aids. We asked the registered managers if they had ever completed a decision specific mental capacity assessment. They told us they had not. However they were aware of situations which would indicate when a capacity assessment would be required.

People were supported by staff who had received induction training and support to understand their role and responsibilities. This was followed by ongoing training and refresher training. All new staff were supported to study the Care Certificate. The Care Certificate is a set of nationally recognised standards all care staff needs to meet. The standards include communication, privacy and dignity; equality and diversity and working in a person centred way as examples. Staff told us their induction had prepared them for the role. They told us "My induction involved online completion of the Care Certificate, medication, first aid, mental capacity, safeguarding, fire, infection control training. This was followed by shadowing staff on shift

and the then team leader." Another member of staff told us "I got all the information I needed from her [Senior member of staff], and when I started working I found it really easy because of all the information she's given me." The registered manager told us some staff required more time to shadow existing staff and this was accommodated. We viewed staff rotas and found this to be the case.

The provider had recently adopted a new staff supervision policy; it provided a flexible approach to supporting staff. It included three monthly 'formal supervision meetings'; 'job chats', 'group supervision meetings' and ad-hoc meetings'. We checked if staff had received support in line with the policy. We found a number of gaps in the records relating to staff support. We discussed this with the registered manager. They advised that due to the new policy and changing in management structure they had identified this area required improvement. However when we received feedback from staff they felt supported and advised us they kept in regular contact with management. The registered manager advised that new personnel had been appointed and they were confident that future one to one meetings with staff would take place in line with the policy. They provided us with evidence of when the future meetings would take place.

Where people required support with eating and drinking this was detailed in their care plan. One person told us "They [Staff] help us with getting food, working in the kitchen." Staff had an awareness of the nutritional needs of people and encouraged a healthy diet. One member of staff told us "All food and drink consumed is recorded ... I know people are getting enough to eat through monitoring on [Computer system used]." One person told us how the staff had spoken with them about budgeting for a meal as they liked to go out to a 'fast food' outlet and this used a lot of their money up.

The provider had systems in place to ensure that staff worked well together to ensure people received coordinated care. For instance all staff had access to a computer based system. All care and support was entered onto the system in a timely manner. Each week staff received an update from management about the past week. One member of staff had told the provider "I am in Romania and I feel like I have worked the entire week." [The member of staff had been on holiday, however had received a weekly update from the service.] The level of communication about people also extended to external services. Health and social care professionals we spoke with and received feedback from confirmed they were contacted in a timely manner and the service worked well with them to promote people's safety, well-being and health.

Where people required support to attend health appointments this was provided on a one to one basis. Staff made appropriate referrals to external healthcare when required. For instance, one person had been seen by an occupational therapist as they had presented as being at risk of falling when mobilising. Another person had been supported to attend a support group meeting for their particular behaviour.

Our findings

We observed people continued to experience kind and compassionate support. This was supported by what people and professionals told us. One person told us "The staff are very helpful, it's a friendly atmosphere, it's a good house." A healthcare professional told us "He seems to be happier and engaging with the staff well."

We observed staff had developed good working relationships with staff. One person was observed to be sitting with staff in the dining area. It was clear from their body language and how they spoke about the member of staff, that they had confidence in the staff member. This was supported by what a social care professional told us. They told us "[Name of staff member] works really well with [Name of person]."

The service ensured that people had access to the information they needed in a way they could understand it and were complying with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. One member of staff told us "If people have difficulty communicating their wishes I would help them by engaging outside help e.g. SALT [Speech and language therapist]. Deaf awareness (get a BSL [British sign language]/Makaton interpreter) learn how to sign or engage the services of an advocate. I have received deaf awareness training which helped me communicate with a client who was profoundly deaf in both ears, non-verbal and lived here until December 2017."

Staff were aware of services that supported people to express their views such as advocacy services. Where required people were referred to external service to help them get the support they needed. People were encouraged to be involved in decisions about their care. Formal and informal meetings were held with people to discuss their progress. We noted information about the support required to people was communicated to staff on a regular basis. A handover meeting took place between staff to ensure important information was shared.

People were treated with dignity and respect. This was evident throughout the communication between staff and the interactions we observed. Staff were able to change their communication style to suit the situation they were dealing with. For instance, staff kept calm in situations which had the potential to escalate to violence or self-harm. A member of staff told us "I protect people's dignity by asking them what they would like, allowing them to exercise their right to choose, treating them with respect, giving them the information to make informed decisions, treating them as an individual who has rights like every other

person and respecting their privacy and confidentiality and their value as a human being."

People told us they were happy living within their accommodation and the support they received from staff. One person told us "This is the best support I could ask for...They [Staff] care for me and worry about me." Another person told us "I get good support, whatever you need help with. I would recommend it."

Our findings

People told us and we observed they continued to receive personalised care, which responded to changes in their needs. A member of staff told us "I help people do the things they want by supporting them in a person-centred way as outlined in their care plans."

Each person who was supported had a comprehensive set of care plans and risk assessments which detailed how they wished to be supported. Care plans covered a wide range of daily activities people were involved in. For instance, level of support required with personal care, medicines and domestic chores as examples. Risks associated with the support were considered and staff had access to information on how to minimise harm to people and themselves. For instance one person was a diabetic and staff had access to how to support them if their blood sugar was too high or too low. However this was not consistent for all people with diabetes. We provided this feedback to the registered managers who confirmed this would be updated. At the time of the inspection the district nursing team were managing the person's diabetes. However it is good practice for staff to be aware of what changes in health may indicate if the person was becoming unwell.

Care plans were updated when changes occurred. Whilst we were visiting the office a message had been sent in from a member of staff regarding a change in need. The registered manager had read the message and had requested the care plan to be updated. All weekly changes to care plans were discussed in weekly managers' meetings and subsequently communicated to all staff in the weekly update. One member of staff told us "I know how individual people like things done by asking them and updating their care plans accordingly, ensuring that care plans are updated and reviewed when due or when there is a change."

Staff were aware of people's likes and dislikes as this was detailed in their care plan. People were encouraged to maintain contact with relatives and other meaningful others. One person told us it was their birthday soon. We observed they were discussing with staff how they wished to celebrate it. We noted this had also been discussed in the weekly management meeting. Although the person had not fully decided how they wished to celebrate their birthday, it was clear the service was committed to supporting the person's choice.

People's individual communication needs were assessed. One person was referred to the community assistive technology provider for support with a mobile telephone. The person had been provided with a large digital mobile phone which they found easier to use.

The provider had a compliment and complaint policy. Systems were in place to respond to concerns about care and support. The registered manager kept a record of comments received and actions undertaken to resolve the issue. The registered manager advised that house meetings which were offered in the past were not successful in gaining feedback from people as they were poorly attended or people did not speak up. The provider had discussed with staff about re-introducing the meetings as there had been a change in people supported within the supported accommodation.

At the time of the inspection the provider was not providing palliative or end of life care.

Our findings

At the previous inspection carried out on 30 July 2015, we found the provider did not always inform CQC of certain events it was legally required to. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We asked the provider to ensure improvements were made. At this inspection we checked if we had been notified of events when required. We checked our records against the provider's records. We found improvements had been made and we had been notified when required. We have been satisfied the provider is no longer in breach of this regulation.

Throughout the inspection we found minor omissions in record management. For instance the gaps in employment history for one member of staff and the lack of supervision records on file. We also noted there was no guidance for staff for one person who was diagnosed with diabetes.

We recommended the service ensures records are maintained and audited to ensure they are accurate and up to date.

The service had joint registered managers in post. 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.

The provider had recently entered into a business partnership with a nationally recognised provider of services for people with mental health, autism and or learning disability. Living Horizon is therefore going through a transitional period. A number of the policies and procedures in use at the time of the inspection will be replaced in due course. In addition a new management structure had been introduced, along with a quality monitoring process.

At the time of the inspection the provider and registered managers monitored the success of the support provided by holding weekly manager meetings with each supported living scheme. Learning and actions from the meetings were shared with the wider staff group.

Staff told us they felt valued by the provider; there was a clear vision within the service to provide a high quality service. There was an emphasis on empowering people to make their own choices about the service they received. Staff told us they were involved in decisions about the service provided and told us their suggestions and views on improvements were listened to. One member of staff told us "Yes I am asked for

suggestions on how to improve the service and any suggestions made are sent out to all staff for their thoughts and input then discussed at weekly management meetings." We found the management open and transparent throughout our inspection and provided information when it was requested in a timely manner.

There is a legal requirement for providers to be open and transparent. We call this duty of candour (DOC). Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014, states when certain events happen, providers have to undertake a number of actions. We checked if the service was meeting the requirements of this regulation. At the time of the inspection there had not been any events which met the DOC threshold. However the registered manager was aware of their responsibilities and they had also provided staff with training.

The provider worked in partnership with external agencies. It had links with social and support groups, local authority and local health providers. People were provided with information about the local area and events which occurred. We received positive feedback from health and social care professionals about how the service worked with them to achieve a better quality of life for people supported by Living Horizon.