

New Horizons 24/7 Pvt Ltd

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## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

New Horizons 24/7 Pvt Ltd is a domiciliary care service providing the regulated activity personal care to people living in their own home. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of inspection, 1 person was receiving personal care.

### People's experience of using this service and what we found

#### Right Support:

Care records did not always reflect the person's current needs. There were some needs which did not have a care plan or risk assessment in place. The gaps in the records did not always support staff to oversee the safety of the person. Staff were responsive when the person's needs changed and embraced recommendations and guidance from health professionals. Staff acted quickly to manage the risks the person faced and ensured timely support was provided.

The person lived in their own home and was supported by staff to make choices about their living environment including the décor and were supported to access services to support with the upkeep of the environment. Staff knew how to manage the risks of cross infection. Staff understood the person's needs, wishes and preferences and were supported to remain as independent as they could be. The person was encouraged to make their own decisions about all aspects of their life.

The person was supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

#### Right Care:

The person had a core staff team in place who they knew extremely well and had led to meaningful and supportive relationships. This meant staff knew when changes in the person's health and well-being were taking place and allowed them to act quickly. However, staff worked excessive hours without breaks as recommended in health & safety legislation. This increased the risk of potential harm to the person. Staff received regular training to support them to carry out their roles safely, however not all of them had not received training to manage behaviours or in learning disabilities. The cultural needs of the person and staff were understood, and a diverse workforce was in place. The person received individualised care from kind and caring staff. They understood how to communicate with the person to make sure their needs were met.

Staff worked well with health and social care professionals to provide the right support to keep the person safe. They understood how to protect the person from poor care and abuse. Staff had received training about how recognise and report abuse and they knew how to apply it.

### Right Culture:

Quality assurance procedures needed further development to ensure all aspects of the service were encapsulated. Staff said they felt supported in their roles. Leaders needed to be visible and responsive to ensure they had full oversight of the service. They embraced feedback to support ongoing development in the service.

The person had used the service for many years and had been supported by staff to live safely within their local community. They had continued to deliver a service to the person which supported them to live their best life.

Staff said they enjoyed working with the person and enjoyed the flexibility they received from the provider. Staff turnover was very low and had supported the person to develop and maintain meaningful relationships with the staff team.

Staff had a good understanding of supporting the person with all of their health and well-being needs and embedded training and national guidance to deliver the best care to the person. The culture of the service and its inclusivity had enhanced the person's life. The ethos, values, attitudes and behaviours of the provider and the staff team supported the person to lead an inclusive and empowered life. The person was at the centre of their care.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published 10 December 2018).

### Why we inspected

This inspection was prompted by a review of the information we held about this service.

### Enforcement and Recommendations

We have identified breaches in relation to staffing, record keeping and oversight of the service.

Please see the action we have told the provider to take at the end of this report.

### Follow up

We will ask the provider to tell us how they will make changes to ensure they improve their rating to at least good. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# New Horizons 24/7 Pvt Limited

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

#### Inspection team

One inspector carried out this inspection.

#### Service and service type

This service is a domiciliary care agency. It provided personal care to a person living in their own house.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was announced. We gave the service 24 hours' notice of the inspection. This was because it was a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 3 July 2023 and ended on 10 July 2023. We visited the location's office on 4

July 2023.

What we did before the inspection

For example: We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We visited 1 person using the service and spoke with their relative over the telephone. We spoke with two health professionals. We also spoke with a director, the registered manager and 3 staff. We reviewed 1 person's care records, 2 staff records and records relating to the day to day running of the service.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Staffing and recruitment

- The service had enough staff to support the person. The numbers and skills of staff matched the needs of the person using the service. However, staff worked excessive hours without breaks during shifts or between shifts. They also slept at night when they were required to be awake. This increased the risk of potential harm to person. The provider started to address this following feedback during inspection.
- Staff had completed training to carry out their roles, however only 2 out of 5 staff had completed training in learning disabilities and 1 staff member had completed training in de-escalation. Not all staff had completed the care certificate. These gaps in training did not support staff to manage potential risks of harm.

The provider had not assessed, monitored and mitigated the risks relating to the health, safety and welfare of the person using the service and staff. This is a breach of regulation 12 (Safe care & treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Recruitment was carried out safely.

### Assessing risk, safety monitoring and management

- Staff knew the person extremely well and were responsive to their needs. They were able to anticipate and respond to the risks which the person faced. However, care records were not reflective of the person's current needs. Risks associated with falls and critical health conditions needed to be sufficiently detailed with guidance in place to support staff to take timely action.
- Staff could recognise signs when the person experienced emotional distress and knew how to support them to minimise the need to restrict their freedom to keep them safe. However, records to support staff to do this were not sufficiently detailed.

The provider had not ensured accurate, complete and contemporaneous record were in place or relevant training provided to support staff to deliver person-centred care. This is a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Using medicines safely

- The person received their medicines when they needed them. Staff understood when to give the person 'when required' medicines, however protocols to dispense these types of medicines were not in place.
- Staff managed the person's behaviour and medicines for this were not overused. However, staff were not aware of the principles of STOMP (stopping over-medication of people with a learning disability, autism or

both). Regular reviews of the person's medicines by their GP had taken place.

- Staff had good oversight of the person's medicines and records demonstrated they had completed regular checks to ensure none were missed.

#### Preventing and controlling infection

- The service used effective infection, prevention and control (IPC) measures to keep the person safe, and staff supported the person to follow them. Staff understood how to keep the person safe from catching and spreading infections. Staff used PPE effectively and safely.
- The service's IPC policy was up to date and staff had completed training. Audits in relation to IPC had not been completed, however this was addressed during inspection following feedback.
- All staff involved in the person's care had completed food hygiene training and followed correct procedures for preparing and storing food.

#### Systems and processes to safeguard people from the risk of abuse

- The person was kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to do so.
- Staff had received training on how to recognise and report abuse and they knew how to apply it.
- The person and those who matter to them had safeguarding information in a form they could use, and they knew how and when to raise a safeguarding concern.

#### Learning lessons when things go wrong

- Staff knew the person well and were responsive to potential incidents. These were de-escalated quickly and supported the person to remain safe. The provider understood how to oversee accidents and incidents and policies were in place to support them. They understood how to use learning to support improvements to the service.



# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Governance processes needed further development to ensure they encapsulated all aspects of the service. For example, there were gaps in some of the audits completed for medicines and record keeping. Audits were not in place for some areas, such as infection prevention and control.
- There were gaps in the providers knowledge to deliver a safe service. The provider was not aware of guidance to support people with a learning disability and/or autism. They were also not aware of health and safety executive regulations to support staff at work.

The provider's quality assurance proceeded had not supported them to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity. This is a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider worked hard to instil a culture of care in which staff truly valued and promoted people's individuality, protected their rights and enabled them to develop and flourish.
- Management and staff put people's needs and wishes at the heart of everything they did. The visibility of leaders needed to improve as part of their oversight of the service and to lead by example.
- Managers promoted equality and diversity in all aspects of the running of the service.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The service apologised to people, and those important to them, when things went wrong. Staff gave honest information and suitable support, and applied duty of candour where appropriate.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The provider sought informal feedback from staff to make improvements about the procedures in place to support the person. More formal methods of feedback needed to be introduced to seek feedback from multiple sources and considered how this feedback might be used to lead improvements.
- The service worked well with health and social care professionals to support the person with their health

and well-being needs. They were not involved in any quality improvement activities or local forums to work with other organisations to improve care and support for people using the service, however they had plans in place to do this.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  (1) Care and treatment must be provided in a safe way for service users.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  (1) & (2) Systems in place to oversee the quality of the service were not robust. Governance procedures did not adequately assess, monitor and improve the quality and safety of the services provided and did not assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity; accurate, complete and contemporaneous records were not in place.