

# Somerset Villa Residential Care Home Limited

## The Horizon

### Inspection report

154 Hedge Lane  
Palmers Green  
London  
N13 5BX

Tel: 02088822663

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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

The Horizon is a residential care home providing accommodation and personal care to seven people living with mental health conditions at the time of the inspection. The Horizon can accommodate up to eight people in one adapted building.

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

People told us they felt safe and were happy living at The Horizon. Safeguarding processes were in place to protect people from abuse.

Risks associated with people's support needs had been assessed and detailed guidance was in place for staff to follow. People were protected from the risks associated with the spread of infection. The service was clean.

There were enough numbers of staff available to meet people's needs and ensure their safety. Appropriate recruitment procedures ensured prospective staff were assessed as suitable to work with vulnerable adults.

People received their medicines on time, safely and as prescribed.

Staff received appropriate induction, training and support to meet people's needs safely and effectively ensuring people experienced a good quality of life.

People were 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.

Staff were caring and kind and relatives confirmed this. We observed staff responding to people's needs with kindness and respect.

Care plans in place detailed people's needs and preferences. People's care needs were assessed prior to admission and reviewed thereafter.

Staff supported people to meet their health and nutritional needs. Staff worked with health care professionals to maintain people's wellbeing.

Audit processes in place enabled managers to identify how the service was performing and where improvements were required. Where minor issues were identified during this inspection, these were addressed immediately.

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 20 December 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# The Horizon

## 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 Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

The Horizon is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

Prior to the inspection, we reviewed the information that we held about the service and the provider including notifications about the safety and well-being of people who used the service.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

#### During the inspection

We spoke with four people who used the service about their experience of the care provided. We spoke with the registered manager and deputy manager. We also observed interactions between people and care staff.

We reviewed a range of records. This included four people's care records and seven people's medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at policies and procedures, training data and quality assurance records. We also spoke with four relatives and three support staff.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- Systems were in place to assess risk so that people were supported to be safe and free from avoidable harm.
- Risk management plans provided support staff with guidance and direction on how to minimise people's identified risks. However, we did find that certain risks associated with people's health and medical conditions had not been assessed and documented. The registered confirmed that this would be addressed immediately.
- Assessed risks included risks associated with behaviours that challenge, mobility, choking and exploitation.
- Care plans including risk assessments were reviewed and evaluated on a monthly basis.
- Monthly health and safety checks were completed and included fire safety and management to ensure people's safety from the risk of harm.
- People had individualised Personal Emergency Evacuation Plans (PEEPs) in place which detailed the support they would require in case of an emergency.

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

- People were safeguarded from the risk of abuse.
- Policies and procedures in place supported the registered manager and support staff to understand their responsibilities with identifying and reporting all concerns to the relevant authorities.
- People told us they felt safe living at The Horizon. One person stated, "Yeah I do feel safe."
- Relatives also confirmed that they were reassured and happy with the care their family member received. Feedback included, "Safe, he is indeed" and "Safe, definitely. It puts my mind at rest as I have no worries about him being there."

### Staffing and recruitment

- We observed that there were enough staff available to support people safely.
- The registered manager explained that where people required additional support to attend appointments or outings, this was provided.
- Policies and procedures in place ensured that all staff recruited were verified and assessed as safe to work with vulnerable people.
- Pre-employment checks completed included checking the Disclosing and Barring Service for any criminal convictions, conduct in previous employment and proof of identification.
- Whilst most recruitment checks were complete, for all four staff files that we looked at we found that a full employment history had not always been provided and gaps in employment had not always been explored.

We raised this with the registered manager who acknowledged this shortfall and assured us that going forward these checks would be completed more thoroughly.

#### Using medicines safely

- People received their medicines on time and as prescribed. Systems and processes in place supported this.
- Medicines were stored securely. Medicine administration records were complete and no gaps in recording were identified.
- Where people had been prescribed 'as and when required' (PRN) medicines, a PRN protocol was in place which gave staff guidance on how and when those medicines should be administered. 'As and when required' medicines are medicines that can be given for things like pain relief and to help anxiety.
- Support staff received appropriate medicine administration training and were observed whilst administering medicines to ensure that they were competent to do so.
- Daily and weekly medicine checks were completed to ensure people received their medicines safely and as prescribed. However, these were also not formally recorded. Following the inspection, the registered manager agreed to implement a formalised process to record completed audits.

#### Preventing and controlling infection

- Procedures and processes were in place to prevent and control infection.
- We observed the home to be clean. Daily cleaning processes were in place to prevent the spread of infections. Current guidance was also available, including policies and risk assessments, around managing COVID-19 safely.
- Staff told us they had access to Personal Protective Equipment (PPE) such as face masks, gloves and aprons, and regular training around infection control.
- The management and staff at The Horizon had successfully managed to keep people safe from the COVID-19 infection, with no positive cases recorded since the start of the outbreak. All staff had been vaccinated. People and all staff were also required to test for COVID-19 on a regular basis to ensure protection and safety from infection.

#### Learning lessons when things go wrong

- All incidents and accidents had been documented with details of the nature of the accident and actions taken.
- The registered manager and staff team together ensured that all accidents and incidents that occurred within the service were reviewed and analysed so that learning and further development could be implemented.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed prior to admission to The Horizon. This allowed the service to assess suitability and whether people's needs and choices could be effectively met in line with current standards, guidance and the law.
- The registered manager explained that currently, even though they had one vacant room, they were not currently considering any new referrals. This was due to the current pandemic and not being able to meet potential new people in person as the registered manager did not want to risk unsettling current people living at the home.
- A comprehensive care plan was compiled based on all the information gathered as part of the assessment process. We saw records confirming that people, relatives and health care professionals were involved in the care planning process.
- Care plans were reviewed regularly to ensure people continued to receive the appropriate level of care and support.

Staff support: induction, training, skills and experience

- People were supported by staff who had received appropriate training to carry out their role effectively.
- Staff told us, and records confirmed that they received an induction prior to starting work at the service followed by training and updates in a variety of topics associated with their role.
- Staff also had access to regular training to refresh and update their knowledge. One staff member explained, "We got a lot of training provided by the care home, when we do supervision, we check training and we make sure we are up to date. If I ask, I will get. They direct me to where I need to book my space."
- In addition to training, staff were regularly supported through supervision and annual appraisals where they were able to discuss their performance, issues they were facing and further development opportunities.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported and encouraged to eat and drink, whilst taking into consideration a healthy and balanced diet.
- We observed people to be very independent in this regard and were able to access the kitchen area as and when they wished for food and drink.
- A menu was available to people as a guide to enable them to choose what they wanted to eat. However, people tended to choose what they wanted to eat on the day which was accommodated. One person told us, "Food is always really good." Another person commented, "Very good [food]. Fantastic."

- Where people had any specific religious, cultural or specialist dietary requirements including likes and dislikes, these were clearly documented within their care plan.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to access a variety of health care and social care services to maintain their health and well-being.
- Where people required support to access specialist services, we saw records of appropriate referrals that had been made requesting this.
- Where required, appropriate staffing arrangements were available to support people to an appointment or visit. Each visit or appointment was recorded with information about the visit and any actions or outcomes from the visit which required follow up.
- Staff maintained regular logs of people's health and wellbeing, weight and behaviour charts so that they could work together to ensure people received effective care and support.
- People were encouraged to maintain their oral hygiene. People's care plans detailed the support they required with their oral hygiene. Staff supported people to access the dentist on a regular basis.

Adapting service, design, decoration to meet people's needs

- People were able to access all areas of the home which included the conservatory and outdoor garden areas independently or with the support of a staff member where required.
- The registered manager had systems in place to facilitate safe visits during the current COVID-19 pandemic so that relatives could visit their loved ones.
- People had decorated and personalised their own bedrooms as per their choice.

Ensuring consent to care and treatment in line with law and guidance

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered manager and support staff understood the key principles of the MCA and how people were to be supported safely and effectively.
- Where people were being deprived of their liberty, appropriate referrals had been made to the local authority to ensure this was done lawfully and in the least restrictive way.
- Where people lacked capacity and best interest decisions had been made on behalf of people, these had been clearly documented and incorporated into the care planning process.
- Where people had capacity, records confirmed that they had been involved in the care planning and

delivery process. People had signed their care plans to confirm this.

# 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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People knew the registered manager and the staff team well. During the inspection we observed people approach the registered manager and other staff members with confidence. The registered manager and staff made themselves available each time. One person told us, "That man there [registered manager] is a diamond."
- Relatives also spoke positively of the registered and deputy manager. One relative told us, "I can always speak with [deputy manager] and she will fill me in with what's going on."
- The registered manager and staff team worked towards ensuring people received person centred care which achieved good outcomes. The Horizon had been some people's home for more than 10 years.
- People were empowered to live an independent life as possible and were encouraged to be involved in all aspects of their care and support.
- Support staff also spoke positively of the registered and deputy manager citing that they were always available to support and guide them in their role. One staff member told us, "I would say I am really happy. 10/10 they listen to you, they are accessible, any problems we get solutions."

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 registered manager understood their responsibilities around duty of candour and being open and honest when something had gone wrong. Statutory notifications were completed and submitted to the required authorities including CQC.

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

- There was a clear management structure in place which was understood by all staff. The registered manager and all staff understood their roles and the importance of managing risk and meeting regulatory requirements.
- The registered manager and provider carried out regular audits and checks to monitor the quality of care people received. Where issues were identified these were addressed immediately.
- Whilst we identified some minor concerns with risk management, staff recruitment and the lack of formalised recording of medicine management audits, following the inspection, the registered manager sent us evidence confirming that the issues identified had been addressed.
- The registered manager explained that learning and improving was key to ensuring people received safe,

good quality care. Daily handover and monthly staff meetings supported continued learning. One staff member explained, "We talk about what's been happening, any issues, what we can learn about things that have been happening especially in relation to COVID, changes in regulations, what we can do to improve."

- Throughout the inspection we gave feedback to the registered manager, which was received positively, and clarification was sought where necessary. The service demonstrated a willingness to learn and reflect to improve the service people received.

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

- People and their relatives were involved in the planning of their care and how they wished to be supported. The service supported this through regular reviews and one to one sessions. One relative told us, "They are obviously aware of his issues and address these straight away. I am always involved."

- Relatives also told us communication during the pandemic had been good and that the home kept them regularly updated by telephone.

- People were encouraged to participate in residents meeting on a regular basis and discussed topics such as COVID-19, people's feedback and care quality.

- In addition to meetings, people and relatives were also asked for their feedback about the quality of care and support they and their family member received. The last satisfaction survey exercise was completed last year in 2020 and feedback was positive.

- Staff told us that they were engaged, involved and listened to about the management of the service and ensuring people receive good quality care. This was done through daily handover, regular staff meetings, supervision and annual appraisals.

- The service worked in partnership with a variety of healthcare professionals such as GP's, district nurses, community psychiatric nurses and psychiatrists to maintain the health and wellbeing of people.