

New Horizons Homecare Services Limited

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Inspection report

Unit 8, Step Business Centre
Wortley Road, Deepcar
Sheffield
South Yorkshire
S36 2UH

Tel: 01142903627

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The inspection took place on 22 August and 6 September 2018. The registered provider was given short notice of the visit to the office, in line with our current methodology for inspecting domiciliary care agencies. This was the first inspection since the new service provider registered with the CQC in January 2018. Although many of the staff transferred to the new company.

New Horizons is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older people and people living with dementia.

At the time of our inspection there were 40 people being supported that were receiving personal care. The location provided the regulated activity in Sheffield.

The service did not have a registered manager. 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.

At this inspection we found the service was rated overall as Requires Improvement.

We found risks had been identified and staff had knowledge of how to manage risks. However, we identified some risk assessments lacked detail to ensure staff had the up to date information to manage risks safely. Medicines were given as prescribed, but documentation could be improved.

People's needs and choices were assessed and mental capacity assessments were undertaken. However, we found that best interests were not always clearly documented to show decisions where people lacked capacity were made in their best interests.

Quality monitoring systems were in place, although the registered provider had identified improvements were required in the governance and management structure to ensure they were fully implemented and embedded into practice.. They had made recent management changes to support staff which ensured the identified improvements were implemented and embedded into practice.

Everyone we spoke with, without exception, said they were very happy with the service they received. They told us no matter what staff member supported them, they were all able to meet their needs.

Staff told us they really enjoyed working for the agency and received support from the management team.

The recruitment processes were robust to ensure safe recruitment of staff to work with vulnerable people.

We saw people and their relatives had been consulted about the quality of the service. The provider had

learnt lessons in that they were improving the management structure to provide better support and introducing new paperwork to ensure effective management, review and oversight.

There was a procedure in place to ensure any safeguarding concerns were addressed and reported. Staff had good knowledge of how to spot the signs of abuse and what action to take. People we spoke with and their relatives told us the service provided ensured safety.

People told us the staff were very caring, kind and compassionate. Staff respected people's privacy and dignity and ensured their choices and decisions were sought.

The service supported some people to prepare and make meals. We found people were supported to receive adequate nutrition and hydration.

People who required the involvement of health care professionals were assisted to obtain this support, when it was required.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe?

People were receiving their medicines by trained and competent staff, but improvements needed to be made in the documentation and audit processes.

Risk were identified but documentation did not always reflect how the risk was managed.

Staff had good knowledge on how to safeguard people from abuse.

There was enough suitable and sufficient staff employed to support people.

Is the service effective?

Requires Improvement ●

The service was not always effective.

People were supported to make choices and their best interests were considered, however, these were not recorded.

There was a system in place to ensure staff were trained and training needs were identified. Staff told us they were supported but the formal supervisions were not up to date.

People had access to healthcare professionals when required.

Is the service caring?

Good ●

The service was caring.

People told us staff were kind, caring and compassionate.

Staff explained how they maintained people's privacy and dignity and involved people in their care.

Is the service responsive?

Good ●

The service was responsive.

People's needs had been assessed and people were involved in planning their care.

People knew how to make a complaint and felt able to complain if they needed to.

Is the service well-led?

The service was not always well led.

There was no registered manager, but the registered provider was addressing this and had improved the management structure.

The registered provider had systems in place to ensure the service operated to an expected standard. However, these were not fully implemented or embedded into practice.

Requires Improvement 

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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.'

The inspection included a visit to the agency's office on 22 August and 6 September 2018. The registered provider was given short notice of our inspection, in line with our current methodology for inspecting domiciliary care agencies. The inspection team consisted of one adult social care inspector.

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.

At the time of this inspection the agency was supporting 40 people who wished to retain their independence and continue living in their own home. Some people had their care purchased by a local authority, some were funded through the NHS Clinical Commissioning Group (CCG) and others were paying privately for the service.

On 22 August 2018 and 6 September 2018, we visited the agency office and spoke with the manager, two care co-ordinators and the registered provider. When we visited the office, we reviewed a range of records about people's care and how the domiciliary care agency was managed. These included people's care records, medicine administration record (MARs), staff training, support and employment records, quality assurance audits and findings from questionnaires that the registered provider had sent to people.

On 22 August 2018 we visited two people in their own homes. Whilst out on home visits we spoke with two people who used the service, one relative and two care workers. Between 23 August and 5 September 2018,

we spoke with five care staff, three relatives and four people who used the service by telephone. This was to gain their views on service provision.

Is the service safe?

Our findings

We found risks to people and the environment had been assessed and risk assessments were in place to manage risks. However, we found that some risks regarding moving and handling people were not fully documented. There was no evidence that this had resulted in any harm to people as there were consistent staff who were very knowledgeable on people's needs. We discussed this with the manager and on our second visit to the office they had commenced putting the full risk assessments in place to ensure people's safety.

People were receiving their prescribed medicines from competent staff. We looked at people's care records and found the documentation included a section about people's medicines and how they should be taken. We saw the medication administration records (MAR) were in place in people's homes for staff to complete.

However, we identified errors in the documentation we saw. Although these were picked up when the MARs were returned to the office, this could be weeks after the error occurred. We discussed this with the manager. On our second visit to the office the registered provider explained they had improved the systems to ensure any errors were reported immediately and action taken. We saw the documentation and system they were implementing and staff meetings were arranged to ensure all staff were aware of the new systems and procedures.

Some people had been prescribed medicines to be taken on an 'as and when' required basis, known as PRN medicines. People, who had been prescribed these medicines did not always have protocols in place. Staff we spoke with knew when the people they supported required these medicines, but if there were any new staff this meant they had no instructions to inform them when to administer this medication or how long to administer them for before seeking professional advice. We discussed this with the manager, who assured us these would be implemented.

A PRN protocol instructs staff when to administer medicines and how soon to seek medical advice when the PRN was not effective in alleviating the problem. We found people were being administered PRN medicines when required.

All the people and their relatives we spoke with without exception all felt the service was safe. One person told us, "They [the staff] all make you feel comfortable and I am certainly safe with them." A relative told us, "They [the service] are absolutely brilliant."

There was sufficient staff available to meet people's needs. Staff we spoke with told us their calls were predominantly well managed, they told us on occasions they had to pick up extra. This was usually due to peak holiday times or sickness. People we spoke with raised no concerns regarding staffing. One person said, "Even in the bad weather last winter the staff didn't let me down once, they always turned up, I can't fault them."

Staff had been recruited safely to ensure they were safe to work with people prior to employment. The

manager had ensured they had obtained all the pre-employment checks. These included references, and a satisfactory Disclosure and Barring Service (DBS) check. The DBS checks help employers make safer recruitment decisions in preventing unsuitable candidates from working with vulnerable people.

People were protected from the risks of infections. Staff were encouraged to use personal protective equipment (PPE) when supporting people with tasks where there could be a risk of infection, such as personal care.

We saw the provider learnt lessons learned to ensure the service improved.

Is the service effective?

Our findings

People we spoke with were very happy with the service provided. People told us they had their needs met by staff that were effectively trained and knowledgeable. One person said, "The care is excellent."

We found from talking with people who used the service and their relatives that staff supported people to live their lives in the way they chose, and their wishes and preferences were respected. Relatives told us they had been involved in care assessments before care packages started. This meant information about their needs, choices and preferences could be determined and guidance on how best to support them was made available. Staff told us this was particularly important when people they were supporting were living with dementia.

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.

We identified this had been discussed with people as part of the assessment process. Whilst the feedback about the outcomes for people in this area was positive, we found the documentation to support this was not always in place. However, it was being introduced by the registered provider. We were shown mental capacity assessment and best interest record documentation which the registered provider told us was to be introduced in September 2018. Staff had completed training in this subject and staff we spoke with had good knowledge of the MCA.

We saw from records staff had received training to be able to fulfil their roles and responsibilities. Staff we spoke with confirmed this. Staff we spoke with told us the training provided since the new provider was very good. One staff member said, "I have enjoyed the training." Staff told us they felt supported. However, formal supervisions had not been taking place. supervisions give staff opportunity to discuss any issues or concerns and identify areas for improvement or further training needs. The general manager told us they had implemented a schedule and these would commence in September 2018.

The general manager confirmed staff completed an induction and where necessary had undertaken the 'Care Certificate'. The 'Care Certificate' replaced the 'Common Induction Standards' in April 2015. The 'Care Certificate' looks to improve the consistency and portability of the fundamental skills, knowledge, values and behaviours of staff, and to help raise the status and profile of staff working in care settings. This helped to ensure staff were given the right skills and training after completing their induction.

People were supported to maintain a healthy diet. Some relatives we spoke with said their family member required assistance with preparing meals, while other people did not. Where assistance was needed, people were happy with how this was carried out. Staff we spoke with were knowledgeable on people's needs in regard to nutrition and were aware of how to support people who required special diets.

People were supported to receive health care as and when they needed it. Staff we spoke with, confirmed they would contact the registered manager, if they felt someone was unwell, or support them to call their GP or nurse. Peoples health needs were well recorded in their care plans.

Is the service caring?

Our findings

The people we spoke with during our visits and telephone interviews provided us with evidence that New Horizons was a caring service. Everyone we spoke with praised the care provided. One person said, "I can't believe my luck, the staff are lovely, there isn't anyone I don't like." Another person said, "They are absolutely brilliant. They [The staff] are compassionate and caring."

Relatives were also extremely positive about the care and support delivered. One relative said, "They [the staff] understand [my relatives] needs, I can't praise them enough." Another relative commented. "The staff, all of them, go above and beyond."

People were supported in line with their needs and wishes. Peoples relatives told us staff supported their family member to be as independent as possible by encouraging them to do as much for themselves as they possibly could. Staff spoke about people with respect. They were clear about the importance of maintaining confidentiality. Staff told us how they would ensure people's privacy and dignity.

We visited people in their homes and observed staff, we found staff were kind, considerate and polite. Staff knocked on doors before entering even if they had the key, they would shout out to tell people who it was so they knew who was entering their house.

Most people received care and support from a consistent staff team, which they all said was very important to them. They said they were introduced to new staff which meant they could meet them and this helped good communication and positive relationships. However, some people did tell us they did not always have a consistent staff team, but did add that although they got different staff they were all very good. One person said, "I get different care staff, but it doesn't matter who it is they are all very good."

People and their relatives were involved in planning their own care. An initial assessment of need was completed with each individual and this was then transferred into a care plan. The care plan showed what was important to people and how best to support people with various tasks. Relatives told us the communication was good and they were kept informed by a communication book and were informed by a telephone call of anything urgent.

Is the service responsive?

Our findings

People and relatives, we spoke with told us the staff provided personalised care and support that was responsive to the needs of the people who used the service. One relative we spoke with told us they had recently changed provider as they had not been happy, they said, "This provider is brilliant, they take time to understand [my relatives] needs and tailor the care to suit them, it is personalised." Another relative said, "The general manager and the team are excellent."

We looked at people's plans of care and we found their needs had been identified and there were details of how to meet those needs. Staff we spoke with were very knowledgeable on people's needs and understood what care and support was required. One staff member said, "It takes as long as it takes to provide the care required if it is longer than allotted, that isn't a problem, we need to ensure people are safe."

The registered provider was continually looking at ways to improve the care plans to ensure staff had up to date information available. For example, they were supporting several people who had indwelling catheters, in addition to the care plan in place, the provider had devised a catheter care fact sheet. This was in picture format and clearly showed how to manage catheter care to ensure people's needs were met.

Care and support provided had been recorded after each visit. The manager told us these notes were checked regularly to make sure appropriate care had been provided and any changes had been reported. Relatives who had read the contents of care plans and visit notes confirmed they accurately reflected the care their family member had received. Daily notes sampled during our visits to people's homes and the ones seen in the office were very descriptive and reflected the planned care.

The plans reflected people's physical, mental, emotional and social needs. This included any protected characteristics under the Equality Act 2010. The Act replaces all existing anti-discrimination laws, and extends protection across a number of protected characteristics. For example, race, disability, age, religion or belief. We also saw the service's Statement of Purpose and Service User Guide documents told people how the service aimed to respect people's privacy, dignity, and their diversity and human rights.

At the time of our inspection the service was not supporting anyone who was at end of life. The staff told us they had previously supported people who were at end of life and explained how they worked with external health care professionals to ensure the person was comfortable, pain free and safe. The registered provider had care plans to implement when people were at end of life and staff explained how they would involve the person and their family in developing the plan of care.

Systems were in place to make sure people's concerns and complaints were listened to and acted upon. The service had a complaints procedure which detailed how to raise concerns. The general manager told us this was provided to people at the beginning of their care package. We saw where complaints were received these were dealt with following the procedure and were managed effectively. This ensured any lessons were learned to drive improvements.

Is the service well-led?

Our findings

There was no registered manager at the service, there was a general manager who managed the day to day running of the service. We discussed this with the registered provider who told us they intended to register as manager and they would be available at the service more to ensure effective management. The provider had also implemented a new management team which was only fully operational in June 2018. The general manager was supported by two additional staff in the office whose roles were to co-ordinate calls, staff, organise the rotas, carry out audits and spot checks. The provider had a clear vision and strategy for the service to deliver high quality care and support.

Systems to quality monitor the service provision were in place. However, we found although areas for improvement were being identified, these were sometimes not in a timely way. For example, daily records and medication records were reviewed when they were returned to the office, therefore any errors identified were sometimes from a month prior. On our second visit to the office the registered provider had devised new systems to ensure any errors where quality could be improved were identified immediately. Staff meetings were arranged to discuss changes and then the systems would be implemented and become embedded into practice.

There was a positive culture within the staff team and staff spoke passionately about their work. Staff were committed to providing high quality care. Staff were complimentary about their line manager and told us communication was very good.

Relatives we spoke with told us they had regular contact with the office and were very happy with the communication. One relative told us, "The staff are always very helpful and [general manager] is always approachable and resolves any issues very quickly."

The registered provider intended to seek feedback from people who used the service and their relatives. This was to be in the form of questionnaires, which gave people opportunity to give feedback and raise any issues. The general manager told us they were about to send these out to gauge where they were and what improvements were required. They told us they felt now was an appropriate time as the new provider had been operating for eight months, meaning it would give a good benchmark to work from. We saw many thank you cards the staff had received for people who used the service which gave positive feedback.

People's care records were kept securely and confidentially, in line with the legal requirements. We asked for a variety of records and documents during our inspection. Services are required to notify CQC of various events and incidents to allow us to monitor the service. The general manager and registered provider had ensured that notifications of such events had been submitted to CQC appropriately.