

Horizonz Care Ltd

# Horizonz Care Ltd

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

Horizonz Care 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 range of people including older and younger adults. At the time of the inspection the service was providing personal care to 28 people. The service also provides social inclusion support to other people who use the service. This aspect of the service does not require registration with the Care Quality Commission and is not included within the scope of this inspection.

We visited the provider's office on the 29th August 2018 and made phone calls to people, staff and relatives between the 17 August and 7 September 2018. The inspection was announced. This meant we gave the provider a short amount of notice that we would be visiting.

At the last inspection in July 2017 we rated the service Requires Improvement. We found two breaches of regulation, one relating to unsafe recruitment practices and the other as the service was not acting within the legal framework of the Mental Capacity Act (MCA). At this inspection we found overall, the service was acting within the legal framework of the MCA and obtaining consent lawfully with improvements evident in this area. However, we found safe recruitment practices were still not being followed which meant the service was still in breach of this regulation. Because the provider had failed to improve in this area we also concluded governance systems were not effective. This led us to also find the provider in breach of another regulation relating to Good Governance.

We also found there were many areas where the service performed well. People and relatives provided good feedback about the service. They said they received good, personalised care from kind and caring staff. People said they had familiar care workers who knew them well. People said the management team were warm and friendly and willing to address any issues they had. We found the management team and staff to have good caring values and demonstrated a commitment to providing people with personalised care and support.

People said they felt safe using the service. Risks to people's health and safety were assessed and clear risk assessments produced for staff to follow. Staff knew people well and how to care for them. Action was taken following incidents and accidents to help keep people safe.

People received appropriate support with their medicines and clear records were kept to evidence this.

There were enough staff deployed to ensure people received a timely and reliable service. Staff said they did not have to rush and had time to complete care tasks to a high standard. However staff were not always recruited safely, as references had not always been obtained for new staff from previous employers. Staff received a range of training and support relevant to their role.

People said they received appropriate support at mealtimes. People's care needs were assessed and detailed plans of care were put in place. These were personalised and provided staff with clear instructions

on how people liked their care to be delivered. The service worked with health professionals to help ensure people's healthcare needs were met.

The service was acting within the legal framework of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS).

People said they were treated with dignity and respect by staff. People had a small group of care workers who got to know them well. New staff were introduced to people before they worked with them.

People said they felt listened to and valued by staff. Any complaints or issues were dealt with appropriately.

Audits and checks were undertaken by the service. However, these were not always thorough enough as they did not always pick up errors in care documentation. Systems and processes should also have been operated to ensure improvements were made to recruitment practices.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) 2014 Regulations. You can see what action we asked the provider to take at the back of the full version of this 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?

**Requires Improvement** ●

The service was not consistently safe.

Safe recruitment procedures were not always followed as references had not always been sought or recorded from previous employment.

There were enough staff deployed to ensure a reliable and timely service.

People felt safe in the company of staff. Risks to people's health and safety were assessed and mitigated. People had clear risk assessments in place and staff were familiar with plans of care.

Overall medicines were managed safely. Records demonstrated that people received their medicines as prescribed.

### Is the service effective?

**Good** ●

The service was effective.

People praised staff skill and knowledge. Staff received a range of training and support appropriate for their role.

People received the right support to ensure they ate and drank enough.

The service was acting within the legal framework of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS).

People's healthcare needs were assessed and the service worked with healthcare professionals to help meet people's needs.

### Is the service caring?

**Good** ●

The service was caring.

People said that staff were kind and caring and treated them with dignity and respect. Staff we spoke with demonstrated good caring values.

People were cared for by a small group of care workers who

knew them and their preferences well.

People felt listened to and the service made changes to plans of care following people's comments.

### **Is the service responsive?**

**Good** ●

The service was responsive.

People said they received appropriate care that met their individual needs. Care plans were clear and detailed and staff were familiar with them.

People received calls at the same times each day and the service was reliable.

People's concerns and complaints were listened to and acted on.

### **Is the service well-led?**

**Requires Improvement** ●

The service was not consistently well led.

The service had failed to ensure improvements had been made to recruitment procedures since the last inspection. Some audits and checks needed to be more thorough to ensure all issues were identified.

People and relatives spoke positively about the service and said the management team were kind and helpful. Staff said morale was good and they enjoyed working at the service.

People's views were regularly obtained and used to make improvements to the service.

# Horizonz Care Ltd

## 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 was announced. We gave the service 48 hours' notice of the start of the inspection. This was because we needed to make arrangements with the provider to speak to people who used the service and their relatives prior to visiting the office location. The inspection took place between 17 August and 7 September 2018. On 29 August 2018 we visited the provider's office to review care records and policies and procedures. Between 17 August and 7 September 2018 we made phone calls to people who used the service and staff.

The inspection team consisted of one inspector.

Before the inspection we reviewed information available to us about this service. 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. We also reviewed safeguarding alerts, 'share your experience' forms and notifications that had been sent to us. A notification is information about important events which the provider is required to send us by law. We also contacted the local authority commissioning and safeguarding teams to gain their feedback about the service. We obtained feedback from one health professional who worked with the service.

During the inspection we spoke with four people who used the service and five relatives. We spoke with five care workers, and the registered manager. We reviewed four people's care records and other records relating to the management of the service such as training records, rotas and audits.

# Is the service safe?

## Our findings

At the last inspection safe recruitment practices were not being followed. We found that appropriate checks had not been carried out prior to staff commencing work to help ensure they were safe to work with vulnerable people. At this inspection safe recruitment procedures were still not fully followed.

One staff member's application form had been poorly completed and did not give adequate details of where the person had previously worked. As such there was insufficient information to gain a reference from this employer. The application form should have been returned and the candidate asked to complete it properly. As a result, there was no reference gained from their most recent job in healthcare detailing their conduct and why their employment ended, which is a requirement under legislation.

In another staff member's personnel file, we saw no references had been received from the person's last two roles in health and social care. We saw the service had made efforts to chase up references via email but had not received any feedback. The documents also suggested a telephone reference had been obtained from the staff members last employer. However, there were no records to demonstrate when this was, which organisation was spoken to or what the feedback on the candidate was. This meant there was no reference about their conduct and why their employment ended.

This was a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw some good recruitment practices were also followed. Staff were invited to attend an interview with a detailed competency based interview taking place. Staff were also required to answer questions to determine their personal values and attributes. This enabled the registered manager to make a decision about whether or not their values were in line with those of the organisation.

There were enough staff deployed to ensure people received a reliable service. People said staff arrived on time and were reliable. Staff told us there were enough staff to ensure the service ran smoothly. A staff member said, "rota is workable, they give us travel time."

We looked at rota's which were manageable with travel time allocated between calls to help ensure staff could arrive on time. The registered manager told us they were only looking to take on additional care packages once they had the staff recruited to undertake additional calls. This demonstrated a well-managed approach to ensure the service did not take on additional work it could not honour.

We found people were protected from abuse and improper treatment. People said they felt safe and secure in the company of Horizonz care staff. People and relatives said they trusted the staff who delivered care and support and had no concerns over their conduct. Staff understood safeguarding matters and said they would report any concerns to management. They were confident their concerns would be taken seriously. We saw safeguarding incidents had been appropriately managed and investigated and concerns discussed with social workers, families and health professionals to gain their views on how to keep people safe. Where

staff conduct had fallen short of expectations we saw disciplinary processes had been followed to help keep people safe.

Risks to people's health and safety were assessed and mitigated. People said that if staff used equipment such as hoists they were used safely and competently. Care records demonstrated that risks to people's health were assessed and plans of care put in place to help staff keep them safe. For example, people had a range of risk assessment documents which covered their living environment, any health concerns, safe moving and handling and skin integrity. Staff we spoke with knew people well and how to care for them which gave us assurance these plans of care were followed. We saw staff worked with health professionals such as the local manual handling team to ensure people had the equipment they needed for staff to care for them safely.

People and relatives said that the service acted appropriately in emergency situations. For example, a relative told us that following a fall, staff had taken necessary action, called an ambulance and informed them. They said the staff member had waited with the person until the ambulance arrived.

Overall, we saw a low number of missed calls, with actions put in place where they had occurred. However, this information was not collated making it difficult to analyse the number of missed calls over time. The registered manager assured us they would address this.

People said staff adhered to good hygiene principals and wore appropriately personal protective equipment (PPE). Staff confirmed that they had access to a supply of personal protective equipment. Staff received training in infection prevention and hygiene techniques were checked during spot checks of their practice.

Overall medicines were safely managed by the service. People and relatives said staff provided appropriate support with medicines. One relative said "They have all been excellent with medicines over the last few years." Staff had received training in medicines management, this included a role-play scenario which assessed their competency to give medicine safely. People had medicine support plans in place which detailed the medicines they took and the support staff were required to provide. Medicine Administration Records (MAR) were in place and in the most part were well completed providing assurance staff had provided people with the right support. We did find on one MAR incorrect codes had been used stating the medicine had been administered when in fact it had been left out for the person to take later. Their support needs were not accurately described within the medicine support plan either. We raised this with the registered manager who took action to address.

Where people were prescribed topical medicines such as creams a body map was in place alongside a topical medicine support plan instructing staff on where to apply the cream. Topical Medicine Administration Records were well completed indicating people had received these medicines as prescribed.

At the time of the inspection the registered manager told us nobody was receiving "as required" medicines. However, they told us they would follow National Institute for Health and Care Excellence (NICE) guidance and ensure protocols were in place to ensure their safe and consistent use should staff support someone who took this type of medicine.



# Is the service effective?

## Our findings

People and relatives said the service provided effective care which met individual needs. One relative told us how thankful they were to Horizonz care for managing their relatives deteriorating health and help keeping them out of residential care. Relatives said that staff provided appropriate care to people living with dementia. They said that staff were respectful and communicated appropriately and that because people had familiar carers, staff got to know their needs and behaviours well.

People said staff had the right skills and knowledge to care for them. A relative said, "Yes we receive consistent care workers who know exactly how to look after her." People were assigned a small group of care workers. This helped staff build up the skills and knowledge needed to care for each individual. Staff received a range of training. This was a mixture of face to face and computer based training. It covered topics which include safeguarding, manual handling, medicines management, nutrition and the Mental Capacity Act (MCA). We looked at training records which showed training was kept up-to-date. Staff said training was appropriate and gave them the skills to undertake the role. They said they were shown how to use any new equipment before being required to use it. Staff were supported to achieve level 2 and 3 qualifications in health and social care. Staff received regular supervision and appraisals to support their developmental needs.

New staff undertook a period of shadowing before delivering care and support. Staff without previous experience completed the Care Certificate. The Care Certificate is a set of standards designed to equip social care and health workers with the knowledge and skills they need to provide safe, compassionate care.

People said staff provided appropriate support in the preparation of food. People's dietary needs were assessed and their preferences recorded to assist staff. These were detailed for example explaining how many sugars to put in each drink. Records we reviewed showed staff delivered care in line with these plans.

Relatives spoke positively about how the service met people's healthcare needs. One relative said the staff liaised well with the district nursing team over the management of their relative's skin integrity and the application of creams. Staff confirmed to us that they liaised with healthcare professionals to help manage people's needs. One staff told us how they had liaised and chased up with professionals to ensure a person got a new shower chair. We saw contact with health professionals was recorded on the computer system and any new care instruction passed to care staff to help ensure effective care.

People's healthcare needs were assessed. Information was present within care plans on each person's healthcare need to assist staff. This included information about specific medical conditions for, for example around high blood-pressure and Alzheimer's disease.

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.

At the last inspection we found a breach of regulation relating to Consent as the service was not consistently following the requirements of the MCA. On this inspection we found improvements had been made and the service now was acting within the legal framework of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). We found no DoLS applications had needed to be made. Where the service thought people lacked capacity, their capacity was assessed to determine their ability to consent to care and support arrangements. The registered manager understood their responsibilities in relation to the MCA, and said best interest decisions would be held with a multi-disciplinary team, including social workers, relatives and healthcare professionals if an important decision needed to be made for someone who lacked capacity. Most people who used the service could consent to their care and support arrangements and we saw they had been involved in this process. Care plans demonstrated people were involved in decision making in the maximum extent possible and people and relatives we spoke with said they were involved and consulted

The service had recorded where relatives had Lasting Power of Attorney (LPA) for people and whether this was for health and welfare or finance. The manager understood the significance of LPA and how its presence could affect decision making. However, we did find some of the terminology used in care plans needed amending to demonstrate the difference between decision makers and those consulted over people's care. We spoke with the registered manager who agreed to amendments to the way information was recorded on the electronic recording system to better reflect their knowledge and understanding of the matter.

## Is the service caring?

### Our findings

People and relatives said that staff were kind and caring and treated them well. One person said, "They are willing to help and will chat with me." A second person said, "They are friendly and kind they have time to chat." A relative said "They are friendly and do their job well."

People and relatives said that staff did not rush tasks and respected their relatives. They said staff had time for a chat as well as carrying out care and support tasks. This made people feel valued and ensure people had companionship from care workers. People said staff respected their homes and personal property and "cleaned up after themselves." Staff and the registered manager both demonstrated a dedication to providing people with compassionate and person-centred care.

People said they knew their care workers and received care from a small group of staff. This helped the development of positive relationships between people and staff. Staff we spoke and the registered manager with demonstrated they knew people well and were familiar with their needs. The registered manager and staff told us that new staff were always introduced to people before carrying out care and support, so people were not cared for by strangers. One person said, "I tend to get the same ones, it's never strangers." Another person said, "It's always people I know." A staff member said, "I get on really well with clients, I know them well and we communicate well together." People said that staff usually let them know if they were going to be late, either via phone or text message.

The service would benefit from recording information on people's past lives to aid in the better understanding of people. However, there was detailed information recorded in care plans on people's likes and dislikes and people said staff knew them well.

People said their independence was promoted by the service. One person said, "They encourage me to do tasks for myself." Care planning showed people's independence was promoted by the service. For example, care plans focusing on encouraging people to wash parts of their body themselves.

People and relatives felt listened to by the service. They said when any issues had arisen, they had been able to discuss them with the management team and make changes to plans of care. One relative said, "They listen to us and what she needs." Care records showed people's comments were recorded and action was taken to address any areas for improvements.

We looked at whether the service complied with the Equality Act 2010 and in particular how the service ensured people were not treated unfairly because of any characteristics that are protected under the legislation. We found reasonable adjustments had been made to meet people's diverse needs. This included adhering to people's cultural and religious preferences and matching people with carers who spoke the same language. Staff had received training in equality and diversity.

# Is the service responsive?

## Our findings

People and relatives said that care needs were met by the service. For example, they said staff were thorough and ensured that people were kept clean and well presented. A relative said, "The care has always been excellent, cannot fault."

People's care needs were assessed prior to using the service. The registered manager visited the person in their home or in hospital to complete an assessment to determine whether their needs could be met. This led to the development of clear and detailed plans of care. These provided instructions on the exact nature of the care to be provided at each visit to guide staff. These covered a comprehensive range of areas including oral care, mobility, pressure area, nutrition, and provided person centred instructions for each care visit. These were very personalised for example one care plan highlighted the types of socks the person preferred to wear and reminded staff how they liked their hair drying. People's cultural and spiritual needs were assessed as part of care planning.

Staff and the registered manager were very knowledgeable about people's needs and plans of care. This in conjunction with people's comments about the care, gave us assurance care plans were consistently followed.

We saw care plans were subject to regular review and people's feelings were recorded through review or surveys or feedback and changes were made to plans of care. People and relatives said they felt involved in the plan of care. One person said, "Yes we regularly have a chat about how things are going." Relatives said they were kept informed if there were any changes in their relatives needs or following an incident such as a fall. One relative said, "They are on the ball when it comes to communication." Staff also said communication was good and information was shared by messaging or phone calls if any changes to service delivery were required.

We looked at what the service was doing to meet the Accessible Information Standard (2016). The Accessible Information Standard requires staff to identify record, flag and share information about people's communication needs and take steps to ensure that people receive information which they can access and understand, and receive communication support if they need it.

People's communication needs were assessed and instructions provided to staff on how to meet people's needs in this area. Information had been provided to people in different formats. For example, larger text formats for one person who had reduced eyesight. Staff gave examples of how they adapted care and support depending on people's needs. For example, when supporting a visually impaired person to dress, they lay out a number of different outfits and let them feel the texture of clothes to help support decision making.

People were asked for their preferred visit times and the service made arrangements to meet their needs. One person told us how they were impressed they were able to have a call at 10.30pm, and that other care companies had not been able to commit to such a late call. Most people said staff arrived on time and

stayed for the full call duration. We reviewed daily records of care and saw that staff usually arrived at the same time each day. One relative said, "Very prompt with time keeping." This helped in the provision of person centred care.

We saw the provider was utilising technology. For example, staff accessed their rota's via their mobile phones, this meant they viewed live rota's which would be updated if any changes to care provision were required.

Complaints were managed appropriately by the service. Information on how to complain was provided to people in documentation present in their home. People said the service was good at resolving any complaints or niggles they had. One relative said, "I think the service is very good, we had a few teething problems at first, I spoke with the co-ordinator and they got organised." The relative said the service had been apologetic and now they received a much better service. Another person said, "They sorted things out when we complained." We saw evidence complaints were logged and responded to although this information was not collated together to aid in the review of the number or frequency of complaints.

## Is the service well-led?

### Our findings

At the last inspection in July 2017 we found safe recruitment procedures were not always followed. At this inspection we found this was still an issue with references not always obtained from people's last role in care prior to employment. This was a continued breach of regulation. Systems and processes should have been operated to ensure improvement of the service in this area. For example, audits and checks should have been carried out to ensure that safe recruitment procedures had been followed.

Some audits and checks were carried out. These included a review of medicine administration records [MAR] and daily care notes. However, some of these audits needed to be more robust and thorough. For example, we saw one person's MAR chart had been audited but it had not identified that the MAR chart had not been completed accurately. Audits of daily care notes had not always identified where the time of the call had not been entered. We also found in one person's records four entries were missing where we could not confirm if they had received a call. These issues had not been identified through the audit.

This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Although we found safeguarding, complaints and accident and incidents were managed appropriately, information relating to these areas was no longer collated since the service had moved to electronic recording. As such one had to look through individual care records to find this information. This information needed bringing together so the service could actively monitor the number and frequency of these types of occurrences. We spoke with the registered manager who agreed to put a new system in place to address this.

Regular spot checks of staff practice were completed by the management team. We saw these had picked up areas for improvements for example over staff uniform and taken action with the staff involved.

The service had introduced electronic call monitoring. Whilst this provided some real-time data of the calls people had been provided with, it was not functioning for everyone. As a result, paper records were also kept to help ensure a complete record of support was provided. The registered manager said they hoped to get all staff consistently using the electronic call monitoring over the next few months to provide more real-time oversight of the service.

A registered manager was in place. They were supported by care co-ordinators to help ensure the smooth operation of the service. A senior carer was employed, who helped with audit work completing spot checks of staff practice. We found the registered manager to be committed to improving people's care experiences and it was clear they regularly engaged and checked up on people's welfare. This made for a personalised and friendly service.

People provided good feedback about the overall quality of the service and said they were satisfied with the care provided. A number of people said there had been improvements to the service over recent years.

People said staff timeliness and continuity was better. The registered manager told us they had reviewed and re-organised rota's which had led to these improvements.

People and staff spoke positively about the management team. One relative said, "The manager is absolutely spot on." One person said of the manager "[registered manager] is nice and friendly, she will sort problems." Staff, people and relatives said they would recommend the service.

Some people said the office was sometimes difficult to get hold of, but that they had the mobile numbers of care co-ordinators who they could ring and were helpful.

People's views on the service were sought and acted on through various mechanisms. This included regular surveys. We saw action had been taken following survey results to act on people's feedback. For example, one person said there had been lots of late calls earlier in 2018. Action had been taken including allocating the person two set carers, with improvements made as a result. People had regular reviews and the registered manager regularly contacted people to check on their welfare.

Regular meetings were held. This included management and care worker meetings. These discussed any quality issues and any changes to people's needs to help ensure the service continued to be responsive to people's needs.

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	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>(2) Recruitment procedures were not operated effectively .</p> <p>(3) The information specified in Schedule 3 was not available in relation to each person employed.</p>



This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  (1) Systems and processes were not established and operated to ensure compliance with the regulations. (2a) Systems to assess, monitor and improve the service were not sufficiently robust.

### **The enforcement action we took:**

We issued a warning notice to the provider requesting compliance with this regulation by 2 November 2018.