Horizon Care And Welfare Association

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Inspection report

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Ratings

Overall rating for this service	Good

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?	Good

Summary of findings

Overall summary

Horizon Care & Welfare provides personal care to people in their own homes. People who used the agency included older people, younger adults with physical and mental health needs and children with disabilities. The service cared for people from all backgrounds. However, the service was part of a charity which was set up to support the Somalian community. Support provided included advice on welfare, housing, health plus interpreting services. In this way the service had strong links with the local community. There were 77 people using the service at the time of this inspection.

This inspection took place on 1 March 2018. We gave five days' notice to the provider to ensure someone was available to assist us with the inspection.

We last inspected the service in January 2016 and found the provider was meeting the fundamental standards. We rated the service 'Good' overall.

The provider did not always assess risks to people's care in line with best practice as part of doing all they could to reduce the risks. This meant written guidance for staff in reducing risks, such as those relating to medicines, infection control, falls, eating and drinking and behaviours which may challenge the service were lacking for some people. The provider did not always manage people's medicines safely as systems were not in place to audit medicines records frequently to check people received their medicines as prescribed.

People felt safe with the staff who cared for them and there were systems in place safeguarding people from abuse and improper treatment. There were enough staff deployed to care for people and the provider checked staff were suitable to work with people through recruitment checks.

Staff received the support they required to understand and meet people's needs. The provider trained new staff with a suitable induction and an annual training programme. Staff received regular supervision with annual appraisal.

People were supported to maintain their health and with eating and drinking. People received care in line with the Mental Capacity Act 2005 (MCA).

The provider consulted with people as part of assessing their needs and also reviewed any professional reports. The provider developed care plans based on their assessments which guided staff about people and their needs. People were involved in decisions regarding their care.

Staff were caring and understood the people they cared for. Staff treated people with respect and maintained their privacy and dignity. Staff supported people to maintain their independence.

The complaints process in place remained suitable and people were confident the provider would respond appropriately to any concerns or complaints.

The registered manager and staff understood their role and responsibilities. The provider had systems in place to assess, monitor and improve the service, although systems to check risk assessments and medicines management required improving.

The provider gathered feedback from people and relatives regarding the quality of care and carried out observations of staff to check they provided care at the expected standard. The provider communicated openly with staff and external professionals.

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. The provider did not always assess risks relating to people's care or manage medicines well.

Systems were in place to safeguard people from abuse or neglect.

The provider checked staff were suitable to work with people and there were enough staff to support people.

Is the service effective?

Good

The service continued to be Good.

Is the service caring?

Good

The service continued to be Good.

Is the service responsive?

Good

The service continued to be Good.

Is the service well-led?

Good

The service continued to be Good.

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection visit to the service took place on 1 March 2018 and was announced. We gave the provider five days' notice to give them time to become available for the inspection. It was undertaken by a single inspector and an expert by experience. An expert by experience is a person who has direct experience of care services.

Before our inspection we asked the provider to complete a Provider Information Return (PIR).The PIR contains information about the service and how it is managed by the provider. We reviewed this, as well as other information we held about the service such as statutory notifications. Statutory notifications are used by the provider to inform us about information such as safeguarding allegations and police incidents, as required by law. We also sent questionnaires to people using the service, their relatives, staff and professionals to gather their views on the service. We received responses from nine people who used the service, no staff and one relatives, friends or professionals. We reviewed all responses received as part of our inspection planning.

Three days before our inspection our expert by experience spoke with six people using the service and 12 relatives.

During the inspection we spoke with the registered manager and two care workers who visited the service. We looked at five people's care records to see how their care was planned, records relating to medicines management, three care staff files which contained recruitment supervision and appraisal documentation, training records and records relating to the management of the service.

After our inspection we contacted three professionals to request their feedback on the service although we did not receive any responses.

Requires Improvement

Is the service safe?

Our findings

The provider did not always assess risks relating to people's care through a suitable risk assessment process. Risk assessments in relation to moving and handling people who used hoists were robust and people and relatives told us staff supported people to hoist safely. This was because the registered manager obtained risk assessments and guidance for staff to follow from occupational therapists (OTs) for people who mobilised with hoists and staff received annual training.

However, the provider did not assess other risk relating to people's care thoroughly. The registered manager identified risks relating to people's care through speaking with people and reviewing professional reports. The registered manager then summarised the risks in writing and informed the staff who supported people of how to support people in relation to the risks. However, the registered manager did not carry out a full, recorded assessment of each risk in line with national guidance from the Health and Safety Executive (HSE) ensuring comprehensive guidelines were in place for staff to follow. This meant the provider could not be sure they had assessed each risk sufficiently or identified the best ways to reduce the risks. For example the provider had also not always assessed risks relating to falls, eating and drinking, infection control, mental health and physical health conditions, pressure ulcers and behaviours which may challenge the service including self-harm. In addition the provider had not assessed the risks relating to medicines management for people in line with guidance for domiciliary care agencies from National Institute for Clinical and Healthcare Excellence (NICE). When we raised our concerns with the provider about the lack of risk assessments the provider told us they would review their risk assessment processes immediately.

Although people did not raise any concerns about the support they received with medicines we found people's medicines were not always managed safely. We viewed records of medicines administration for three people each covering several months. Records indicated people received their medicines as prescribed and there were no omissions. Staff received annual training in medicines management to understand their responsibilities in relation to this. However, there were no staff competency assessments in place. The provider also lacked robust systems for auditing medicines management. The registered manager told us staff brought medicines records to the service sporadically and records were not formally audited to check people received their medicines safely. In addition when the provider carried out spot checks of staff caring for people they did not observe medicines management whenever possible to check staff's ongoing competency. In addition spot checks were not recorded to provide an audit trail. When we raised our concerns with the provider they told us they would introduce competency assessments and standard observations of medicines management. In addition the provider told us they would introduce regular audits of medicines management. The provider also told us they would review the format of the medicines records templates for ease of recording and auditing.

People were safeguarded from abuse because of systems the provider had in place. People told us they felt safe and relatives agreed. One relative told us, "My Mother is really happy with them and I am sure she is safe in their hands." A second relative told us, "yes, I feel my [family member] is completely safe with them, they know what they are doing." The provider was involved in one safeguarding since our last inspection where a person came to harm as their risks relating to pressure ulcers were poorly managed. Although other

agencies were found to be at fault, poor processes meant the provider also played a role in the person's deterioration. The provider sent us an action plan prior to our inspection setting out how they had improved since the incident. This involved training staff in relation to pressure ulcers and ensuring staff checked people and equipment such as pressure relieving mattresses then reported any concerns promptly. Our discussions with staff showed they had a good understanding of their responsibilities in relation to pressure ulcer management and had received training in this. Although risk assessments relating to pressure ulcers were not in place, the provider noted the action staff should take to support people in their care plans.

In relation to safeguarding in general staff had a good understanding of the signs people may be being abused and how to report any concerns. Staff also understood their responsibilities to raise concerns, record and report safety incidents, concerns and near misses. Staff received training in safeguarding adults at risk to help keep their knowledge current. The registered manager understood how to report allegations of abuse to the local authority safeguarding team and to work with them as part of any investigations.

Although formal risk assessments were lacking, staff supported people through suitable infection control procedures. People confirmed staff used personal protective equipment (PPE) when caring for them and practiced good hand hygiene. Staff received training in infection control each year to keep their knowledge of good infection control practices current.

People were supported by staff who the provider checked were suitable to work with them. The provider ensured staff completed an application form detailing their employment history and reasons for wanting to care for people. In addition the provider obtained references from former employers, carried out criminal records checks and checked candidates' identification and right to work in the UK. People were supported by sufficient numbers of staff.

Good

Is the service effective?

Our findings

People were cared for by staff who were supported through induction, supervision and training. New staff completed a 12 week induction during which they shadowed more experienced staff and studied core topics to increase their understanding. The induction was in line with the Skills for Care 'care certificate'. The Care Certificate is a nationally recognised training programme which sets the standard for the essential skills required for staff delivering care and support. Staff received supervision with their line manager every two to three months during which they reviewed the best ways to care for people and their training requirements. Staff also received annual appraisal when they discussed their performance and set goals for the coming year with their line manager. Staff received regular training in a range of topics relevant to their role including moving and handling, safeguarding, learning disability awareness, mental health issues and dementia.

People's needs and preferences were assessed prior to using the service and annually. Prior to using the service the provider reviewed people's physical, mental health and social needs through meeting with people and their relatives to find out more about their needs. The provider also reviewed any professional reports, such as those from social services, as part of their assessment. Each year, or more often if necessary, the provider met with people and their relatives to check their care continued to meet their needs.

People were supported to maintain their health. One relative told us, "Staff monitor things like my [family member's] skin as she has had an ulcer on her leg which has now healed." The provider recorded information about people's healthcare needs in their care plans for staff to be aware of, including any support people required from staff. Staff were available to support people on healthcare appointments if requested. The provider informed people's relatives or external professional involved in their care if they were concerned about people.

People were supported to eat food of their choice. One person told us, "I make my meals but staff help me and it works well." The provider recorded people's food preferences for staff to refer to. Some people requested support from staff who understood how to prepare food from their countries of origin and the provider was often able to meet these requests. Some people required support to reduce their risk of malnutrition, dehydration or choking. The provider summarised guidance from dietitians or speech and language therapists within care plans for staff to refer to. In addition the provider discussed each person's individual needs with staff to ensure they were fully aware.

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. The registered manager told us there were no people who they suspected lacked capacity. However, the registered manager confirmed they understood the need to assess people's capacity and make decisions in their best interests if they were found to lack capacity. The provider told us they were reviewing care documentation to ensure people's capacity to consent to their care was noted. Although staff

received training in the MCA staff we spoke with were not fully aware of their responsibilities in relation to the MCA. The registered manager told us they would review staff training needs when we raised our concerns.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). There is a different process in place in relation to services which provide care to people in their own home, such as this service. The provider confirmed there were no people who required their liberty to be deprived of using the service, but understood their responsibilities if this changed.

Good

Is the service caring?

Our findings

Staff were compassionate, caring, polite and respectful. One person told us, "[My care worker] is really very good and always puts herself out to help. She rubs my hands with cream to help them." A second person told us, "[Staff] have a lovely attitude. Very kind." A relative told us, "[Staff] are very kind and they treat her the way she likes to be treated. They are friendly but polite." Other comments from relatives included, "[Staff] are wonderful, so kind and helpful", "They are very patient with my son. Sometimes he just screams and they know how to deal with him in a nice way" and "They are very kind and they respect my mother." Staff told us they found caring for people rewarding and spoke about the people they supported respectfully.

People's needs and preferences were understood by staff. A person told us, "They treat me like family they know me so well." A relative told us, "[Our care worker] understands my son so well. If she is helping him to dress and he gets upset she just waits and lets him do his own thing and then tries again and it works. She has all the patience in the world." Our discussions with staff showed they understood the people they cared for. The registered manager told us they were careful to match people with staff who understood their religious, cultural and ethnic needs. In addition, many people required staff of their own gender due to religious and cultural needs. Because all staff were female and many were unable to provide personal care to males for religious reasons the provider stopped accepting referrals to provide care to adults males.

Staff knew the best ways to communicate with people. A relative told us, "[My family member] isn't that communicative, but she makes her wishes known and they abide by that." However, one relative commented staff sometimes speak in their own language together and their family member did not like that. We fed back our concerns to the registered manager who told us they would address this.

People's privacy and dignity were respected and promoted by staff. One person told us, "[Staff] listen to what I say and act on it. They treat me nicely." A second person said, "[My care worker] respects me. She treats me like a person not a number." A third person told us, "They make sure I am not exposed when they are helping me with washing and dressing." A relative told us, "They respect her and make sure doors and curtains are closed when my wife isn't fully dressed." A second relative said, "They respect [my child] and talk to him while they are here even though he can't talk back." A third relative commented, "My daughter is never made to feel slow or belittled."

People were supported to be as independent as they wanted to be and staff respected people's choices. A person said, "They respect my right to do things my way, like a lot of extra walking and so on." A second person told us, "I had to let them know that I could do some things for myself like washing my face, but now they know they always let me do what I can before they help." A third person said, "I choose what I want or ask for something and she does it." Other comments included, "They respect choices and I do what I want within limits", "They treat me like family they know me so well, so they definitely allow me freedom of choice over what I do."

Staff were allocated sufficient time to care for people in a personal way. People and relatives told us staff

usually arrived on time and stayed for the agreed amount of time. Staff told us they had sufficient time to care for people and to travel between visits so they did not have to rush when caring for people.

Good

Is the service responsive?

Our findings

People's care plans were developed in response to their needs and wishes. One person told us, "I was involved [in my care plan] and I know there is a copy here." People and their relatives were involved in developing people's care plans as the provider met with them to gather key information. People's care plans contained a summary sheet with information to guide staff on people's preferred foods and drinks, preferred method of communication, languages and health conditions, amongst other areas. This information helped staff understand the people they were caring for better and provide choice and control. Some people's care plans contained some details of their abilities and how staff should support them to maintain their independence but for others this information was lacking. Details of people's aspirations in relation to their care, their strengths and their backgrounds were also lacking for some people. The provider told us they would review the information they gathered about people in response to our feedback.

People's care plans reflected their current needs as the registered manager reviewed them regularly. The provider reviewed each person's care plan once a year or more often if necessary and involved people in the reviews.

Staff were supported to understand people's needs. Before a new person began using the service the provider met with staff to inform them about the person's needs and to review the care plan with them. The provider then introduced the person to the staff who would be working with them to allow them to get to know each other and ask any questions.

The service helped people to maintain social contacts when this was part of their agreed care. For some people the provider supported them to attend social groups and activities each week and staff understood why these were important to people.

The provider's complaints policy remained suitable. People were confident the provider would respond to any concerns or complaints they made. One relative told us, "Early on my Dad had to speak to them because the carers were just talking to each other in their own language and not to Mum. It was sorted and hasn't happened since." The provider received one minor complaint in the past year and records showed the issues was resolved promptly and satisfactorily. The policy remained unchanged since our last inspection and people were informed of how to complain when they began to use the service.

Good

Is the service well-led?

Our findings

The service was led by a registered manager who had managed the service since it registered with us in 2014 and who had postgraduate qualifications in leadership and management. 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. People, relatives and staff were positive about the registered manager and told us there was no ways the provider could improve in the way they led the service. One relative said, "They are so wonderful I would recommend them to anyone." Our inspection findings and discussions with the registered manager confirmed they understood their role and responsibilities. The registered manager was a visible leader who carried out most assessments and reviews of people's care, as well as most staff supervisions and appraisals. In addition staff confirmed registered manager was always available for support when they called or visited the office. Feedback from people and relatives plus our discussions with staff also showed staff understood what was expected of them and worked well as team.

The provider's systems to assess, monitor and improve the service were not always robust. The provider reviewed people's care plans and risk assessments each year. However, this review system had not allowed the provider to identify the issues we found relating to risk assessments. The provider also lacked processes to review medicines management and no formal auditing of medicines records took place. This meant the provider did not have robust systems to check people received their medicines as prescribed. The provider had suitable systems to monitor staff training and recruitment. In addition the provider was in the process of introducing an electronic system to monitor the times people received care as well as staff training, support, supervision and appraisal.

The service had strong links to the local community. Although the service supported people from all backgrounds the service was part of a charity set up to support the Somalian community. Support provided included advice on welfare, housing, health plus interpreting services.

The registered manager communicated openly with people, relatives and staff and gathered their feedback. The provider also gathered feedback from people and relatives during annual reviews. In addition, the provider carried out observations of staff to check they provided care to people in the best ways. As part of the observations the provider also spoke with people to find out their views on the service they received. The provider held monthly staff meetings. Staff told us the meetings were useful and they could talk openly about any issues. Records showed the provider used these meetings to inform staff of developments within the company as well as best practice.

The provider worked openly with key organisations. The provider promptly updated the local authority regarding any incidents or concerns relating to people's care. The provider also facilitated the local authority to audit the service each year to check standards of care remained. We viewed the most recent local authority audit and found the provider met expectations. The registered manager attended provider forums arranged by the local authority to learn and share best practice.