

New Horizons Care Limited

# New Horizon Care

## Inspection report

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Date of inspection visit:  
20 January 2016  
22 January 2016  
25 January 2016  
28 January 2016

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Requires Improvement ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

We inspected the service on 20, 22, 25 and 28 January 2016. The inspection was announced on all days. The provider was given 48 hours' notice because the location provides domiciliary care as well as a supported living service for people requiring personal care; we needed to be sure that someone would be in. The service was last inspected on 14 July 2014. During the last inspection the provider was found to be not meeting two regulations. These were in relation to record keeping and staffing. Following that inspection the provider sent us an action plan to tell us about the improvements they were going to make. At this inspection we found that the necessary action had been completed and improvements had been made. New Horizons Care Limited is a domiciliary agency that is registered to provide personal and nursing care. They provide home support for people with complex neurological conditions, learning disabilities, and other needs. The service also provides support for 6 people to live independently in the community. On the day of our inspection the service was supporting 50 people.

The service did not have a registered manager. The previous registered manager had left in September 2014. 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 and associated Regulations about how the service is run. Management cover had been in place however there had not been a registered manager employed by the service since the previous manager had left.. The provider told us that they were going to apply to become the registered manager.

People and their relatives told us that they felt safe. Risks were assessed and managed to protect them from harm. Staff understood what to do in emergency situations.

People received their medicines as required. Medicines were administered safely.

Staff had received training to meet the needs of the people who used the service. Staff told us that they felt supported but they did not always receive formal supervision in line with the provider's policies.

Where people required support to make decisions, the service did not always follow the requirements of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). The staff team were unclear of their role when supporting people who may not be able to make decisions for themselves.

People's nutritional and hydration needs were assessed and met. People were supported to maintain their health and wellbeing. Systems were in place to monitor the health and wellbeing of people who used the service. People's health needs were met and when necessary, outside health professionals were contacted for support.

Staff respected people's homes. People's independence was promoted and people were encouraged to make choices. Staff knew people well and treated them with kindness and compassion.

People received a consistent level of support. They were involved in the recruitment of staff supporting them. People's communication needs were identified and support was available for people to enhance their understanding.

The care needs of people had been assessed. Staff had a clear understanding of their role and how to support people who used the service as individuals. People contributed to the planning and reviewing of their care.

The provider had sought feedback from people using the service and their relatives and had acted on what

they had said.

Systems were in place to monitor the quality of the service being provided. There were clear lines of communication and people were given the opportunity to have a say on how the service was run.

## 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

People and their relatives told us that they felt safe. Risks were assessed and managed to protect them from harm. Staff understood what to do in emergency situations. People received their medicines as required. Medicines were administered safely

### Is the service effective?

Requires Improvement ●

The service was not always effective

Staff had received training to meet the needs of the people who used the service. People were supported to maintain their health and wellbeing.

The requirements of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) were not always followed. The staff team were unclear of their role in ensuring best interest decisions were made for people.

### Is the service caring?

Good ●

The service was caring

Staff respected people's homes. People's independence was promoted and people were encouraged to make choices. Staff knew people well and treated them with kindness and compassion. People's communication needs were identified and support was available for people to enhance their understanding of what was happening.

### Is the service responsive?

Good ●

The service was responsive

The care needs of people had been assessed. Staff had a clear understanding of their role and how to support people as individuals. People contributed to the planning and reviewing of their care. The provider had sought feedback from people using the service and their relatives and had acted on what they had said.

## Is the service well-led?

The service was well led

Systems were in place to monitor the quality of the service being provided. There were clear lines of communication and people were given the opportunity to have a say on how the service was run. The staff team felt supported by their managers.

Good 

# New Horizon Care

## 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 checked 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.

We inspected the service on 20, 22 25 and 28 January 2016. The inspection was announced on all days. The provider was given 48 hours' notice because the location provides domiciliary care as well as a supported living service for people requiring personal care; we needed to be sure that someone would be in. The inspection team consisted of three inspectors.

Before our inspection visit we reviewed information we held about the service. This included previous inspection reports, and notifications sent to us by the provider. Notifications tell us about important events which the service is required to tell us by law. We contacted two local authorities who had funding responsibility for some of the people who were using the service.

As part of our inspection we visited the four supported living projects accompanied by staff members from New Horizons Care. We also visited a person who receives domiciliary care in their own home when New Horizon staff were present. We observed staff and people's interactions, and how the staff supported people. Our observations supported us to determine how staff interacted with people who used the service, and how people responded to the interactions.

We telephoned five people as part of the inspection to ask them about the support that they received.

We also spoke with eleven relatives, ten members of staff including support staff, four case managers and the directors of the organisation. We contacted four health and social care professionals who have dealings with the service to gain their views of how the service was run. We looked at the care records of eight people who used the service, people's medication records, staff training records, three staff recruitment files and the provider's quality assurance documentation.

## Is the service safe?

### Our findings

People told us they felt safe. One person told us that staff helped them to be safe by, "Holding my hand when I cross the road and check the temperature of the water." A relative told us, "Staff are very much concerned with my wife's safety. They are always very careful and follow the plan." Another relative said, "Absolutely safe, 100%."

Staff were aware of how to report and escalate any safeguarding concerns that they had within the organisation and if necessary with external bodies. They told us that they felt able to report any concerns. The provider was aware of their duty to report and respond to safeguarding concerns. We saw that there was a policy in place that provided staff, relatives and people using the service with details of how to report safeguarding concerns. The provider employed a safeguarding lead who took responsibility for ensuring that any safeguarding concerns raised were dealt with and reported to the appropriate external agency. Clear records were kept to evidence what actions had been taken when a concern had been raised. We were able to see that the service had taken appropriate action when a person using the service might have been at risk and measures were in place to safeguard them. For example we saw that an internal investigation had taken place. As a result a staff members had received retraining and supervision when issues around their professional approach had been identified.

There was a recruitment policy in place which the provider followed. This ensured that all relevant checks were carried out on staff members prior to them starting work. We looked at the recruitment files for three staff members. We found that all the required pre-employment checks had been carried out before they had commenced work. This meant that safe recruitment practices were being followed.

People told us that staff arrived at the agreed times to support them. One person said staff were, "Always on time, very rarely late. If they are running late New Horizons will call to tell me when they are coming." A relative told us, "We have never had a situation when no one has turned up." Another relative said, "They provide reliability."

People were not prevented from positive risk taking. We saw clear guidelines that staff followed to enable people to take risks but remain as safe as possible. We looked at eight people's plans of care and found risk assessments had been completed on areas such as moving and handling, nutrition and skin care.

Completion of these assessments enabled risks to be identified and guidance for staff to be put in place to minimise the impact of these risks. Risk assessments had been reviewed and reflected people's changing needs.

People were supported to remain safe when their behaviour posed a risk to themselves or others. There was a challenging behaviour policy which aimed to ensure that any restrictive intervention used by staff was legal and ethically justified. Care plans and risk assessments were in place to guide staff of how to support people who may display challenging behaviour and staff received the appropriate training to keep themselves and people being supported safe.

People could be assured that they would receive their medicines as prescribed by their doctor. One person told us, "They [staff] give them to you. Always at the right time." Medicines were stored securely. We discussed with the provider the need for temperature of medication storage to be checked and recorded. They said they would arrange for this to be done immediately. We saw that Medication Administration

Record (MAR) charts were used to inform staff which medicine was required and this was then used to check and dispense the medicines. We saw that people were supported to maintain a stock check of their medicines this meant that the medicines they required were kept available to them.

People were supported with the right equipment to keep them safe. One person said "I've got a stand aid, they help me." We saw that equipment was checked and maintained for safety and staff understood how to use it.

Risk associated with the environment, tasks carried out and equipment used had been assessed to identify hazards and measures had been put in place to prevent harm. Where regular testing was required to prevent risk, such as smoke alarms, these were recorded as having happened within the required timescales. Case managers conduct monthly audits of care and risks. One staff member told us that a piece of electrical equipment had been identified as faulty and removed from use as a result of a monthly audit. Where accidents or incidents occurred records were kept. These included details about dates, times and circumstances that led to the accident or incident. We saw that changes had been made to working practices or care plans as a result of the accident or incident. Such as when a person had experienced a fall. We saw that their needs had been reassessed and additional equipment had been brought in to prevent further falls. We saw that these changes had been communicated with all the people who would be affected and the provider took responsibility for looking at the records and checking that all appropriate actions were taken.

## Is the service effective?

### Our findings

Staff had the knowledge and skills to meet people's needs. One person told us, "They know what help I need." A relative told us, "Because staff are so well trained I can confidently leave [person using the service]. I have never had this before. It's a life changing impact." Another relative told us, "They get good training there is no doubt about it."

Staff told us that they received training when they started working at the service that enabled them to understand and meet people's needs. This included manual handling and health and safety training. Staff confirmed that they had completed manual handling training and shadowed more experienced staff members before they had been allowed to support people on their own. We saw training records that confirmed this. New staff were required to complete induction workbooks to show their learning.

The staff training records showed that staff received regular refresher training and ongoing learning. Staff told us that they had attended courses such as, dignity in care, safeguarding and some practical sessions with the hoist and slings. Staff told us that along with general care training they also received person specific training. The provider explained that staff teams were trained on the specific support needs of the people that they support. For example if someone required support to help them breathe then staff would receive training appropriate to this. Staff confirmed that they had received this training.

We saw that staff's understanding of the training materials had been assessed. Staff were required to complete understanding based evaluations after they completed training sessions along with being assessed by a trained nurse. Their competence to carry out particular tasks such as administering medication or helping people to breath had been assessed. Staff competences were also assessed on an ongoing basis

Staff had access to senior support at all times via the client emergency line. Staff confirmed this, One said, "If I'm not sure I could always ring the office. Any problems we have a direct emergency line twenty four hours a day."

The provider aimed to ensure that all staff received at least four supervisions per year. We saw from the records that we looked at that supervisions were not always happening within the time frame. One staff member told us that their supervision had been cancelled and had not been rearranged. However staff told us they felt they could go to their case manager whenever they felt the need. During supervision meetings staff were asked to review their performance and any issues regarding the support of people using the service were discussed. We were told that supervisions had been effective in identifying practice issues and retraining and competency checks had occurred as a result.

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 were 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 saw one care plan which made clear that despite a person's difficulties in communication and memory they did have capacity to make decisions and that these should be respected.

We found that some but not all people were being supported in line with the Act. Not all staff were able to demonstrate that they had an understanding of the Act and how it might apply to the people who used the service. We found that there was a reliance on relatives to make decisions for some people. The provider was in the process of assessing each person's capacity to make important decisions and had a time table to complete these over the next two months.

Deprivation of Liberty Safeguards (DoLS), is part of MCA legislation that protects people who are not able to consent to care and support. It ensures people are not unlawfully restricted of their freedom or liberty. The provider had followed the requirements of the DoLS and had submitted applications for standard authorisations to the local authority for people at the service that were under constant supervision. Not all staff understood what decisions had been taken or their role in terms of ensuring the safeguards were followed. The provider acknowledged that staff required further training on the Act and had made provision for this by the end of our inspection.

Staff gained consent from people for the care they gave. One staff member told us, "I always ask is it ok if I do this or that." People's care plans made reference to how people with limited verbal communication may be able to consent to the care that they receive.

People were supported to have sufficient to eat and drink. One person told us staff helped to prepare meals, "They do the bits that I can't." We saw that people were offered choice around their meals. Some people who used the service received their nutrition via PEG feeding. PEG feeding refers to a medical procedure in which a tube (PEG tube) is passed into a patient's stomach to provide a means of feeding when oral intake is not adequate. The regular staff members that supported people to receive their nutrition via PEG had received appropriate training along with competency checks carried out by a nurse. This training ensured that the person's nutritional needs were being met. We saw from care records that people had been referred for dietician support where required and that guidance was followed. This guidance was reflected in the care plan.

We saw that people were being supported to maintain good health. Health professionals were contacted in good time when required. The records that the service kept were clear and in depth. They reflected the wishes of the person and what was important to them. Staff were clear on the information within these records and used them to ensure that people received the medical care they required.

## Is the service caring?

### Our findings

People told us that they were treated with kindness and respect by staff. One person said, "They [staff] are caring and friendly." A relative told us, "They are extremely friendly, very caring, good humoured. [Person's name] trusts them." Staff understood the need to treat people with respect. One staff member said, "I talk to people as individuals, I don't judge people and treat them how I would want to be treated, I think other staff do too." Our observations confirmed that staff spoke to people with respect and in a way that made them feel listened to.

People were given choices about the care they received. One person said, "They give me choices and I make the decisions." One professional told us that staff use picture cards with one person to help them make choices. People felt that their privacy and dignity was respected and promoted. One person said, "[Staff] are patient, they don't rush." One relative told us, "I find staff to be very professional and respectful of my home."

People's independence was promoted. People told us that staff supported them to maintain their home environment by helping them to "do housework." One relative told us, "They have different utensils for her so she can be involved in cooking." We saw one person had been supported to have reduced support hours so they spent some time alone without staff support but could summon help if they needed it. We were told by their case manager that this was an important step that they had agreed to helping them regain lost confidence.

People's communication needs were taken into account and staff used a number of different communication aids to help people to understand or remember important information. Where people communicated in unique ways we saw that staff understood these and responded to them appropriately. This was because they knew people well and had taken the time to understand them. Staff were able to explain how they had used particular signs, symbols or objects to help people understand what to expect or make choices.

Some people were supported by an independent advocate. The provider told us that there were times when they had referred people to advocacy support or requested that individuals funding authority reviewed their support packages when a particular concern had been raised.

## Is the service responsive?

### Our findings

People were involved in planning and reviewing their care. When asked about care plans one relative told us, "It's updated from time to time. They have team meetings in the house, I'm usually present. My wife is present and able to give views as well." We saw that team meetings were booked for 2016. We saw that people were invited to team meetings four times per year whereby they, along with their staff team, were able to review what care they received, what was working for them and what needed to change.

The support that people required was assessed before they started receiving care. Staff understood about people's individual needs. People's care plans included information that guided staff on the activities and level of support people required for each task in their daily routine. One staff member told us, "We don't need to worry about getting guidance, all the information is in the care plan." This meant that staff provided support that was specific to people individual needs and preferences. One relative told us, "It's a very individualised package."

People were actively encouraged to be involved in their own care planning. One person said, "They [staff] know what they should be doing. Staff ask me what I need and they do it." We saw that people's care plans were kept in their homes and they had access to them if they wished. One person said, "I have got one. In the lounge. I know what's on it." Care plans were person centred and included important information about people's individual needs and preferences.

We were able to see that people's care plans had been reviewed and updated as a result of recommendations from other professionals or in response to people's changing needs. Case managers kept contact records for each person using the service. Any communication they had received from people or professionals about people's care were recorded. Relatives and professionals told us that they were routinely listened to. One professional told us, "I have found the two case managers I have dealt with for both cases to be very responsive and helpful. I have found they listen to the concerns of the parents and / or myself and provide solutions and reassurances that are person centred."

People were supported to engage in activities that they enjoyed. One person told us, "I go to the gym at the youth club every week." We saw provision had been made to make changes to people's medication regime or staffing support hours to enable people to access a preferred activity. People were supported to maintain links with their community and people who were important to them.

People were involved in recruiting the staff they wanted to support them. One person said, "They're [staff] are on my level. I choose my own staff. I'm there involved in the interview process. I ask questions." We saw that people or their relatives were consulted about the type of staff that they wanted to support them. We saw minutes from a meeting held between senior staff and a person's relative to discuss what specific skills and attributes the person would prefer in their support. We saw that they service recruited staff based on people's individual needs and preferences. One senior staff member told us that they had targeted their recruitment efforts in a particular area in an attempt to encourage applicants from a particular ethnic background to meet the needs of one person using the service.

People told us that they felt comfortable making a complaint. One person told us, "I would tell [staff

member]." Relatives told us that when they had raised concerns these had been dealt with and they were satisfied with the outcome. One relative told us, "I have complained but they are pretty good and listened. All dealt with quickly." Each person supported by the service and their relatives had access to the service complaints procedures. The provider had commissioned an outside agency to help them produce an accessible complaints procedure. This was to maximise people's understanding of how they could make a complaint if they wanted to. We saw that complaints were kept confidential and were addressed by the provider in line with their policy.

The provider conducted surveys with people who used the service and their relatives to try to establish their views on whether they were happy with the support provided by New Horizons and what things could be improved. One person said, "I've had a questionnaire but the senior comes out if I need to sort out concerns." A relative told us, "We have had two over the past few years. Yes, they give us the results to tell us what's happening." The results of the survey and the actions that the provider intended as a result of the feedback were shared with people. During our inspection we were able to see that the provider had addressed all of the issues identified.

## Is the service well-led?

### Our findings

The service had been without a registered manager since September 2014. We saw that steps had been taken to recruit one within a reasonable timescale however this had not been successful. During this period the provider had ensured suitable management of the service had been in place. We were told by a director that they planned to submit an application to become the registered manager themselves.

Staff understood the aims and values of the organisation. One person told us, "At the end of the day it's about enabling people." Another person said, "Staff have been trained to deal with health needs. They also support social and emotional needs." We were told by relatives and the provider that some staff had been nominated to The Leicester Mercury Carers award. After the inspection the provider contacted us to inform us that one staff member had won the Young Carer of the Year award with another as a runner up, and another staff member was runner up for the Supporting Independence Award.

Staff had access to policies and procedures and understood how to follow them. The provider had ensured that internal systems had been standardised to ensure that all staff had access to consistent documentation throughout the service. Staff received monthly memos to keep them informed for example when the service implemented a new system for staff to record their working hours. Staff team meetings happened regularly and staff told us that these were useful for accessing support, sharing best practice ideas and discussing concerns. Staff felt that communication between themselves and senior management was good. One staff member said, "It's a very nice company to work for. A cordial atmosphere between staff and management. If there are any concerns they are quickly addressed." Another said, "The managers have listened."

We were told that people knew who the managers were and how to get in contact with them. Some people told us that they found that planning and organisation was not always good. One person said, "The way the company works and their lack of communication is the problem." A relative said, "It's the cover arrangements. Not knowing sometimes what is happening." The provider told us that they had made a number of changes to the way that they worked to try and address issues around communication. A health care professional that we spoke to told us that communication and organisation had improved. One relative told us, "There were some inconsistencies with case managers but everything now seems better."

Client continuity care plans had been introduced for each person. This was a plan which sets out the steps that case managers would take to ensure staff cover was maintained for each person. It clearly set out an agreement with the person as to who should be contacted if a regular staff member was not available to work due to sickness or other none planned event.

The service employed seven case managers to oversee people's care. Each case manager had responsibility for the care package and staff for identified people. Case managers meet every Monday to discuss any concerns or issues. We were able to see from meeting minutes that where issues around staff cover or recruitment were present, proactive steps had been taken to address these in advance. Case managers were given protected time to visit with people who used the service twice per week. They were able to observe staff practice and carry out audits of care plans and the environment. One case manager told us,

"The company is promoting us to be out and about meeting people."

The provider produced a newsletter which went out to all of the people supported by the service. This included information about changes in senior staff roles, the service aims and objectives and access to local facilities. The provider told us that they intend to send out newsletters every six months to keep people updated on changes or developments in the service.

The provider had implemented a quality monitoring system to identify areas within the organisation that were working and any areas that would benefit from improvements. We were able to see that improvements to the safeguarding tracker system were being made as a result of issues identified during the audit. We were able to see the planned timetable for auditing for the whole of 2016. This meant the provider was committed to driving improvement.

The provider demonstrated that they were keen to improve systems and make communications more accessible to people using the service. They had sought the advice of an independent advocate in reviewing their accessible literature and made changes as a result of the feedback that they received.