

## New Horizons Care Limited

# New Horizon Care

### Inspection report

5 The Point  
Rockingham Road  
Market Harborough  
Leicestershire  
LE16 7QU

Tel: 01536762332

Website: [www.NewHorizonsCare.co.uk](http://www.NewHorizonsCare.co.uk)

Date of inspection visit:

06 February 2018

22 February 2018

Date of publication:

12 March 2018

### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
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

New Horizon Care provides domiciliary care and supported living services. It provides personal care to a range of people including those with acquired brain injuries, spinal cord injuries, autism and learning disabilities. People being supported, lived in their own houses and flats in the community. At the time of our inspection 45 people were using the service, although not all were receiving personal care. Our inspection only looked at the people who were receiving personal care.

At the last inspection in January 2016, the service was rated 'Good'.

At this inspection we found the service remained 'Good'.

Staff received safeguarding training so they knew how to recognise the signs and symptoms of abuse and how to report any concerns of abuse. Risk management plans were in place to protect and promote people's safety. The staffing arrangements were suitable to keep people safe. The staff recruitment practices ensured staff were suitable to work with people. Where the provider took on the responsibility for the management of medicines, staff followed best practice guidelines. Staff followed infection control procedures to reduce the risks of spreading infection or illness.

The provider understood their responsibility to comply with the Accessible Information Standard (AIS), which came into force in August 2016. The AIS is a framework that makes it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given.

Staff received induction training when they first started work at the service. On-going refresher training ensured staff were able to provide care and support for people following current practice. Staff supervision systems ensured that staff received regular one to one supervision and appraisal of their performance.

Where the provider took on the responsibility, staff supported people to eat and drink sufficient amounts to maintain a varied and balanced diet. The staff supported people to access health appointments when required, including opticians and doctors, to make sure they received continuing healthcare to meet their needs.

People were encouraged to be involved in decisions about their care and support. Staff demonstrated their understanding of the Mental Capacity Act, 2005 (MCA) and they gained people's consent before providing personal care. People had their privacy, dignity and confidentiality maintained at all times. The provider followed their complaints procedure when dealing with complaints.

People had their diverse needs assessed and met. They had positive relationships with staff and received care in line best practice in order to meet people's personal preferences. Staff consistently provided people with respectful and compassionate care.

The service had a positive ethos and an open culture. The registered manager was a visible role model in the service. People, their relatives and other professionals told us that they had confidence in the registered manager's ability to provide consistently high quality managerial oversight and leadership.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

<b>Is the service safe?</b> The service remains good.	<b>Good</b> ●
<b>Is the service effective?</b> The service remains good.	<b>Good</b> ●
<b>Is the service caring?</b> The service remains good.	<b>Good</b> ●
<b>Is the service responsive?</b> The service remains good.	<b>Good</b> ●
<b>Is the service well-led?</b> The service remains good.	<b>Good</b> ●

# 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 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 comprehensive inspection took place on 6 and 22 February 2018 and it was announced. The provider was given 48 hours' notice, because the service provides a community care service and we needed to ensure someone was available to facilitate the inspection.

One inspector conducted the inspection.

Prior to the inspection, we asked the provider to complete a Provider Information return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We planned for the inspection using information from the PIR and other information we held about the service. This included statutory notifications. A statutory notification is information about important events; the provider is required to send us by law. We also took into consideration information we had received from commissioners who monitor the care and support of people using the service.

During the inspection, we visited two people that received personal care from the service in their own homes. We spoke with three relatives of people using the service, three care staff, the service manager, the human resources manager, the registered manager and the director.

We reviewed the care records of four people using the service and three staff recruitment files. We also reviewed records relating to the management and quality monitoring of the service.

# Is the service safe?

## Our findings

People were safely supported by staff. A relative told us, "Very safe. All the staff know what they are doing and look after [name] safely." We visited people who were using the service, and they were comfortable with the staff. The staff were comfortable working within people's homes and understood the environment and potential hazards. We saw that environmental risk assessments were present for each person's home.

Staff understood their responsibility to keep people safe, and how to follow safeguarding procedures. One staff member told us, "I would report to management and the local safeguarding team if required." We saw that staff were trained in safeguarding procedures.

Individualised risk assessments had been created for each person, to manage any risks that may be present. Staff we spoke with all felt the risk assessments were clear and detailed, and helped them to support people safely. We saw risk assessments that covered complex areas of behaviour, physical health and wellbeing.

Sufficient numbers of suitable staff were available to keep people safe and meet their needs. A relative told us, "The staffing is very consistent. I get phone calls if anyone is going to be late. We see the same staff as well which is nice as [name] can get to know them." Staff confirmed they were able to see the same people consistently. The provider followed safe staff recruitment procedures. Records confirmed that Disclosure and Barring Service (DBS) checks were completed and references obtained from previous employers. This demonstrated the provider had taken appropriate action to ensure staff employed to work at the service were suitable.

People's medicines were managed safely. Relatives we spoke with told us that medicines were administered safely and on time. Staff told us, and records showed, they received training in the safe handling and administration of medicines. Observations took place on the staffs' competencies to administer medicines safely. Records showed the medication administration records (MAR) were completed accurately by staff after giving people their medicines.

Staff had completed training in health and safety matters to ensure they were up to date with the most recent guidance to keep people safe. Observations took place, to ensure staff followed infection control practices, for example, when preparing and handling food, and providing personal care.

The service understood how to record and report incidents, and used information to make improvements when necessary. We saw that meetings were held and updates were given to staff to discuss and learn from anything that went wrong. Actions were taken to make any necessary improvements.

## Is the service effective?

### Our findings

People's needs were assessed to achieve effective outcomes, and care and treatment was delivered in line with guidance. Relatives told us that comprehensive assessments took place when their family members first started using the service, and regular updates were carried out. Processes were in place to ensure that no discrimination took place, and staff we spoke with were trained and aware of how to support people. Staff gave us examples of how they worked with people in a way which promoted their freedom and ability to express their own identity.

People received care from staff that had the knowledge and skills to carry out their roles and responsibilities. All staff received an induction training package before starting work which included the Care Certificate. The Care Certificate covers the basic standards required for care. Further training was available for staff which was personalised to the needs of the people they were working with, for example, training in managing challenging behaviour for those staff who worked with people that may need this support. Records confirmed that training was kept up to date.

Where the provider took on the responsibility, staff supported people to eat and drink sufficient amounts. We saw that people were able to access food as and when they wanted and menu planning took place with people that required this type of support. All staff had a good knowledge of the preferences and requirements people had with food and drink.

The service worked and communicated with other agencies and staff to enable effective care and support. We saw that people had input from a variety of professionals to monitor and contribute to their on-going support. This included reviews and input from funding authorities, and communication and investigation around any safeguarding alerts and concerns

People were supported to access health care professionals as required. Some people using the service had complex health care requirements, which staff understood well and were proactive in seeking medical assistance as required. Records showed that people's health requirements were documented in detail and updated as needed.

The Mental Capacity Act (MCA) 2005 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. Applications to deprive a person of their liberty in their own home must be made to the Court of Protection. The service worked in line with the principles of the MCA, and observations made during the inspection confirmed staff sought consent before providing care or support to people.

## Is the service caring?

### Our findings

People were treated with respect, and staff were kind and caring in their approach. One relative told us, "The girls [staff] are wonderful. We get on so well with them, they are like a part of the family." Another relative said, "They are very good, I've even nominated [carers name] for carer of the year award." During visits to people's houses, we observed staff interact in a warm and friendly manner with the people they were supporting.

People were involved in their own care as much as they were able to be, and relatives were involved when required. We saw that people were regularly consulted about their care and given the chance to make changes wherever they wanted to. A relative told us, "We are in regular communication with the service and review our needs all the time." Another relative said, "The care is led by us." Information about advocacy services was available for those who required it.

People confirmed that the staff respected their privacy and dignity when providing care. One staff member said, "Every one of us works in the same way. We all respect people's privacy, and would say something if someone didn't." All the relatives we spoke with confirmed that the staff were respectful when carrying out personal care, and understood the way in which their relative liked to be treated. During our inspection, we discussed the details of people's care with staff members, who understood the importance of keeping personal information confidential.

## Is the service responsive?

### Our findings

Care and support was personalised to meet each person's individual needs. Care plans were detailed in the specifics of each person's routines, preferences, likes and dislikes. The provider endeavoured to match staff according to people's preferences, to further enable personalised care. One relative told us, "I know they recruit specifically for each person. One of the carers that comes to us is of a similar age to [name], and that's great because they have similar interests and they can have fun." The registered manager told us that the service matched up staff to people wherever possible, making sure that people were happy with the staff they were receiving support from. We saw that staff profiles were sent to each person before meeting them, and that introductions between staff and people were held by the service.

The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. We saw that various forms including a guide to the service and a 'keeping safe' information pack, were provided in an easy read pictorial format for those that needed it.

People knew how to make a complaint if they needed and were confident that their concerns would be listened to and acted upon as required. The people we spoke with said they had not had to make any formal complaints but would do so if needed. When complaints were made, we saw that the service followed a complaints policy and recorded and responded to each complaint promptly. Information from complaints was fed-back to staff when required, so that learning and development could take place.

No end of life care was being delivered, but systems were in place to deliver this type of care if required.

## Is the service well-led?

### Our findings

A registered manager was in post. 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.

The service was open and honest, and promoted a positive culture throughout. The staff we spoke with told us that the management of the service was good, and they got the support they needed to confidently perform their roles. One staff member said, "Management have been very good to me, I had a difficult time recently, and they helped out a lot. I'm very happy working here."

The people that used the service and the staff were able to have their voices heard and were engaged and involved in the development of the service. People were able to input on staff recruitment, and staff were able to raise ideas or concerns within team meetings. People and staff reported that management were receptive to their comments and ideas, and they felt listened to.

Relatives and staff all confirmed they had confidence in the management of the service. The registered manager was aware of their responsibilities; they had a good insight into the needs of people using the service. People said the registered manager, senior staff and the provider were very approachable.

Established quality assurance systems were in place to continually assess, monitor and evaluate the quality of people's care. Records on people's care, staffing, and policies and procedures held within the agency office were organised and up to date.

The provider had submitted notifications to the Care Quality Commission (CQC). A notification is information about important events that the service is required to send us by law in a timely way. They also shared information as appropriate with health and social care professionals.

The latest CQC inspection report rating was on display at the service and on the provider website. The display of the rating is a legal requirement, to inform people, those seeking information about the service and visitors of our judgments.

The service worked positively with outside agencies. This included holding strategy meetings where appropriate and liaising with the local authority. We saw minutes from these meetings, and the registered manager told us, "We have a positive relationship with the local authority and other professionals."