

Horizon Healthcare Services Ltd

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Inspection report

Suite 11, First Floor
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Ratings

Overall rating for this service

Insufficient evidence to rate

Is the service safe?

Insufficient evidence to rate

Is the service effective?

Insufficient evidence to rate

Is the service caring?

Insufficient evidence to rate

Is the service responsive?

Insufficient evidence to rate

Is the service well-led?

Insufficient evidence to rate

Summary of findings

Overall summary

About the service

Horizon Healthcare Services Ltd is a domiciliary care agency and is based in the London Borough of Havering. The service provides personal care to people in their own homes. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

People's experience of using this service

We were unable to rate Horizon Healthcare Services Ltd due to insufficient evidence. The service supported a limited number of people and did not have any staff to provide regulated activities. The registered manager supported people with regulated activities therefore we were unable to assess some key lines of enquiries in detail.

Risks were identified and were assessed to ensure people received safe care. People told us they felt safe when receiving support. The registered manager was aware of how to safeguard people from abuse. Systems were in place to prevent and minimise the spread of infections when supporting people. Pre-employment checks were in place to ensure the registered manager was suitable to work with vulnerable people.

The registered manager had been trained to perform their roles effectively. People were supported to have maximum choice and control of their lives. The registered manager supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The registered manager had a good relationship with people and respected people's privacy and dignity. People were encouraged to be independent and to carry out tasks without support.

Care plans required further information to ensure people received person centred care. Care plans had been reviewed regularly to ensure they were accurate. Systems were in place to manage complaints and people's communication needs were met.

Quality monitoring systems were in place to obtain feedback from people to make improvements.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 8 August 2020 and this was the first inspection.

Why we inspected

This was a planned inspection based on when the service registered with us.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

We were unable to rate due to insufficient evidence.

Insufficient evidence to rate

Is the service effective?

We were unable to rate due to insufficient evidence.

Insufficient evidence to rate

Is the service caring?

We were unable to rate due to insufficient evidence.

Insufficient evidence to rate

Is the service responsive?

We were unable to rate due to insufficient evidence.

Insufficient evidence to rate

Is the service well-led?

We were unable to rate due to insufficient evidence.

Insufficient evidence to rate

Horizon Healthcare Services Ltd

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act.

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We also reviewed the information we already held about the service. This included their registration report and notifications. A notification is information about important events, which the provider is required to tell us about by law. We used all of this information to plan our inspection.

During the inspection.

During the inspection, we spoke with the registered manager. We reviewed documents and records that related to people's care and the management of the service.

We reviewed the file of the registered manager, which included pre-employment checks and care plans, which included people's support needs. We looked at other documents such as quality assurance and training records.

We also spoke to relatives of people that received personal care after the inspection.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. There was not enough evidence to rate this key question.

Assessing risk, safety monitoring and management

- Sufficient risk assessments were in place to ensure people received safe care.
- Risk assessments had been completed in relation to people's circumstances such as on falls and nutrition. The assessments included the nature of the risk and control measures to minimise the risk.
- Risk assessments had also been completed on COVID19, the home environment and ensuring people were safe around their home.

Using medicines safely

- The service did not support people with medicines.
- A medicines policy was in place and the registered manager had been trained on medicine management. The registered manager told us this was in the event should they support people with medicines.

Staffing and recruitment

- As the service was small, no staff had been employed by the service. The registered manager delivered care to people.
- A recruitment policy was in place that included should staff be employed, pre employment checks would be carried out. We checked the file of the registered manager, which included valid ID, criminal record checks and professional and character references.
- The registered manager kept a log of times care was delivered to people. The registered manager told us that once staff were employed, time sheets will be completed to ensure staff attended calls on time. A relative commented, "[Registered manager] always on time. There has been no missed visits."

Learning lessons when things go wrong

- There was a system in place to learn from lessons following incidents.
- We were told there had been no incidents or accidents since the service registered with the CQC. An incident and accident policy was in place and we saw the template that would be used if there were accidents or incidents. The registered manager told us if there were accidents or incidents, they would ensure they were analysed to learn from lessons.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. A relative told us, "Definitely [person] feels safe. Sometimes I leave [person] with [registered manager], she knows what she is doing."
- There were processes in place to minimise the risk of abuse. The registered manager had been trained in safeguarding and understood how to protect people from harm and who to report to when required. A

safeguarding and whistleblowing policy was in place. The registered manager told us when recruiting staff they would be required to read the policies and would be trained on safeguarding.

Preventing and controlling infection

- Systems were in place to reduce the risk and spread of infection. The registered manager had received training on infection control and confirmed they had access to PPE such as gloves and aprons and used this when supporting people with personal care. A relative commented, "[Registered manager] always wears aprons, masks and gloves.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. There was not enough evidence to rate this key question.

Staff support: induction, training, skills and experience

- The registered manager had been trained on essential areas such as first aid and moving and handling. The registered manager confirmed that when recruiting staff they would receive a robust induction and complete essential training required to perform their role effectively prior to supporting people.
- A supervision policy was in place, which included the frequency of supervisions and how staff would be supported.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Pre-assessments had not been carried out in detail to ensure the service was able to provide person-centred support to people. We found care plans did not include people's preferences on how they would like to be supported, which was not captured at pre-assessment stage. The registered manager told us they would ensure pre-assessment was made more robust.
- Reviews had been carried out with people to ensure people received support in accordance with their current circumstances. Relatives were included as part of these reviews and included in decisions.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat and drink and supported to maintain a balanced diet.
- Care plans included the level of support people required with meals or drinks and included their preference with meals. A relative told us, "[Registered manager] makes sure [person] is eating and drinking well."
- Assessments had been completed for risks associated with eating to ensure people were able to eat their meals safely.

Supporting people to live healthier lives, access healthcare services and support

- People had access to health services to ensure they were in the best of health.
- Care records included the contact details of people's GP, so contact could be made with them if there were concerns about person's health. The registered manager knew when people were not well and what action to take.

Ensuring consent to care and treatment in line with law and guidance

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Systems were in place to obtain consent from people to provide care and support.
- The registered manager had been trained on the MCA and was aware of the principle of the act. The registered manager told us that they always request people's consent before doing any tasks.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. There was not enough evidence to rate this key question.

Ensuring people are well treated and supported; equality and diversity

- People were treated with kindness and respect. A relative commented, "[Registered manager] is very friendly and caring."
- Peoples religion had been recorded on their care plans. People were protected from discrimination within the service. The registered manager understood that racism, homophobia, transphobia or ageism were forms of abuse. The registered manager told us people should not be discriminated against because of their race, gender, age and sexual orientation and all people were treated equally.

Supporting people to express their views and be involved in making decisions about their care

- People and relatives were involved in decisions about their care.
- The registered manager told us they always encouraged people to make decisions for themselves while being supported, such as with personal care. A relative commented, "Yes, [registered manager] involves me with decisions all the time."

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence were respected and promoted.
- The registered manager told us that when providing support with personal care, it was done in private. A relative told us, "[Registered manager] respects [persons] privacy and dignity. She will close the door while supporting [person]."
- The registered manager gave us examples of how they maintained people's dignity and privacy, not just in relation to personal care but also in relation to sharing personal information. The registered manager understood that personal information should not be shared with others and that maintaining people's privacy when giving personal care was vital in protecting their dignity.
- People were encouraged to be independent. Care plans included information on how people can be supported to be independent such as supporting people with personal care or mobilising. A relative told us, "[Registered manager] encourages independence like choosing clothes. Simple tasks she will support [person] to do themselves."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. There was not enough evidence to rate this key question.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were generic and required further information to ensure people received personalised support.
- Care plans included the type of support people required but did not include people's preference on how they would like to be supported such as with showers. The registered manager was able to tell us people's preferences when supporting them and told us she would ensure this was included on care plans. Relatives also confirmed that the registered manager provided person centred care. A relative told us, "[Registered manager] knows what she is doing. She knows [person] well."
- Care plans also included people's background history and there were daily logs that included the support people received.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's ability to communicate was recorded in their communication care plan, to help ensure their communication needs were met. The plan included information on how to communicate with people effectively.

Improving care quality in response to complaints or concerns

- The service had a complaints procedure. We were told by the registered manager that no complaints had been received since the service registered with the CQC.
- The registered manager told us people or relatives were made aware of the complaints process and were aware of how to make complaints.

End of Life care and support

- At the time of inspection the service did not support people with end of life care. A end of life policy was in place. The registered manager told us this was in place should they support people with end of life.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. There was not enough evidence to rate this key question.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- As the registered manager supported people, robust audit systems were not in place. The registered manager told us she was planning to recruit staff, once they had been recruited robust audit systems would be introduced. Audits had been carried out on infection control and PPE stock.
- We discussed the importance on ensuring care plans were person centred as though the registered manager had knowledge of people's preference, staff once recruited may not unless it was recorded in the care plan. The registered manager told us she would ensure peoples preferences with support were recorded on care plans.
- The registered manager understood regulatory requirements and risks. Risk assessments had been completed to ensure risks were minimised and people received safe care.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- People's beliefs and background were recorded and the registered manager was aware of how to support people considering their equality characteristics.
- The registered manager told us they obtained feedback from people through surveys. The surveys focused on areas such care delivery and satisfaction. The results were positive. A relative told us, "[Registered manager] is a good manager, she is reliable, flexible. She is part of the family, we all like her."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was aware that it was their legal responsibility to notify the Care Quality Commission of any allegations of abuse, serious injuries or any serious events that may stop the running of the service and be open and transparent to people should something go wrong.

Working in partnership with others:

- The service worked in partnership with professionals when needed to ensure people were in good health.
- The registered manager told us they would work in partnership with other agencies such as health professionals and local authorities if people were not well, to ensure people were in the best possible health.