

Positive Horizons Limited

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## Inspection report

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## 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

Positive Horizons Limited provides personal care and support to people who live in their own homes in Derbyshire.

We carried out this inspection on 6 December 2016. It was an announced inspection, which meant the provider knew we would be visiting. This was because we wanted to make sure the registered manager, or someone who could act on their behalf, would be available to talk with us.

At our last inspection on 13 May 2013, we found the service was meeting all standards assessed. It was compliant with the regulations and no concerns were identified.

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.

Staff were appropriately recruited, trained and supported. They had undergone a comprehensive induction programme and, where necessary, had received additional training specific to the needs of the people they were supporting. Communication was effective and regular meetings were held to discuss issues and share best practice. Staff understood their roles and responsibilities and spoke enthusiastically about the work they did and the people they cared for.

The provider had detailed policies and procedures relating to medicines management. Staff understanding and competency regarding the management of medicines was subject to regular monitoring checks and medicines training was updated appropriately.

Staff knew the people they were supporting and provided a personalised service and used effective systems for gaining consent. Individual care plans, based on a full assessment of need, were in place detailing how people wished to be supported. This helped ensure that personal care was provided in a structured and consistent manner. Risk assessments were also in place to effectively identify and manage potential risks.

Where people lacked the mental capacity to make decisions the home was guided by the principles of the Mental Capacity Act 2005 (MCA) to ensure any decisions were made in the person's best interests.

Systems were in place to effectively monitor the safety and quality of the service and to gather the views and experiences of people and their relatives. The service was flexible and responded positively to people's changing needs and any issues or concerns raised. People and their relatives told us they were confident that any concerns they might have would be listened to, taken seriously and acted upon.

## 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.

Risks relating to people's care and support were assessed and appropriately managed. People were protected by safe recruitment procedures which helped ensure they received care and support from suitable staff. Medicines were managed effectively by staff who had received the necessary training to help ensure safe practice.

### Is the service effective?

Good ●

The service was effective.

Staff knew individuals well and understood how they wanted their personal care to be given. People who use the service and their relatives were happy with the care and support provided. Staff were aware of their responsibilities under the Mental Capacity Act 2005 (MCA) and, where appropriate, decisions were made in people's best interests.

### Is the service caring?

Good ●

The service was caring.

Staff were kind, patient and compassionate and treated people with dignity and respect. People were involved in making decisions about their care. As far as practicable they were consulted about their choices and preferences and these were reflected in the personalised care and support they received.

### Is the service responsive?

Good ●

The service was responsive.

Individual care and support needs were regularly assessed and monitored, to ensure that any changes were accurately reflected in the care and treatment people received. Personalised care plans detailed how people wished to be supported and their care reflected their individual needs, preferences and choices. A complaints procedure was in place and people were able to raise any issues or concerns.

## Is the service well-led?

The service was well led.

There was an open and inclusive culture. Staff felt valued and supported by the management. They were aware of their responsibilities and competent and confident in their individual roles. Accidents, incidents and risks were closely monitored to identify trends and help ensure lessons were learned and necessary improvements made. The management regularly checked and audited the quality of care and support provided, to help drive service improvement and ensure people's needs were met.

Good 

# Positive Horizons Limited

## Detailed findings

### Background to this inspection

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

The inspection took place on 6 December 2016 and was announced. The provider was given 48 hours' notice of our visit, because the location provides a domiciliary care service and we needed to be sure that someone would be in the location offices when we visited. The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

We checked the information that we held about the service and the service provider. We looked at notifications sent to us by the provider. A notification is information about important events which the provider is required to tell us about by law. We asked the provider to send us a Provider Information Return (PIR) and this was submitted. This 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 spoke with four people who used services, thirteen relatives, two care support workers, one senior carer, the provider and the registered manager. We also looked at documentation, which included three people's care plans, incorporating comprehensive risk assessments, as well as three staff training files and records relating to the management of the service.

## Is the service safe?

### Our findings

People who used the service and their relatives who we spoke with had no concerns about the care and support provided by Positive Horizons. Everybody we spoke with said they felt safe, happy and confident with the organisation and the carers who supported them. One person told us, "I feel absolutely safe with all of them. They are kind and they do things without me having to ask." Another person told us, "I feel very safe with them (Care staff). There are occasions when they have to let themselves in and out when my [family member] is out and I trust them with the keys and to lock the door. There has never been a problem."

Relatives spoke very positively about the support their family member received and the reassurance and 'peace of mind' they felt, knowing their family member was safe and well cared for. One relative told us, "I've no doubt [family member] is safe - absolutely. They (Care staff) are very thoughtful and notice things or any changes and if there is ever even the slightest problem they phone me." Another relative told us, "I feel that [family member] is very safe with them. [Family member] has deteriorated recently but I feel reassured when they (carers) are here and they know how to work with [family member]. I can go out and trust them completely. They are always very careful and I would happily recommend them."

We spoke with people about the consistency and punctuality of the carers and whether they were informed if staff were running late. One person told us, "They are always on time and have never missed a call. I don't know how they manage to stick to the times so well." Another person told us, "My carers are always on time - it's very good and they stay for the amount of time they are supposed to." Comments from relatives we spoke with were equally positive; one relative told us, "They have never missed a call and are very good with their timing. For example they turn up at 8.00pm almost exactly in the evenings." Another relative said, "They are very efficient and reliable and very good at keeping to time." This demonstrated that people's care and support needs were met in a timely manner.

The provider had effective systems in place to identify and manage risks to keep people who used the service safe. Staff we spoke with were confident the people they supported were safe and understood the importance of ensuring personal and environmental risk assessments were regularly reviewed to reflect changing needs or circumstances. We saw that each person who used the service had a care file containing copies of updated assessments used to identify their support needs and any associated or potential risks. Staff we spoke with were aware of people's individual care and support needs. They also understood the importance of accurate and updated support plans, which helped keep people safe and ensured consistency and continuity of their care.

People were protected from the potential risk from medicines because care staff were appropriately trained and were aware of and followed policies and procedures relating to the safe handling of medicines. People and relatives we spoke with were happy and confident that medicines were safely handled and managed. One person told us, "I've got no worries, they (carers) are all very careful and good with the medication which is kept locked in a cupboard." A relative told us, "The carers only give [family member] one medication and they have a MAR sheet for it and it's always signed by them." Another relative said, "A few weeks ago they took over helping my [family member] with her tablets from the blister packs and it has

always been fine." Staff told us they had received training in managing medicines, which was updated regularly. This was supported by training records we were shown.

People who used the service were protected from the risk of abuse by staff who were trained to recognise and respond to safeguarding concerns. Staff we spoke with showed a good understanding of their responsibility to identify and report issues or concerns to the registered manager. We saw safeguarding policies and procedures were in place. Staff had received relevant training regarding what constituted abuse and understood their responsibilities in relation to reporting such concerns. They told us that because of their training they were aware of the different forms of abuse and were able to describe them to us. They also told us they would not hesitate to report poor or unsafe care practice to the registered manager and were confident any such concerns would be taken seriously and acted upon.

People were also protected by staff following safe infection control procedures. People spoke about carers using protective clothing, such as gloves and aprons, when they were being supported with their personal care. One person told us, "The carers all wear a uniform and are always clean and smart and professional looking. They always wear gloves and aprons which they bring with them." Staff told us they were aware of the relevant procedures and understood the importance of effective infection control.

The registered manager told us any accidents and incidents were reviewed and monitored, to identify potential trends and to prevent reoccurrences. They also said that care plans and risk assessments were regularly reviewed to reflect changing needs and help ensure people were kept safe. We saw documentation to support this.

People were protected by a safe and thorough recruitment process. We saw people were cared for by suitably qualified and experienced staff because the provider had undertaken all necessary checks before the individual had started work. We saw that all staff had completed an application form and provided proof of identity. Each staff file also contained two satisfactory references and evidence that Disclosure and Barring Service (DBS) checks had been completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

## Is the service effective?

### Our findings

People received consistent care and support from staff who had the knowledge and relevant skills to carry out their roles and responsibilities effectively. People and their relatives spoke positively about the service provided and how reassured they felt with the care staff. One person told us, "The carers are wonderful and I really appreciate what they do for me." Another person said, "I do think they (care staff) are well trained and they certainly seem to know what they're doing."

Relatives we spoke with were all very satisfied with the care and support their family member received and felt they were kept appropriately informed. They described the care staff as, "Very knowledgeable and experienced" and "Very professional." One relative told us, "They appear to be well trained and understand about dementia. They communicate positively with Mum and on a level she can understand. Not too technical but they don't speak to her like a child- just polite and respectful." Another relative said, "I do feel that the carers are very good and seem to understand about dementia. They talk to [family member] in a way [family member] can follow and understand. They are very sensitive to [family member's] condition and they pick up on things like changes in mood."

Staff told us they received an induction and completed training when they started working at the service. They confirmed they received support and the necessary training to undertake their roles and responsibilities. One member of staff told us, "The training here is really good and I also did a lot of shadowing before felt confident enough to work on my own. Another good thing is you don't always shadow the same member of staff so you get to know other styles of working – but I really love my job!" Another member of staff told us, "[Registered manager] won't send anyone out on their own until they're ready." They went on to say, "I can honestly say this is the best place I've ever worked - and I'll be here as long as they want me!" We saw staff had received the appropriate training to carry out their roles and they demonstrated that they understood their responsibilities in relation to those roles. Records we looked at showed new staff received a comprehensive induction programme and all essential training.

Staff received regular supervision and appraisals. Formal supervision provides each employee with the opportunity to meet, on a one to one basis, with their line manager to discuss any work related issues, monitor their progress and identify any additional support or training needs. Records showed staff also had access to development opportunities. Staff told us they found supervision meetings useful and supportive. The registered manager confirmed that regular supervision sessions and annual appraisals were carried out for all staff and we saw appropriate records to support this.

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 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this must be made through the Court of Protection for people living in the community.

The service worked within the principles of the MCA. We found that the registered manager and staff had an understanding of the MCA and Deprivation of Liberty Safeguards (DoLS). Staff had attended training in this area and understood how the principles of the legislation related to their work and how it applied to the people they supported. We saw staff consistently applied the principles of the Act and all best interest meetings and decisions were appropriately documented in individual care records. Staff we spoke with also understood the importance of consent and explained how they gained people's consent to their care on a day-to-day basis.

We saw people who used the service were included in planning and agreeing to the care they received. Relatives who we spoke with said that care staff routinely discussed with them the level of support required and always respected their decisions, regarding the care provided. People told us that, as necessary, the care staff supported them to have sufficient to eat and drink and always respected their right to make their own choices. Care plans we looked at included a signed contract and service agreement that identified which services were to be provided and confirmed people's awareness and consent to their personalised support. This demonstrated that people understood and had consented to the care and support they received.

The registered manager confirmed the service worked closely with other healthcare professionals including GPs, occupational therapists dieticians and district nurses. We saw records of referrals to healthcare professionals were maintained and any guidance was recorded in people's care plans. One person described how care staff had supported them when they became ill. They told us, "When I went into hospital, the carer was here and was brilliant. I was in a lot of pain and [the carer] advised my husband to phone for an ambulance and then stayed with us until I had been taken to hospital. She was so kind." Staff told us that if they had any concerns about a person's health they would liaise with the office for advice, or in an emergency situation they would contact the GP or the emergency services directly. This helped ensure people's individual health care needs were effectively met.

## Is the service caring?

### Our findings

People and their relatives we spoke with said they were supported, with dignity and respect, by kind and compassionate staff. One person told us, "My carers are just wonderful. They are so kind and gentle and perfectly fine in the way they help me get washed and dressed." Another person told us, "They are a wonderful team, so helpful and cheerful and can't do enough for me."

All relatives we spoke with said they felt their family member was treated with dignity and respect. One relative told us, "It's made such a difference to us and I feel that we are very lucky to have them (Care staff). They are like family to us. They will give [family member] a hug when they go and they talk more to him than I do. [Family member] is always pleased to see them and will get up when they come in – and we both really appreciate them and enjoy their company." They went on to say, "It just works and I look forward to seeing them. They are all different but all lovely and will go above and beyond." Another relative told us, "We know them all and they know us. They have got to know [family member] and his interests. Sometimes I hear peals of laughter coming from the room as they're helping him. They are so kind and gentle - they just get him!" Staff we spoke with were knowledgeable and showed awareness and a sound understanding of the individual preferences and care needs of people they supported.

The registered manager emphasised the importance of effective communication. They said regular formal and informal meetings took place to enable staff to discuss issues, relating to people's ongoing support packages. People were involved in making decisions about their individual care, treatment and support. Staff spoke of the importance of developing close working relationships with individuals and their families and being aware of any subtle changes in their mood or condition. One member of staff told us, "Because we know them [people who use the service] so well and how they are on a day to day basis, even if someone can't speak, you can tell how they are by their facial expressions or their behaviour." This meant people were supported in a consistent manner by staff who understood their ongoing care needs.

Staff recognised the importance of treating people as individuals, with dignity and respect. People and their relatives we spoke with said staff provided personal care and support in a respectful and professional manner. They described how carers routinely closed doors and curtains, if necessary, and explained clearly what they were going to do before carrying out personal care. We saw that the language and terminology used in care plans and support documents was respectful and appropriate. This demonstrated people received care and support in a way that helped ensure their privacy and dignity was maintained.

People and their relatives felt 'in control' of their care and support and confirmed they had been consulted and actively involved in the writing and reviewing of their care plan. This was supported by plans that we saw, which clearly demonstrated that people's preferences, likes and dislikes had been taken into consideration. People's relatives said they were also consulted regarding any changes to the care plan and had taken part in reviews. People and their relatives told us they felt confident their views were listened to, valued and acted upon where appropriate. This helped ensure people were actively involved in their individual care planning and the support they received met their identified needs.

## Is the service responsive?

### Our findings

People and relatives we spoke with told us they felt listened to and said care staff responded to their needs and wishes. They said staff knew them well and were aware of and sensitive to their preferences and how they liked things to be done. People told us staff followed their individual support plans, which meant they received consistency and continuity of care. They said they spoke regularly with the care staff about them, to help ensure their care was provided in the way they preferred.

Relatives told us the agency had carried out detailed assessments of their family member's needs before they began to work with them. They also described the thorough reviewing process which they had been involved with, to identify and discuss any changes in the care and support needed. One relative told us, "They did review the care plan last week. It was originally meant to be [Care staff] but the senior carer came instead. It was very thorough with lots of questions and we were very happy with how it went. They made sure that although I was there they included [Family member] and asked him questions, not just me." We saw a range of comprehensive assessment and planning tools were used to help ensure staff provided the appropriate support to meet people's identified needs.

Members of staff we spoke with told us of the importance of routine and consistency, which helped ensure people received care and support in a way that reflected their needs and preferences. This demonstrated that the service was responsive and the care and support provided was personalised and met people's individual needs.

People and their relatives felt the organisation was flexible and they could change timings to fit around appointments or other commitments. One person told us, ""They have been very flexible with me. I was in hospital recently and we had to increase the number of visits back to four a day from two previously and they were able to do this for me. Also for example today I had to cancel my lunchtime visit as I am going out for lunch." One relative told us, "[Family member] is in hospital and they keep changing the discharge date and time and I have to keep messing Positive Horizons around because of this but they understand and have been very patient and understanding." Another relative told us, "The carers are just amazing and have made such a difference. They are always happy to go that extra mile – which we really appreciate."

Staff we spoke with had developed close working relationships with the people they supported. They were knowledgeable about people's needs and fully aware of their individual wishes and preferences. A senior carer explained that before anyone received a service, a comprehensive initial assessment of their personal circumstances was carried out, with the full and active involvement of the individual. The assessment established what specific care and support needs the person had and incorporated personal and environmental risk assessments. This was supported by completed assessments we saw and confirmed through discussions with people and their relatives.

From the initial assessment a personalised care plan was developed, again with the active involvement and full agreement of the individual. The plan specified what care and support the person required and detailed just how they wished that support to be provided, in accordance with their identified preferences. We saw

samples of completed plans and spoke with people regarding their personal experience of the care planning process. People and relatives we spoke with said they were fully involved in drawing up their personal care plan and confirmed that the plan accurately reflected their individual support needs.

All people who used the service had access to the complaints procedure, which was included in their clients' information pack. The registered manager confirmed that any concerns or complaints would always be taken seriously and acted upon. However they told us there had been no complaints received since the previous inspection. People and their relatives we spoke with were aware of how to make a complaint, if necessary. They said they were comfortable raising any concerns with the office staff and were confident any such issues would be appropriately addressed. One person told us, ""I would feel very comfortable complaining if I needed to - they are easy to talk to and will always listen if there was a problem – but we're very happy." Another relative told us, "I certainly know how to make a complaint, although we've really never had anything to complain about." This demonstrated that people knew how to make a complaint and were confident that any concern would be listened to and acted upon.

## Is the service well-led?

### Our findings

People who used the service and their relatives told us they thought the service was well managed. They said communication was very good and they felt well-informed. People spoke very positively about the service and how it was managed. One person told us, "It's a well-managed service and they are all very helpful and kind [The registered manager] is great and very organised and I would recommend this agency to anybody. I can't speak too highly about them." A relative we spoke with told us, "I would absolutely recommend them. Having met [The registered manager] at the initial meeting we felt at ease and confident in them. I've got [the senior carer's] mobile number which she has given me in case I need anything."

This positive view was shared by other relatives we spoke with; one told us, "I can phone the office anytime and we also have an out of hours number. [The registered manager] who is just brilliant and incredible keeps a tight hold on what's going on. They are definitely a very well led organisation." Another relative said, "I would absolutely recommend this organisation. They provide a personal quality service. They are very efficient and reliable and support my [family member] in a good way. The senior staff are excellent. I normally deal with [The registered manager] and only have to send her a text about anything and she gets right back to me."

Staff described the culture within the service as, "Friendly and positive" and "Open and inclusive." All of the staff we spoke with said how much they enjoyed working at the service and were full of praise for the registered manager, who they described as, "Brilliant" "Always approachable" and, "Very supportive."

During our inspection all staff we spoke with were open and helpful and shared the provider's vision and values for the service. These included choice, involvement, dignity, respect, equality and independence for people. We found a positive culture, which was centred on the needs of people who used the service and their families. Staff spoke positively about the open and inclusive environment, the "Team spirit" and the effective communication throughout the service.

We saw organisational policies and procedures which set out what was expected of staff when supporting people. The provider's whistleblowing policy supported staff to question practice and assured protection for individual members of staff should they need to raise concerns regarding the practice of others. Staff confirmed if they had any concerns they would report them and felt confident the registered manager would take appropriate action. This again demonstrated the open and inclusive culture within the service.

Services that provide health and social care to people are required by law to notify the Care Quality Commission, (the CQC), of important events that happen in the service. The registered manager had notified the CQC of all significant events which had occurred, in line with their legal responsibilities.

There were effective and robust systems in place to monitor and improve the quality of the service provided. Regular service audits were completed, such as care records, medication records and reviews of the individual support people received. We also saw that audits had been carried out to seek feedback from people who used the service, their relatives and other stakeholders. This included sending out surveys and

telephoning people who used the service and their relatives. We saw examples where changes had been made and 'lessons learned' as a result of feedback received, including care staff being replaced if not considered suitable. This demonstrated the service was committed to improving standards and quality of service provision.