

Somerset Villa Residential Care Home Limited

The Horizon

Inspection report

154 Hedge Lane
Palmers Green
London
N13 5BX

Tel: 02088822663

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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

The Horizon is a residential care home which provides care and support to a maximum of eight people with mental health needs. At the time of this inspection there were five people using the service.

This inspection took place on 15 November 2017 and was unannounced.

At the last inspection on 8 July 2015 the service was rated 'Good'.

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

People and relatives confirmed that they and their relative felt safe living at the Horizon and were happy with the care and support that they received. Care staff demonstrated a clear understanding of the term 'safeguarding' and were able to explain the steps they would take to report any concerns.

The service identified each person's individual risks associated with their care, support and health needs. Detailed risk assessments had been devised giving detailed information on how each person's identified risk was to be managed or mitigated against in order to keep people safe.

Appropriate systems and processes were in place to manage people's medicines safely.

People's needs had been assessed prior to admission to the home and continued to be assessed whilst living at the home to ensure that the service was able to appropriately meet their specific needs and requirements.

People were supported to have maximum choice and control of their lives and staff knew how to support them in the least restrictive way possible; the policies and systems in the service supported this practice.

Care staff told us and records confirmed that they received appropriate training and support which enabled them to carry out their role safely and effectively.

Safe recruitment practices had been followed ensuring that staff employed by the service had been assessed and deemed as safe to work with vulnerable adults.

We observed people receiving care and support that was personal to their needs and requirements. This had also been clearly documented within people's care plans.

Care plans were person centred and gave detailed information about the person, their life history and how they wished to be supported. Care staff knew people very well and were clearly aware of their needs and preferences.

People and care staff confirmed that the registered manager and deputy manager were always available and visible around the home. Appropriate management oversight systems were in place to monitor the quality of care being delivered.

Appropriate systems were in place to manage complaints.

People were supported to engage in social activities and personal hobbies where appropriate. People were also supported to develop and maintain independence.

Further information is in the detailed findings below.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

The Horizon

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.

This comprehensive inspection took place on 15 November 2017 and was unannounced.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). 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 reviewed the completed PIR and previous inspection reports before the inspection.

We also reviewed information we had about the provider, including notifications of any safeguarding or other incidents affecting the safety and well-being of people using the service.

During the inspection we spoke with two people who used the service and we also observed interactions between staff and people using the service as we wanted to see if the way that staff communicated and supported people had a positive effect on their well-being. We obtained feedback from three relatives.

We spoke with the registered manager, deputy manager and three staff members. We looked at three staff files and training records.

We looked at four people's care plans and other documents relating to their care including risk assessments and medicines records. We looked at other records held at the home including staff meeting minutes as well as health and safety documents and quality audits.

We obtained feedback from one healthcare professional.

Is the service safe?

Our findings

Feedback from people and relatives confirmed that the service provided safe care and support. Comments from people included, "Yeah, I do feel safe" and "I feel safe, obviously it's alright." Relatives told us, "Safe? Yes 100%" and "Safe? Yeah! My [relative] would say if he was not happy."

Care staff demonstrated a good understanding of how they were to keep people safe and how they could identify different types of abuse that people could be subjected to. This included steps they would take to report any concerns they had. Training records confirmed that all staff had received safeguarding training. One care staff told us, "We have to protect individuals from any potential abuse. Obviously I would look for signs and would inform my line manager." Care staff understood the term 'whistleblowing' and were able to give examples of external professionals that could be contacted to report any concerns.

The service carried out detailed pre-admission and on-going assessments to identify people's individual risks associated with their care, support and mental health needs. Risk assessments detailed the risk and guidance for staff on how to manage the risk to ensure people's safety. Identified risks included self-neglect, substance misuse, weight loss and verbal and physical aggression. Care staff confirmed that they knew of people's risks and that care plans gave them a good level of information on how to manage those risks. One care staff told us, "We have to know about people's risks. Once you know the risks you and the person are safeguarded." Risk assessments had been reviewed regularly since the last inspection and continued to be reviewed on a monthly basis.

We observed there to be sufficient staff available to support people appropriately. Relatives confirmed that there was always enough staff available including the deputy and registered manager. The provider continued to follow robust recruitment processes to ensure that only suitable care staff were employed to work with vulnerable people. Pre-employment checks such as references and criminal record checks had been carried out for staff recruited since the last inspection.

People were observed to receive their medicines safely and on time. Medicine Administration Records (MAR) had been completed fully and appropriately and no omissions in recording were noted. At the last inspection on 8 July 2015 we noted that medicine audits, although completed, were not recorded. At this inspection we saw that the provider had addressed this issue.

The deputy manager carried out daily medicine checks followed by a comprehensive annual medicines audit which had been recorded. All staff had received appropriate medicines training followed by observed competency assessments to ensure that staff were assessed as competent to administer medicines.

The home was clean and free from any mal-odours. The provider had an infection control policy in place which outlined processes staff followed to prevent the spread of infection. All staff were provided with appropriate personal protective equipment to allow them to deliver safe care and support.

We saw records had been completed when an incident or accident had taken place. Completed forms

included details of the incident or accident and the actions that had been taken. We spoke with the deputy manager about how they ensured that incidents and accidents were monitored to enable learning and drive improvements. The deputy manager explained that all incidents and accidents were monitored and analysed and where appropriate discussions with the staff team would take place to review the care plan, make the necessary referrals and where required a change in staff approach to any given situation.

Is the service effective?

Our findings

Relatives told us that they believed all care staff working at The Horizon to be appropriately trained and skilled to carry out their role. Comments from relatives included, "Skilled and trained – yes, definitely" and "[Care staff] is amazing with him [relative]."

Prior to admission to The Horizon, the registered manager always ensured that a detailed pre-admission assessment was completed for each prospective person, to ensure that the service would be able to meet the persons care, support and health needs. In partnership with the person, their relative and all involved healthcare professionals, a detailed care plan was developed which outlined how the person wished to be supported. Care plans were evaluated on a monthly basis and reviewed on a 6 monthly basis to ensure that the care plan was current and reflective of the person's needs. One person confirmed that they had seen their care plan. One relative told us, "I am always involved in [relatives] care. They always ask me what I think."

Care staff told us that they regularly received training to support them in their role. All newly appointed staff had received a comprehensive induction. Care staff confirmed that training was easily accessible and that they felt able to request the provision of specialist training where required. Training records reviewed confirmed that care staff received training in a variety of topics including food hygiene, manual handling, health and safety and the Mental Capacity Act 2005 (MCA). Individual training records for each care staff confirmed the date they had received training and when the training was due to be refreshed. In addition to training care staff also told us and records confirmed that they were appropriately supported in their role through regular supervision and annual appraisals.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We saw appropriate documentation in people's care plans confirming that authorisations had been applied for and granted where required.

People told us and records confirmed that they had consented to the care and support that they received. Where people were unable to sign we saw documents confirming that the person's relative or advocate had been involved in the care planning process and had signed the relevant documents consenting to the care and support that the person received. One person told us, "They [care staff] always ask me first before they do anything." One care staff said, "We always ask people. We can also see people's verbal expressions when giving consent."

People were involved in setting the menu through monthly residents meeting and menus were planned on a two week rotation. People told us that where they did not want to eat what had been set they were able to request an alternative which was always provided. People and relatives confirmed that they had no concerns with the food that was provided. One person told us, "I have got used to it. Now and then I get my type of food." Another person stated, "The food is fine. I get a proper dinner." Care plans detailed peoples

likes and dislikes as well as any specific dietary requirements. One person who had been assessed as at risk of choking, had the appropriate guidance and directions in place for staff to follow to prevent the person from choking. We saw records confirming that where a concern had been noted with a person's diet, appropriate checks were in place included monthly weight monitoring.

People were supported to maintain good health and where required were supported to access relevant healthcare services. Care plans recorded visits from and to a variety of healthcare professionals such as the GP, chiropodist, psychiatrist and hospital appointments. Outcomes and follow up actions were also recorded. Where required the service had submitted relevant referrals to specialist services to ensure that people received the appropriate help and support that they required. One healthcare professional that we contacted told us, "The staff and manager communicate with my team and the North London Forensic Service effectively at all times. In addition, they provide regular updates about each client."

People had access to all areas of the home including the garden and activities room at the back of the home. People who smoked had a designated area outside in the garden to do this. People's rooms were decorated and personalised as per their wish and choice. One person told us he was proud of his room as he had "the biggest room in here."

Is the service caring?

Our findings

People and relatives told us that staff were caring. One person told us, "Anyone who lives here they can't go wrong. It's very nice here." Comments from relatives included, "I think the way they care for them [people] is brilliant" and "They are brilliant with [person]."

Throughout the inspection we observed that the registered manager, deputy manager and care staff had developed positive relationships with the people living at the home. Relationships had been established based on mutual trust and respect. All staff knew the people they supported well including a clear awareness of their personalities and mental health presentations so that they were able to support them in a way which promoted positive wellbeing. One relative told us, "It feels like they are family in there."

People and relatives confirmed that they felt involved in the care and support that they received. Relatives told us that people were able to do what they wanted, when they wanted and decisions made by people were supported by the service. One relative told us, "[Care staff] will always ask him [person] and involve him."

People told us that they were always treated with dignity and respect and staff were always available to listen to them. One person told us, "They always look after me properly and they [staff] are always available. They are respectful and they always call me." Another person said, "They are very respectful." Care staff understood what it meant to respect people's privacy and dignity. Comments from staff included, "They have their own choice when it comes to anything including bathing, clothing. We go along with the person" and "We knock on their door and we call them by their name of preference."

Care staff demonstrated how they promoted people's independence on a day to day basis. One care staff explained, "We look at what is the ability and capability of the person. We then empower, praise and encourage. We promote self-independence."

People's religious, cultural and personal diversity had been clearly documented within their care plan. One person was supported to attend their preferred place of worship on a weekly basis and this had been clearly documented. Care staff understood that people's diverse needs had to be respected and that people were to be supported appropriately according to those needs. One care staff told us, "Whatever their needs are, different backgrounds, cultures or religions we have to respect people."

Is the service responsive?

Our findings

One person told us, "[Deputy manager] always used to watch over me especially when I had a dizzy spell." Relatives told us that the care and support people received was responsive to their needs. One relative told us, "It's not just a job for them [care staff]. They know him [person] so well and they understand him."

Care plans had been compiled in partnership with the person, their relative and a variety of involved healthcare professionals. Following the pre-admission assessment a comprehensive care plan had been written which provided detailed information about the person and their care, health and support needs. Care plans were reviewed on a monthly basis as part of an evaluation of the care plan and were then reviewed again every six months. People and relatives confirmed that they had seen their care plan and had been involved in the care planning process and reviews. One relative told us, "They make me feel like I am part of the care [person] receives, I am very involved in the way that the care is delivered."

Care staff were complimentary of the care plans that had been devised. One care staff told us, "The care plans give us information about the person. I need to get to know the person. Everyone is different." Another care staff stated, "I am really impressed with the care plans. They give us a lot of information."

Care plans were person centred and gave detailed information about people, their backgrounds and life history including details of the relationships that they had with relatives and friends. People were supported to maintain these relationships where required.

People engaged in activities that they chose to. Some people accessed community services independently as and when they wanted and some other people who were unable to leave the home due to their safety were happy being at home and watching television. The provider had created a games room at the back of the home which people were able to access whenever they wanted to. People were happy with the activities that were made available and did not want to take part in a structured activity plan. Relatives also confirmed this to be the case. Comments from relatives included, "[Person] likes doing his reading and writing and that's what he does" and "They [staff] do try to get him out, but if he doesn't want to he won't. He is happy to sit and watch television."

People and relatives were happy with the care and support that they received and did not have any complaints to raise. Relatives were generally confident that if there were any concerns or issues to raise, the service would deal with these immediately. A complaints policy was available and posters on how to complain were displayed around the home giving information on how to raise a complaint. Since the last inspection the service had received one complaint. Details of the complaint had been recorded with suggested resolutions and actions taken.

Is the service well-led?

Our findings

A registered manager was in post at the time of this inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People and relatives knew the registered manager and the deputy manager, who were also the owners of The Horizon. We observed positive interactions between people, the registered manager and the deputy manager and feedback from relatives about the management of the service was positive. One relative stated, "We are very happy, no concerns whatsoever. Communication is fantastic."

Care staff were very positive about how the service was managed and the way in which they were supported. Discussions with the provider around the inspection process were open and transparent. Both the registered manager and deputy manager were open to the feedback we provided with a view to learning and making improvements. Comments from care staff about working for the provider included, "I am very happy. I like their [provider] approach. They have a friendly attitude and approach. The manager is excellent I would say" and "The manager – they are really good. Good planning and guidance."

Care staff also explained that the provider always listened to what they had to say and were happy to explore and trial any ideas and suggestions that they made. One care staff told us, "They ask me for my ideas and we try." Another care staff stated, "I bring lots of ideas and they listen."

Care staff demonstrated a good understanding of the values of the provider and were clearly focused to ensuring that these values were translated into the care and support that they delivered. Comments from staff when asked to describe the values of the provider included, "Their values are promoting independence and promoting dignity. I have seen this. They [provider] have a heart for care" and "It's about promoting maximum independence."

Care staff told us and records confirmed that care staff meetings were held quarterly. Topics discussed included people's safety, respect and dignity, abuse of people and the general running of the home. Care staff stated that they did not have to always wait for a team meeting to hold discussions and were able to approach the manager with their concerns or ideas at any time.

People were supported to give regular feedback about the quality of the service they received through regular residents meetings as well as completing an annual satisfaction survey. Feedback from the satisfaction surveys were positive. Residents meetings were held every six to eight weeks and agenda items included daily menus and activities.

Relatives confirmed that they also received annual questionnaires which they completed, giving feedback about the quality of service that their relative received and any ideas or suggestions they had in order for the service to learn and improve. Most recent surveys had been completed in May 2017. Questionnaires were

also sent to a number of involved health care professionals. Responses received were positive. One relative had written, 'I feel that the home is well able to meet my [relatives] needs.'

The registered manager and deputy manager had a number of systems in place to monitor and improve the quality of care. This included daily, weekly, monthly and annual audits of areas such as medicines management, complaints, health and safety and the environment. Where issues or concerns were identified, details of the actions taken had been recorded.