

Holistic Community Care Limited

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Inspection report

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Date of inspection visit:
08 November 2023
13 November 2023

Date of publication:
18 December 2023

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

About the service

Holistic Care Community is a domiciliary care service registered to provide personal care and support to people in their own homes. Not everyone who used the service received personal care. 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. At the time of the inspection there were 259 people receiving personal care.

People's experience of the service and what we found

The majority of people and their relatives were happy with the care and support provided. Comments included, "I am pleased with the service provided" and "I am very happy with my carers." However, some people had experienced delays in their call visits. The provider had been successful in recruiting additional staff which had ensured sufficient staffing levels. People were supported by staff who were recruited safely. Staff received induction before they started providing care.

People were protected from the risk of avoidable harm. Comments included, "I feel safe with my carer" and "[Care staff] treat me so well." Staff understood their responsibility to protect people from harm and to report concerns. They knew how to identify abuse and to whistle blow any concerns. Risk assessments were carried out and guidance put in place. This ensured staff were able to provide care in a safe manner. People received their medicines when required. Staff followed good hygienic practices to reduce the risk of spread of infection.

People received effective care as staff were supported to undertake their work. Staff received regular training and supervision to carry out their roles. People were supported to maintain good health and their well-being.

People told us they received care from regular care staff. This enabled them to develop positive and meaningful caring relationships. People were supported in a manner that maintained their dignity and privacy. They consented to the care provided to them. People were supported to maintain their independence and to make choices about their daily living.

People's care needs were met. Care and support plans were reviewed and updated to reflect changes to each person's needs. Staff supported people to access health services when required. People and their relatives knew how to raise concerns about their care.

People, their relatives and staff were happy with the management and leadership of the service. They felt their views were valued and considered. They described the registered manager as transparent and approachable. Quality assurances were undertaken on the care provided and improvements made when needed. Staff were encouraged to learn when things went wrong. The provider took action to prevent incidents from happening again. The registered manager worked in partnership with other agencies, health

and social care professionals and external organisations to ensure people received care appropriate to their needs.

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

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

Rating at last inspection

The last rating for this service was Good, published on 10 October 2017.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Holistic Community Care Limited

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. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection team consisted of three inspectors and three Experts by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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

Notice of inspection

The inspection was announced. We gave the service 24 hours' notice of the inspection. This was because we needed to be sure that the 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.

The provider completed the required Provider Information Return (PIR). This is information providers are required to send us annually with key information about the service, what it does well and improvements they plan to make.

We sought and received feedback from the local authorities and professionals who work with the service.

We used all this information to plan our inspection.

During the inspection

We spoke with the registered manager, director, quality assurance manager, head of care, care coordinators, accountant, deputy managers and 15 care assistants. We reviewed a range of records. This included 22 people's care records. We looked at staff files in relation to training and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

We spoke with 25 people who used the service and 7 relatives about their experience of the care provided.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We reviewed further risk assessment, care plans and information relating to the management of the service.

Is the service safe?

Our findings

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

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant people were safe and protected from avoidable harm.

At our last inspection the provider had failed to robustly manage people's medicines. At this inspection the provider had made enough improvements to ensure people's medicines were managed safely. The provider had improved their systems which ensured Medication Administration Records were completed.

Using medicines safely

- People were supported to receive their medicines safely and when needed. However, we identified two care plans that did not reflect complete information about people's medicines on the Electronic Monitoring System (EMS) used by care staff, for example side effects of medications. We raised this issue with the provider who submitted additional information that showed care staff had access to the information in full from the main care plan. The registered manager sent us an action plan during the inspection. This showed action they had taken to improve the system by providing a summary of the information for care staff on EMS. We were assured by this action that ensured staff could easily refer to the summary about any medication effects should they require to refer to it.
- Staff were trained to manage people's medicines and had their competency tested. Audits were carried out to ensure people received their medicines as prescribed.
- The provider ensured the medicines policy and procedures were in place and reviewed when needed.

Systems and processes to safeguard people from the risk of abuse and avoidable harm

- People were safeguarded from abuse and avoidable harm. Staff knew how to identify and report abuse. Staff understood how to whistle blow to internal and external agencies any concerns not resolved. Records confirmed staff received safeguarding training. Staff were able to give examples of types of abuse and what they would report.
- The registered manager worked closely with the local authorities when they had safeguarding concerns.
- Systems were in place to support people to manage risks to them in a positive manner. For example, people were supported to go into the community independently and to take a lead role in making decisions about their day to day living.

Assessing risk, safety monitoring and management

- The provider assessed risks to ensure people were safe. People who used the service and their relatives told us they felt safe with the care provided. Comments included, "I feel safe with my carer. I have no concerns at all" and "[Carers] know exactly what to do." Risk assessments and support plans were in place and reviewed in line with people's changing needs. Staff told us and records showed they had sufficient guidance which enabled them to provide care to people safely. For example, risk assessments showed staff worked closely with other healthcare professionals to support the person when their mental health showed signs of decline.

- Support plans took into account what people could safely do for themselves and what they needed support for. For example, one person's care plan contained a risk assessment on how they needed support from one member of staff to transfer from bed to their wheelchair.
- The provider ensured staff followed guidance provided by healthcare professionals which minimised the risk of harm to people using the service.

Staffing and recruitment

- The majority of the calls were delivered on time. There were a few instances when staff were delayed. Comments included, "Most carers are on time, those who have a car"; "They are sometimes a bit late, but they use the buses so can make them late"; "The carers arrive on time and "I have had no missed calls." People told us in most of the cases they were informed about the delays. We raised this issue with the registered manager who explained the action they had taken to minimise delays.
- The provider operated safe recruitment processes. They undertook all the necessary checks to ensure staff were vetted as suitable to provide care to vulnerable people.
- The provider had embarked on a recruitment exercise and now had sufficient staffing levels. In addition, the provider had introduced the ECM which they said was more effective in flagging up delays or no shows by care staff. This had enabled the registered manager to quickly respond and provide cover when needed. The provider ensured there were enough numbers of suitable staff. .
- People and their relatives told us there was consistency about who provided their care. One person told us, "We have been with [carer] for a long time and we are happy with this arrangement." Staff told us they received their rota in advance and felt staffing levels were adequate. Rotas confirmed this and were covered by permanent staff.

Preventing and controlling infection

- People were protected from the risk of infection as staff were following safe infection prevention and control practices and in line with best practice guidelines. Staff were trained in infection prevention and control. People told us staff used Personal Protective Equipment (PPE) such as gloves and aprons effectively. The provider ensured staff had adequate supplies of PPE. Infection prevention and control policy and procedures were up to date.

Learning lessons when things go wrong

- The provider learned lessons when things had gone wrong.
- Staff understood their responsibility to report and respond to accidents or incidents. Incidents and accidents were recorded and analysed to monitor patterns or trends.
- The registered manager reviewed incidents and undertook investigations to minimise the risk of a reoccurrence.

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 MCA 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.

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.

- We found the service was working within the principles of the MCA
- People told us staff sought their consent before supporting them. People made decisions about their care

and staff respected the choices they made. People told us, "I am always given choices of what clothes to wear that day" and "[Care staff] always ask what I need done before helping me with personal care."

- Staff were trained and knew their responsibilities in relation to the MCA. Staff had access to the MCA policy to inform the way they provided care. Care records and our discussion with staff showed they upheld the rights of people.
- The registered manager carried out mental capacity assessments and best interests' meetings when needed. Support plans were clear about what decisions people could make for themselves and where they may require more support, for example to manage or make decisions about their medicines or finances.

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.

At our last inspection we rated this key question Good. At this inspection the rating has remained Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed, and care and support was delivered in line with current standards to achieve effective outcomes. Comments we received included, "I am very happy with my carers" and "I am happy with the service I receive."
- Care plans were detailed and showed people's needs and the support they required. Support plans included information provided by health and social care professionals and relatives who worked with people and knew them well. Records showed staff followed guidance which ensured they delivered care in line with best practice.

Staff support: induction, training, skills and experience

- The service made sure staff had the skills, knowledge and experience to deliver effective care and support.
- People received effective care because staff were supported in their roles. Comments included, "[Care staff] are trained and they seem very confident" and "[Care staff] are well trained."
- Staff underwent induction when they started work. Follow up checks were made until new staff felt confident to undertake work on their own. Staff received training and attended refresher courses in various aspects of their roles. Records confirmed training in safeguarding people from abuse, first aid, Mental Capacity Act, infection control and manual handling. The provider ensured staff received specialist training for complex conditions such as stoma care and catheter management.
- Staff received regular supervision which they commended for providing them with an opportunity to discuss their concerns, progress at work and share their ideas for improvements.

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

- People received the support they required to eat and drink healthily to maintain a balanced diet. Comments included, "Before [care staff] leave, they always make sure I have a drink" and "[Care staff] will ask what I fancy to eat before they prepare my breakfast."
- Staff supported people with food shopping and to prepare meals and drinks when needed. Care plans indicated people's needs, including their preferences and special dietary needs. Records confirmed staff prepared appropriate meals for people in line with care plans.
- Some people required prompting to eat and drink. Records showed staff supported as appropriate.

Staff working with other agencies to provide consistent, effective, timely care

- The provider ensured the service worked effectively within and across organisations to deliver effective care, support and treatment. A healthcare professional told us, "The staff at Holistic Community Care Limited are generally very good at raising concerns to us about any patient issues. They are responsive when

our clinicians are asking for updates or to amended support plans."

- Staff followed guidance from health and social care professionals which enabled them to deliver effective care, for example, supporting a person to transfer safely by using the recommended guidance of a standing hoist.
- Staff worked closely with people and their relatives where appropriate to help them to manage their health concerns.
- The registered manager had meetings with commissioners to review people's needs and ensured they were still able to provide appropriate care and meet agreed outcomes.

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

- People received the support they required for healthy living and to access healthcare services for their well-being.
- Staff supported people to attend hospital appointments such as dental check-ups and health reviews with their doctor when needed.

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.

At our last inspection we rated this key question Good. At this inspection the rating has remained Good. This meant people were supported and treated with dignity and respect. They were involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were happy with their care and felt well supported. People and their relatives said staff were kind and caring. They told us, "[Care staff] are very kind to me and very patient" and "[Care staff] are very considerate and courteous and respectful during my personal care, which I appreciate."
- A regular team of staff provided care which enabled them to understand people's needs and to develop positive relationships with them. One person told us, "The carers know how I like things to be done" and "They are very sociable and bring me out of my shell."
- Staff upheld people's equality and diversity and ensured their practices were inclusive and did not discriminate against any person using the service. This included respecting people's individual needs that related to disability, gender, ethnicity, and faith such as wearing foot covers where required.

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

- People were supported to express their views and make decisions about their care. Relatives told us where appropriate they were involved in planning people's care. Comments included, "We are involved in the care planning" and "The managers check on what support [person] requires."
- People's life history, preferences, routines, spiritual and cultural needs were recorded. This enabled staff to deliver appropriate care and to make changes when needed to facilitate appointments or outings.
- Staff held meetings with people and their relatives where appropriate where they were encouraged to express their views and make decisions about their care.
- People told us staff respected their choices about how they wanted their care provided. Records confirmed people received their care as planned.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence were respected and promoted. They told us, "I don't feel rushed" and "[Care staff] are respectful."
- People and their relatives told us staff were discreet when providing personal care. Staff upheld people's privacy. They kept information about people confidential and shared with others on a need to know basis.
- People received support in a manner that enabled them to maintain their existing skills and to develop new ones to keep their independence as far as practicable.
- Care plans contained details about what people were able to do independently and the areas they required support such as meal preparation or having a shower but finishing off by dressing themselves or combing their hair.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating has remained Good. This meant people's needs were met.

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

- People were supported as individuals, in line with their needs and preferences. One person told us "The registered manager has been to review my care package and all my needs are being met."
- People and their relatives where appropriate were involved in planning for their care and support. Staff had information about people's care needs and preferences.
- People were supported to attend reviews to help them manage their health needs such as diabetes, dementia and mental health conditions.
- Staff told us they received communication regularly about people's changing needs and the support they required. Care plans were reviewed regularly, and people's views were recorded to include any changes they wanted to the way their care was delivered.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

The provider was meeting the Accessible Information Information.

- People's communication needs were understood and supported. These were recorded in their care plans.
- Care records showed effective communication between people and staff as the information was presented in a format they understood.
- The registered manager told us information could be made available in different formats if required for example, items in larger print.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain relationships, follow their interests and take part in activities that were relevant to them. This included going shopping, walks and outings. Staff supported people to maintain contact with those that mattered to them to ensure their social contact and wellbeing needs were met.
- Records contained details about people's hobbies, interests, likes and dislikes.

Improving care quality in response to complaints or concerns

- People's concerns and complaints were listened to, responded to and used to improve the quality of care.

- People and their relatives knew how to make a complaint and raise a concern. Comments included, "I have the information about how to make a complaint" and "My concerns were addressed after talking to office staff." A number of people told us they had experienced delays in getting their complaints resolved. We reviewed these and noted the registered manager followed their procedures and kept the people updated on the progress of resolving the issues.
- People and their relatives were provided with the complaints policy and procedure which detailed how to raise concerns about any aspect of their care and to understand how the provider dealt with concerns.
- The registered manager investigated and resolved complaints in line with the provider's policy and procedures.

End of life care and support

- People were supported at the end of their life to have a comfortable, dignified and pain free death.
- People's end of lives wishes were discussed and recorded for each person if they chose to share their preferences.
- The registered manager undertook assessments of people's needs when a person required end of life care. Staff were trained to provide end of life care and worked closely with other health and social care professionals such as district nurses and the palliative care team that visited people in their homes.
- The registered manager knew how to access resources to ensure people were supported to receive appropriate care at the end of their lives.
- The provider had an end of life policy in place.

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.

At our last inspection we rated this key question Good. At this inspection the rating has remained Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a positive and open culture at the service. People using the service and their relatives felt the provider and registered manager promoted an inclusive and empowering culture. Comments included, "[Managers] phone through every 4-6 weeks to check" and "I hear from the office regularly. We talk about how things are getting on." They told us they were encouraged to speak up about any aspects of their care which did not improve their well-being and to share ideas to improve the quality of care provided.
- The provider had systems to provide person-centred care that achieved good outcomes for people. People and their relatives commended the registered manager and management about the running of the service. They told us, "When I ring the office they always pick up"; "[Office staff] are friendly and helpful" and "The manager came to see me the other day to talk about my needs." The provider had responded to concerns about punctuality and upgraded their electronic monitoring system which enabled sound rota planning and allocation of care staff. This resulted in people receiving care as planned.
- The registered manager championed the provider's vision which they shared with staff to ensure people received individualised care in a safe and effective manner. Staff spoke highly of the mentoring scheme which ensured new starters received one to one support to enable them to settle in their roles.
- Staff were happy with their teamwork, morale was very high and they enjoyed their roles. They felt well supported in their work and were engaged and involved with the service. They made positive comments about the management and leadership.
- People's records were maintained and showed aspects of care and service delivery. These were stored safely and securely.

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 provider understood their responsibilities under the duty of candour. People who used the service and their relatives told us the registered manager was open and transparent with them when things went wrong.
- They told us the registered manager discussed any concerns they had, kept them aware of what the provider was doing in response and improved service delivery.
- Staff spoke very highly of the registered manager and said they were encouraged to own up to their mistakes and did not fear any reprisals. This enabled the registered manager to review their practices, ensure they learnt lessons from incidents and gave them the support they required to improve care delivery. Staff told us communication between them and management promoted and sustained a positive culture at

the service.

- Incidents were reported, and recorded and shared with staff to ensure continuous learning took place.
- The registered manager reported accidents, incidents and significant events to the Care Quality Commission and the local authority as required.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider had a clear management structure that monitored the quality of care to drive improvements in service delivery.
- Audits were carried out on various aspects of the service such as care planning, risk management, staff training and supervisions, medicines management, record keeping and policies reviews. The provider ensured improvements were made when needed.
- Policies and procedures were reviewed regularly and were available to staff for guidance on how to deliver care appropriately.
- Staff were aware of their roles and responsibilities in relation to meeting people's needs and managing risks. Records confirmed they received support via supervisions, spot checks and regular communication from the provider and the management team.
- People's care was delivered in line with regulatory requirements. The provider had a clear vision and values, and ensured staff understood the importance of providing safe care.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and staff were involved in the running of the service and fully understood and took into account people's protected characteristics.
- People and their relatives told us they were provided with opportunities to share their views about the quality of service through regular meetings, telephone interviews, emails, face to face contact and quality assurance checks. They said the registered manager had an open-door policy which allowed them to give feedback about their experiences of using the service.
- Staff, relatives and people who used the service took part in satisfaction surveys. The provider made the necessary improvements based on people's feedback, for example maintaining a consistent staff team and of a particular gender to provide care to people. This ensured people received support and care adapted to their individual needs.

Continuous learning and improving care

- The provider had created a learning culture at the service which improved the care people received. Comments included, "We have had questionnaires in the past and in fact had a phone call last week" and "I feel listened to."
- Staff told us they benefitted from team meetings and regular catch up calls which gave them an opportunity to learn and share good practice across the team and to receive updates about changes to people's needs. Records of minutes from team meetings and staff supervision covered a range of topics and showed robust monitoring and support.
- People and their relatives were happy about the communication with the office and felt listened to.
- Staff told us the provider and registered manager sought their views on how to improve the service. They told us their views were valued and were encouraged to propose improved ways of working.

Working in partnership with others

- The registered manager worked in partnership with the local authorities who commissioned care, various other agencies and other healthcare providers to ensure people received the support they required. For

example, the registered manager liaised with agencies to help staff get a better understanding of people's complex conditions.

- The provider had links with other agencies around the local community which they used to discuss referrals and hospital discharges. This helped them work well together to support people moving between services.