

Holistic Homecare Ltd

Holistic Social Care

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

This inspection took place on 5 and 6 September 2018 and was announced. This meant we gave the provider 48 hours' notice of our intended inspection to ensure that the registered manager or a representative would be available in the office to meet us.

Holistic Social Care is a small domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older adults and younger disabled adults. On the day of our inspection there were four people receiving the regulated activity of personal care, which was approximately 80 hours per week.

At the last inspection in June 2017 we identified one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was in relation to one person's risk assessment not capturing their assessed needs.

During this inspection on 5 and 6 September 2018 we found improvements had been made towards meeting the requirements to help ensure people received an improved quality of service and there was no longer a breach of regulation.

The service had a registered manager who had been registered with the Care Quality Commission (CQC) since December 2015. 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.

We found there were systems in place to protect people from the risk of harm. Staff we spoke with were able to explain the procedures to follow should an allegation of abuse be made. Assessments identified risks to people, and management plans to reduce the risks were in place to ensure people's safety.

People praised the kind and caring approach of staff. Staff were respectful and explained clearly how people's privacy and dignity were maintained. Staff understood the needs of people and care plans were person-centred. People and their relatives spoke very positively about the care provided.

There were sufficient staff available to ensure people's wellbeing, safety and security was protected. An appropriate recruitment and selection process was in place which ensured new staff had the right skills and were suitable to work with people living in their own home.

Staff had a good understanding of systems in place to manage medicines and safeguarding matters, although at the time of our inspection people did not require support with their medicines.

The service was working within the legal requirements of the Mental Capacity Act (2005) (MCA).

People we spoke with said they involved in care planning and were confident that their comments and concerns would be acted upon.

The registered manager promoted an open and inclusive culture within the service. Carer workers felt valued and well-supported in their work.

People had no complaints about the service they received or about the staff that provided their care and support; they were aware of the complaints procedure and processes and were confident they would be listened to should they raise any concerns.

There were systems in place to monitor and improve the quality of the service provided.

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.

The provider was now following the appropriate procedures to ensure staff working at the service were fit and of good character.

People's risk assessments were being followed to ensure people were safe from harm.

People told us they felt safe. Staff were aware of their responsibilities in keeping people safe.

Is the service effective?

Good ●

The service was effective.

The provider was following the principles of the MCA 2005 to ensure people's human rights were upheld.

Staff received training and support to be effective in their roles.

Staff supported people to eat a balanced diet to maintain their health.

Is the service caring?

Good ●

The service was caring.

People were treated with dignity and respect.

People were encouraged to be independent and their right to privacy was upheld.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care that met their needs and reflected their individual preferences.

The provider had a complaints procedure and relatives knew

how to complain if they needed to.

People told us they knew how to raise a complaint. There were adequate systems in place to manage people's complaints or concerns.

Is the service well-led?

The service was well-led.

Governance systems had improved and were now more robust to help ensure the quality of service provided remained safe and effective.

The staff we spoke with told us they enjoyed working at the service and felt valued, were able to put their views across to their manager, and felt they were listened to.

The service had a full range of policies and procedures available for staff so they had access to important information.

Good ●

Holistic Social Care

Detailed findings

Background to this inspection

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

This inspection took place on 5 and 6 September 2018 and was announced. This meant we gave the provider 48 hours' notice of our intended inspection to ensure that the registered manager or a representative would be available in the office to meet us. The inspection team consisted of one adult social care inspector.

We did not ask the service to complete the Provider Information Return (PIR), prior to the date of the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed other information that we held about the service including previous inspection reports and notifications. A notification is information about important events which the service is required to send us by law.

We contacted Manchester local authority, and Healthwatch (Manchester) to obtain their views about the quality of this service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. All of the comments and feedback received was reviewed and used to assist and inform our inspection.

During the inspection, we visited two people at home with their prior consent. We spoke with the registered manager and four care workers. During the inspection, we reviewed documents and records that related to people's care and the management of the service. We reviewed two people's care plans, which included risk assessments and three staff files which included pre-employment checks. We looked at other documents held at the service such as training and supervision records.

Is the service safe?

Our findings

People and their relatives told us that people were safe. One person told us, "The care is very good. I have never felt unsafe. I know I can rely on them" and "We have had the service for three years and I am very happy."

At the last inspection in June 2017 we found a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to ensure one person's risk assessments captured their assessed needs. At this inspection we found the provider had made the necessary improvements and was no longer in breach of this regulation.

Systems were now in place to identify and reduce the risks to people living in their own homes. People's care plans included detailed and informative risk assessments. These documents were individualised and provided staff with a clear description of any risks and guidance on the support people needed to manage these; environmental risk assessments were also undertaken. For example, we noted one person required the use of oxygen therapy. Although the service was not required to manage this person's oxygen, we found an appropriate risk assessment was in place to ensure staff were vigilant at ensuring the oxygen concentrator machine was working correctly and the tubes did not pose as a trip hazard.

At the time of this inspection the service did not support anyone with their medicines. This task was undertaken by family members. Training records we looked at indicated staff had received training in this area. The registered manager confirmed the service could provide people with medicines support if this was identified during their assessment of needs.

People told us there were sufficient staff to safely meet their need and they received support from familiar and consistent staff who arrived on time and stayed the correct length of time. They said their care staff were consistent and they had never missed a visit. The registered manager said new care staff were always introduced to people and their relatives prior to giving care. This meant people were cared for by staff that were familiar with their care needs. The registered manager said staff consistency helped to build rapport between people and the care staff.

Accidents and incidents were managed appropriately and there was a log of any incidents, including a tracker sheet for each person, and the action taken to reduce the risk of a reoccurrence. We noted due to the size of the service only four incidents had been recorded.

We looked at three staff recruitment records and found appropriate employment checks had been completed before they began working for the service. We saw applicants had completed an application form and had attended the agency for a face-to-face interview. Interview notes had been recorded to support a fair process. The registered manager had ensured applicants had provided a full history of employment along with a satisfactory explanation of gaps. We noted an enhanced criminal records check was carried out for all new staff prior to them commencing work with the agency.

Policies in relation to safeguarding and whistleblowing reflected local procedures and relevant contact information. Staff demonstrated a good awareness of safeguarding procedures and knew who to inform if they witnessed or had an allegation of abuse reported to them. The registered manager was aware of their responsibility to liaise with the local authority if safeguarding concerns were raised.

Staff had received training in infection control and wore personal protective clothing (PPE) when supporting people in their own homes. Staff told us there was plenty of PPE available and people we spoke with confirmed staff wore PPE and disposed of this safely before they left their premises.

Is the service effective?

Our findings

At our last inspection in June 2017 the provider was rated as good in effective. At this inspection the rating remains unchanged.

Prior to starting to use the service, the registered manager or care manager met with people and their relatives to assess their individual care and support needs to confirm the provider could meet these. The registered manager and care manager used this information to develop care plans, so people received the care and support in the way they preferred. The registered manager understood the need to consider people's protected characteristics and avoid any form of discrimination in the planning or delivery of their care.

The registered provider told us that at the time of this inspection, support was provided to people from diverse multicultural backgrounds and this people's cultural preferences was reflected in the staff employed by service. This meant that a specialised service was provided to people by staff that understood and knew their cultural diversities.

Staff who had recently joined the team had started the Care Certificate. The Care Certificate is designed to help ensure care staff that are new to working in care have initial training that gives them an understanding of good working practice within the care sector. Staff also learned about people's needs through a shadowing period and by working alongside more experienced staff. The competency of staff was checked before they worked alone and through regular spot checks on their practice.

People were cared for and supported by staff who had relevant training and skills. For example, staff had completed training in safeguarding, moving and handling, as well as medicine management. Ongoing support for staff was achieved through individual supervision sessions and an annual appraisal. Supervision meetings provided an important opportunity for staff to discuss their progress and any learning and development needs they might have. Staff told us they were supported by the management team and could discuss anything that concerned them on a day to day basis.

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 people lack mental capacity to take particular decisions, any decisions 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. We were told that no one lacked capacity to consent to their care by the registered manager. We saw people's ability to consent has been assessed as outlined by the MCA. Staff had received training in the MCA and described how they would promote people's choices whilst providing care in the least restrictive way. They were confident in how they should respond respectfully and appropriately when people declined care.

We looked at the way the service managed consent and found that before any care and support was provided consent was obtained from the person who used the service and/or their representative; we were able to verify this by checking people's care files. Care files contained consent to care and treatment; the use of photographs and the sharing of information with other relevant professionals.

Where needed, carer workers supported people with their meals. A person who used the service told us how carers supported them by heating their meals. One person told us, "The staff [carers] will help me with my meals if I ask them. Sometimes, my staff will cook me a meal of their culture which I have asked for to try something different."

People using the service managed their own medical appointments, or were supported by relatives or staff. Records showed people were registered with a GP and received care and support from other professionals, such as the district nurse, speech and language therapist and medical consultants. People's healthcare needs were considered within the care planning process. Assessments had been completed on physical and mental health needs. From our discussions and the review of records we found the staff had developed good links with other health care professionals and specialists to help make sure people received prompt and effective health care.

Is the service caring?

Our findings

At our last inspection in June 2017 the provider was rated as good in caring. At this inspection the rating remains unchanged.

People and their relatives told us staff were caring and helpful. Comments from people included, "I have great carers looking out for me. It takes a lot of trust having someone in your home, but I trust my carers." One person's relative commented, "The care my mum receives is very good; as a family we are very happy."

Carers had a good understanding of people's care needs. People told us carers provided them with care and support that reflected their needs. People and relatives told us they had the same carers who supported them most of the time. They told us carers developed good relationships with them.

Staff treated people with respect and dignity. A member of staff described how they drew curtains in a room before providing personal care to respect a person's privacy. A person's family member told us how the provider had respected their wishes when they requested only male care workers to support their family member, because this made the person feel more comfortable around their personal care needs.

The provider told us the agency ensured they matched a care worker to a person, based on certain criteria, such as care workers' skills, a person's culture and gender preferences. We looked at the rotas and we saw that the care workers regularly supported the same people using the service.

People felt that carers and management communicated well and took the time to make sure that they were involved in their care. They felt that carers explained clearly before going ahead and carrying out any care tasks. The registered manager told us that the care and support was planned with involvement of all the relevant people with the person themselves at the centre of all decisions about what care and support was needed. The care records that we looked at showed that people and their relatives had been involved in identifying and reviewing their care and support.

During our inspection we looked to see how the service promoted equality, recognised diversity, and protected people's human rights. We found the service aimed to embed equality and human rights through good person-centred care planning. Support planning documentation used by the service enabled staff to capture information to ensure people from different groups received the help and support they needed to lead fulfilling lives, which met their individual needs and promoted their independence.

Staff continued to support people to maintain their independence as much as possible. One staff member said, "I always encourage the person to do as much as they can for themselves, as I know it's important not to take their independence away." One person told us they felt well supported and care was provided in the way they preferred, they told us "I do need some assistance with my personal care, but the staff will only provide me with little support, because they know I like to do as much as I can for myself."

People and their relatives were aware of, and were supported, to have access to advocacy services to support and speak on behalf of people if required. Advocates help to ensure that people's views and

preferences are heard.

Is the service responsive?

Our findings

At our last inspection in June 2017 the provider was rated as good in responsive. At this inspection the rating remains unchanged.

People's care plans captured information such as people's history, contact details of relatives and health professionals, dietary requirements, mobility and continence issues. Each file contained a task sheet which clearly set out what tasks were required on each visit made to the person's home. We found people who used the service had care plans in place with copies continuing to be held at both the head office and in their own homes. The structure of the care plans was clear and it was easy to access information which provided staff with clear guidance on people's individual support needs.

The provider looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand information they are given. The provider was compliant with the AIS. We were told that the first language of one person who used the service was not English, so a care worker who spoke the same language was recruited specifically to work with this person to enable excellent communication and reduce the language barrier. A relative also told us they communicated with staff in different ways including emails, texts or by telephone, and felt all carer workers and managers were very approachable. At the time of inspection, the registered manager informed us they were in the process of transcribing two people's care plans into their own language, to ensure they were fully informed and could understand what was recorded in their care plans. We will check this at our next inspection.

All people spoken with were aware of their care plan and confirmed they had discussed their plan with a member of staff from the agency. There was evidence to demonstrate the plans had been reviewed on a regular basis and more frequently if there had been a change in need or circumstance. Care plans had been explained to people and whenever possible they had signed to indicate their agreement to the plan.

Staff completed a daily diary for each person and recorded their daily routine and progress, to help monitor their health and well-being. This information was then transferred to people's support plans which were updated monthly.

The service's policy on compliments and complaints provided clear instructions on what action people needed to take. Details of the complaints process were contained within the 'service user guide' and included contact details for CQC, the local authority and Local Government Ombudsman. The two people we spoke with told us they had never had cause to complain about the service they received and that in the event of a concern, they would speak directly to the registered manager. One person said, "Never had an issue with this service; if I did I would let them know." One person's relative told us, "I'm really happy with everything; the service knows my mums needs well and we have never needed to complain."

At the time of the inspection, no one was being cared for at the end of their life. The registered manager told us if they were approached to care for a person who was at the end of their life, they would ensure they worked with the appropriate healthcare professionals such as community or MacMillan Nurses where applicable.

Is the service well-led?

Our findings

There was a registered manager in post at the time of this inspection. They were supported with their managerial duties by a care manager and a supervisor. Throughout our inspection, we observed an open management culture that was welcoming and helpful. People using the service, their relatives and staff were all very complimentary about the way the service was led and its managers. Care staff told us, "The management team are very supportive and approachable" and "It's a small service, but the manager runs the service in the right way."

At the last inspection in June 2017 we recommended that the provider implements quality assurance arrangements to drive improvements and help to ensure people receive safe and good quality services at all times. At this inspection we found the provider had the appropriate quality assurance systems in place.

At this inspection we found a range of audits and staff checks were now in place and detailed records were now kept. Audits included care plans, staff competencies, risk assessments, staff training and staff spot checks.

The spot checks on staff included time and attendance records, care plans and discussions with the people who used the service regarding the quality of care they had received. We saw that detailed records of these spot checks were kept and information was cascaded to the relevant staff member concerned to help identify good practice or areas for improvement. Any problems observed or incorrect procedures were noted and discussed with all staff individually, or at staff meetings as appropriate.

People who used the service and care workers were encouraged to share their concerns and opinions to help them improve the quality of the service. For example, we saw people had completed questionnaires about the quality of the service provided. The registered manager told us these were done at least once a year, however these forms were not dated and there was no analysis or conclusions drawn from the responses. The registered manager acknowledged this observation and confirmed he would be ensuring surveys would be dated going forward, along with the analysis of any feedback and a summary of responses shared with people and their relatives.

The service had a set of policies and procedures in place to guide staff. These were regularly reviewed and kept up to date. We saw that staff could access them as required and the registered manager told us staff could always approach them should they need clarification or support with any of these.

The provider and registered manager had created a management and staff team that were experienced, knowledgeable and familiar with the needs of the people receiving support. The provider, registered manager and service supervisor were based at the location office. They had daily contact with one another, ensuring there was on-going communication about the running of the service. Monthly meetings were held where the management were appraised of and discussed the operation and development of the service. However, we noted these team meetings did not include the care workers. The registered manager informed us he ensured staff were fully up to date with changes in the service via telephone calls, emails and regular

staff supervisions.

Staff said communication was effective to ensure they were made aware of risks and the current state of the health and well-being of people. This included verbal information from the office and the daily care entries in people's individual records. One staff member said, "It's a small service and we only have four clients and a small staff team. This helps; we have continuity and communication between us, the manager and the clients is great."