

Holistic Community Care Limited

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## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

**Requires Improvement** ●

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 announced inspection took place on 6 and 10 September 2017. We previously inspected the service on 18 February 2015 and the service was meeting all areas inspected.

Holistic Community Care provides personal care and support to people in their own homes in five London Boroughs. At the time of the inspection there were 251 people receiving personal care from the service.

The service had a registered manager in place. 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 did not always receive their medicines in line with good practice. At the time of the inspection care staff did not complete a Medicine Administration Record (MAR) and it was therefore unclear what medicines people had received. Following the inspection the provider sent us confirmation that a robust system for recording medicines administered had been implemented.

People were protected against the risk of harm and abuse. Staff received on-going training in safeguarding people. Staff had sufficient knowledge on how to respond and escalate allegations of abuse and knowledge of the provider's whistleblowing policy. Risk management plans were reviewed regularly and gave staff clear guidance on how to protect people from identified risks.

People were supported by sufficient numbers of staff to safely meet their needs. Staff underwent robust recruitment procedures to ensure their suitability for the role. Staffing levels were monitored and additional staff recruited when required.

Staff received training to effectively meet people's needs. Where training had lapsed, action plans were in place to ensure relevant courses were prioritised and spot checks and supervisions carried out to ensure staff delivered effective care. Staff reflected on their role and performance through supervisions and annual appraisals.

People were supported to communicate in a manner they preferred and understood. The service actively recruited staff that spoke the same primary language of people they supported.

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

Where agreed in people's care packages, staff supported them to have access to sufficient amounts to eat and drink to meet their dietary and nutritional needs. Where concerns regarding people's health and well-

being were identified, this was shared with healthcare professionals in a timely manner.

People told us they received care and support from staff that demonstrated kindness, empathy and treated them with respect and maintained their dignity. Staff spoke of people they supported with compassion. People were encouraged to maintain their independence wherever possible. Staff demonstrated a clear understanding of the correlation of independence and self-esteem.

People had their confidentiality maintained and respected. Staff were aware of the importance of enabling only those with authorisation access to confidential records.

Care plans were reviewed regularly to reflect people's changing needs. Where changes were made, these were shared with care staff to ensure they delivered responsive care to meet people's needs. People were encouraged to make choices about their lives and the support they received. People confirmed staff respected their decisions.

Where agreed in people's care packages staff supported them to participate in activities in the local community. Staff had sound knowledge of how to minimise the risk of social isolation and how to report their concerns.

People were aware of how to raise their concerns and make a complaint. Records reviewed demonstrated the provider ensured all complaints were fully investigated to ensure a positive outcome, in a timely manner.

People's feedback was welcomed by the provider. Quality assurance questionnaires, audits, spot checks both in person and via the telephone were carried out regularly. Where issues were identified, the service then put plans in place to address the issues in a timely manner.

The registered manager actively sought partnership working to ensure people's lives were enhanced and to improve the service provision.

## 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 not always as safe as it could be. At the time of the inspection people did not always receive their medicines in line with good practice. Following the inspection the registered manager implemented systems to address our concerns.

People were protected from avoidable harm and abuse as staff were aware of how to identify, report and escalate their concerns.

The service had risk management plans in place that identified known risks and gave staff guidance on how to support people when faced with those risks.

People received care and support from sufficient numbers of staff to keep them safe.

**Requires Improvement** ●

### Is the service effective?

The service was not always as effective as it could be. Staff did not always receive up-to-date training to enhance their skills and knowledge in a timely manner.

People's consent to care and treatment was sought prior to care being delivered.

People were supported to have access to sufficient amounts of food and drink as agreed in their care package.

People were supported to access healthcare services to meet their health care needs.

**Good** ●

### Is the service caring?

The service was caring. People were supported by staff that demonstrated compassion and inclusion.

People were encouraged to express their views and make decisions about the care and support they received and had their decisions respected.

People's privacy and dignity was promoted and respected.

**Good** ●

### Is the service responsive?

Good ●

The service was responsive. People received personalised care that met their needs and requirements.

Where agreed in people's care package, activities were provided and encouraged.

People were aware of how to raise their concerns and complaints. The service had robust systems in place to respond to complaints in a timely manner.

### Is the service well-led?

Good ●

The service was well-led. People spoke highly of the registered manager, stating he was inclusive to others ideas and approachable.

The service regularly sought feedback from people and their relatives to drive improvement.

The registered manager actively encouraged partnership working to enhance people's care.

# Holistic Community Care 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 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.

The inspection took place on 6 and 11 September 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be in.

The inspection was carried out by three inspectors, two of which made phone calls to people and their relatives.

Prior to the inspection we looked at information we held about the service, including information received from members of the public and statutory notifications submitted by the provider. A notification is information about important events which the service is required to send to us by law.

During the inspection we spoke with 10 people, one relative, five care staff, one mentor, two field care supervisors, operations manager, training consultant, the registered manager and the director. We looked at 19 care plans, 11 staff personnel files, training records for all staff members, safeguarding records and other records relating to the management of the service.

After the inspection we made contact with a healthcare professional to gather their feedback of the service.

# Is the service safe?

## Our findings

People were not always protected against the risk of unsafe medicines management. During the inspection we identified the service did not clearly record by way of Medicines Administration Record (MAR) chart the medicines administered to people using the service. Records showed and the registered manager confirmed a note was made by staff members to indicate if medicines had been administered. However this did not include the type of medicine, dosage, route or time. This meant it was unclear if people received their medicines and if so, what those medicines were. A field supervisor we spoke with told us they carried out spot checks which included regular medicines audits to ensure people's medicines were administered correctly. We shared our concerns with the registered manager who agreed to implement a system to ensure people's medicines were recorded safely in line with good practice and agreed a time frame for this to be completed. On the second day of the inspection the registered manager showed us a MAR chart that was being implemented to people who had their medicines administered by the service. We were satisfied with the MAR chart. After the inspection the provider confirmed the implementation of the MAR chart to people who had their medicines administered was complete.

People told us they received their medicines on time and as prescribed. One relative told us, "They [staff members] give medicines in the morning and evening. I'm not sure if they [staff members] complete (MAR) charts but they do write in their books."

People were protected against the risk of harm and abuse because staff received training in safeguarding. Staff were aware of the different types of abuse, how to respond and escalate their suspicions to senior members of staff. One staff member told us, "I would report it to the [registered] manager. I can also report it to the [local authority] safeguarding team." Staff told us they felt confident all allegations of abuse would be acted on in a timely manner, however would whistle-blow should this not be the case. Senior staff were aware of their responsibilities in escalating their concerns to the local authority safeguarding team and had access to the providers safeguarding policy.

The service developed risk management plans to keep people safe from identified risks. Staff were aware of the importance of following the risk management plans and told us they would share any new identified risks with senior staff. Risk assessments looked at medicines, moving and handling, nutrition and falls. Risk assessments were reviewed regularly to reflect people's changing needs and where appropriate shared with healthcare professionals.

People were protected against an unsafe environment as the service had completed environmental risk assessments of people's homes. The environmental risk assessments covered both the internal and external building and looked at trip hazards, fire prevention, electrical hazards and were reviewed regularly.

People received care and support from sufficient numbers of suitable staff to keep them safe. One person told us, "At the weekend its different staff, but throughout the week it's the same carer. Having different carers isn't really an issue for me." Another person said, "Generally staff are on time. When my regular carer is off sick there can be some delays." Records showed, upon commencing employment robust systems were

in place to ensure only staff suitable for the role were employed. For example, personnel files contained two references, photo identification, employment history and a Disclosure and Barring Service (DBS) check. A DBS is a criminal record check employers undertake to make safer recruitment decisions.



## Is the service effective?

### Our findings

People told us they believed staff were well trained in their roles and could support them effectively. For example, one person told us, "Staff are respectful, they have the necessary skills and knowledge." A relative told us, "I've observed [staff members] they are competent and capable using [the hoist]." We looked at the staff training matrix and found not all staff had received up-to-date training. For example, there were instances where safeguarding and medicines training had expired. We spoke to staff who told us they felt training received enabled them to carry out their roles effectively and that they could request additional training if they wished. For example one staff member told us, "The training here is the best training. They don't scrimp on training." We spoke with the training consultant and senior management, regarding the gaps in training, who told us, there were plans in place to ensure all outstanding training was completed by the end of October 2017. The training consultant also told us and staff confirmed, through supervisions and spot checks, staff competency in medicines management and safeguarding were assessed.

People received support from staff that had undergone an induction programme. One staff member told us, "I have had my induction, it lasted one week. We covered all the training, the [service] policies and how to [deliver] care safely." Another staff member said, "I found the induction really helpful. I felt confident after I had it. I was shadowed by staff for a few days to make sure I was doing things correctly." During the inspection we spoke with the mentor, who explained their role was to support newly employed staff members that were new to the care industry. The mentor told us, "I help support new staff to know what it is they need to do and help to give them confidence [in carrying out their role]." We spoke with the registered manager who told us, "When care workers start [in the healthcare profession], they receive the training, but it can be quite intimidating taking all they've learnt into practice. The mentor helps support those staff to give them the confidence and guidance to put their knowledge into practice." Records confirmed staff were required to complete an on-going competency check, which continued to be assessed throughout their role, in the guise of frequent spot checks.

Care was delivered to people by staff that underwent supervisions and appraisals. Staff reflected on their working practices and were given the opportunity to spend one-to-one time with senior staff to evaluate their role. One staff member told us, "I have found having supervisions useful as are the appraisals." Another staff member said, "I've had regular supervisions, they are very good. Mine [looked at] how I'm caring for people and developing relationships, as well as other things." Although we found examples of staff who were due supervisions, staff told us they felt confident in seeking support and guidance at any time. Where staff were due supervisions, plans in place indicated this would be completed swiftly.

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. People's consent to care and treatment was sought by staff members prior to being delivered. One person told us, "Yes they ask for my consent then she [staff member] respects my decision." Another person said, "Yes they [staff members] speak to me first." Staff were aware of the importance of seeking consent and told us they would inform senior staff when consent had not been given and ensure this was then documented.

Where agreed in people's care packages, staff members supported people with accessing sufficient amounts of food and drink that met their dietary needs and requirements. One person told us, "Staff collect my meal from the local café and then give it to me." A relative said, ""I do shopping for [relative] and buy fresh microwave meals for her. They [staff members] heat it up." Staff confirmed they recorded if people had eaten or not and if they had any concerns with the quantity of food consumed, they would inform senior staff and relatives immediately.

# Is the service caring?

## Our findings

People told us staff members were kind and compassionate. One person told us, "Staff are nice, friendly, can't complain at all. They [staff members] ask how I am doing, if I've taken my medicines and if I'm eating and sleeping properly." Another person said, "I've got no complaints." During the inspection we spoke to staff who spoke about people they supported with care and respect likening them to family. Staff were confident that should their loved ones require support in their own homes, they would recommend the services of Holistic, as they believed people were 'treated well'.

People were treated with equality and had their diversity respected. A staff member told us, "It's about respecting people." Records confirmed where agreed in people's care plans, that staff would support them to attend cultural and religious services of their choice.

Information was shared with people in a manner they understood. We found that people whose first language was not English, were supported by staff who were able to communicate in their preferred language. For example, the service informed us they had specifically recruited people who were fluent in Portuguese in order to effectively meet people's needs.

People's health and wellbeing was monitored by staff during each visit. Where concerns regarding people's health were identified, healthcare professionals and relatives were informed and action taken to address any identified needs. Records in people's care plans noted where staff had raised concerns and the action taken for example, it was noted staff had contacted the GP for advice and guidance.

People had their confidentiality maintained by staff that understood the importance of not breaching people's confidentiality. One staff member told us, "We must only share information with people those who need to know and have authorisation." Another staff member said, "We [staff] all have passwords for the computers here and we have lockable cabinets for hard copy documents." The service took additional measures to ensure people's confidential information was kept securely for example, for people who had key safes that enabled staff to access their homes. A specific code was generated and an encrypted code system used by staff, thus ensuring only authorised staff had access to the codes/

People had their privacy respected and their dignity maintained by staff. One person told us, "They [staff member] let me know who they are before coming into my home. They knock on my bathroom door for privacy." We spoke with staff who said, "We [staff] must make sure we cover people up when delivering personal care." Staff were aware of the importance of maintaining people's privacy and dignity and told us should they be concerned about any compromises they would share this immediately with senior staff.

Where possible people were encouraged to maintain and enhance their independence. One person told us, "[Staff member] helps me to stay independent." Another person said, "Yes they [staff members] do, they help me to do things, but in most respects they help me remain independent." Staff were able to demonstrate sufficient knowledge on the correlation between independence and self-esteem. Changes to people's level of independence was monitored daily and where changes were identified this was shared

with senior staff, healthcare professionals and relatives and care plans amended.

## Is the service responsive?

### Our findings

People received responsive care to meet their needs. Care Plans developed by the service were in conjunction with people, their relatives and healthcare professionals. One person told us, "I have a care plan, I have a review about once a year and staff ask me for my feedback." A relative told us, "They [the service] do reviews." One staff member told us, "We carry out the assessment and there have been times where we have completed the assessment and noted that we won't be able to meet their needs. That is sad, but we would not say we could deliver care if we were not able to." We looked at the care plans and found these contained the original referral, risk assessments, care notes, health needs and care package delivered. Care plans were reviewed regularly to reflect people's changing needs and these changes were shared with staff to ensure they delivered care in line with people's current needs. Staff were aware of the importance of reading people's care plans to note if changes had been made. For example, one staff member told us, "Every person is different and we [staff] must follow the care plan as each person needs different care. Reading the care plan means we can understand the person and [their] needs."

Where agreed in people's care packages support to participate in activities was supported by staff. During the inspection we met with one person who was being supported to complete some errands and go for a walk in their local community. A staff member told us, "I support people to go shopping or to do their banking." Another staff member said, "I go for walks with people, I have taken [person] on holiday and to church."

People were protected against the risk of social isolation as staff demonstrated sound knowledge in identifying and responding to people who presented as socially isolated. One staff member told us, "It's important that we [staff members] sit down, talk to people and spend time with them. If you are concerned someone is isolated, we have to tell the office and let them know."

People were offered choices and had their decisions respected. One person told us, "The staff ask me what kind of help I want. They respect what I tell them I want to do." A staff member told us, "I offer choices for everything, for example, what clothing they wish to wear, what they would like to eat and if they would like to get up. If there are any concerns I would let the office know." Another staff member said, "We [staff members] have to respect people's decisions."

The service monitored the delivery of care in relation to staff attendance via an electronic monitoring system [EMS]. People confirmed that on the whole staff turned up on time, however where they were late they were usually informed by the staff member or by the office as to the reason for the delay. For example, one person said, "They [staff members] are late sometimes but it's no problem." Another person said, "The turn up on time, sometimes they are late if they have other people to see but it's reasonable." We looked at the EMS and found that the majority of calls were attended to on time. Where staff were late for calls, this was then raised with the staff member and if appropriate action taken to improve their attendance and punctuality. Records confirmed back to back calls were not in use and staff were given adequate time to travel from one location to another, taking into consideration the use of public transport and potential disruptions.

People were aware of how to make a complaint and raise any concerns. For example one person told us, "I've got no complaints." A relative told us, "I've never had to raise a formal complaint. Just minor gripes which get dealt with quickly." Staff were aware of the provider's policy on responding to complaints and confirmed they would raise complaints with senior staff immediately and ensure they documented all complaints raised. During the inspection we looked at the complaints file and noted all complaints seen were fully investigated and outcome documented. These were then shared with health care professionals as appropriate.

## Is the service well-led?

### Our findings

Holistic Community Care is a service that had a shared ethos amongst the staff that delivered personal care. Staff were able to demonstrate the values of the service and how this was then delivered in the care provided. There was a clear management structure within the service which gave staff the confidence and knowledge of who was responsible for which aspect of the service delivery. During the inspection we observed staff seeking support and guidance from all members of the management team.

Staff spoke highly of the registered manager. One person told us, "I'm not sure who the manager is but I do have their number in case I wish to talk with them." Staff were particularly complimentary about the registered manager with one staff member stating, "He's a wonderful manager and whatever we need he makes sure we have it. He's very easy to approach at any time and is always ready to hear from staff." Another staff member said, "[Registered manager] is a brilliant manager and the reason why we are all here. He is very understanding and takes time out to speak to you. He makes us [staff] feel valued, he's extremely supportive, considerate and passionate about what he does and takes an interest in everyone."

The registered manager and other members of the management team worked collaboratively with healthcare professionals from all six London boroughs, to ensure a streamlined approach to the care delivery was maintained. Where advice and guidance was given by healthcare professionals this was taken on board and implemented within the service. This meant that people received a more universal approach to the care and support they received.

The registered manager notified the Care Quality Commission of safeguarding and statutory notifications in line with the requirements of their registration.

The service carried out regular audits of medicines management, supervisions, training, quality spot checks, care plans, risk assessments and reviews to drive improvements. Where issues were identified the registered manager put action plans in place to address the issues in a timely manner. We reviewed the audits in relation to the care plans and found all care plans had had a recent review and changes implemented were shared with relevant people.

People were encouraged to complete quality assurance questionnaires in order for the service to receive feedback and improve the quality of care provided. We looked at the last quality assurance questionnaire which was collated in March 2017. We noted that there was a 41% return rate covering five London boroughs. The questionnaire asked people if they were treated with dignity and respect, whether staff were on time for their allocated visits and amongst other things, if staff members were honest and trustworthy. We noted the reported found 81% of responders found the service to be 'good' or 'excellent'. Information gathered through feedback was then used to develop an improvement plan.