Holistic Social & Care Solution Ltd

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Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

Holistic Social and Care Solution Limited is a domiciliary care agency which is registered to provide personal care support to people in their own homes. At the time of our visit the agency supported 18 people with personal care and employed 20 care workers.

We visited the offices of Holistic Social and Solution Limited on 28 July 2016. We had told the provider 48 hours before the visit we were coming so they could arrange for staff to be available to talk with us about the service.

The service had a registered manager. 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. The registered manager was also the provider of the service.

All the people we spoke with had concerns about the times care workers arrived and most did not know what time their calls were supposed to take place. People said they never knew which care worker would be arriving. Some people said care workers stayed the agreed length of time; others were unsure how long their calls were supposed to be.

There was no structured system for allocating care workers to people's calls to ensure people had calls at agreed times by regular care workers. As there was no system for scheduling calls the provider was unable to evidence there were enough care workers to provide all the care calls people required.

The registered manager's knowledge of their regulatory responsibilities was not sufficiently robust to ensure they complied with the regulations to notify us of incidents and about any changes.

There were processes to monitor the service and understand the experiences of people who used the service. However there was no evidence to show that some quality assurance processes had been put into action to ensure the service always operated effectively and safely.

People knew how to complain but some had difficulty contacting the office to raise their concerns. Care workers were confident they could raise any concerns or issues with the registered manager and felt they would be listened to.

Care workers understood how to protect people from abuse and there were processes to minimise risks to people's safety. These included procedures to manage identified risks with people's care and for managing people's medicines. Most checks were carried out prior to care workers starting work to ensure their suitability to work with people who used the service.

People were supported by care workers who received an induction into the service when they first started work. Care workers told us they completed the training required to meet people's and had their practice checked to make sure they put their learning into practice, but there was no recorded evidence to support this.

The registered manager had an understanding of the principles of the Mental Capacity Act (MCA) and their responsibilities under the Act. Care workers respected people's decisions and most people told us care workers were kind and caring.

Care plans and risk assessments contained relevant information for care workers to help them provide the care people required. Not all plans had been updated when changes had occurred and known risks to people's care had not always been assessed.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

The provider could not show there were enough care workers to provide the support people required as there was no system for allocating calls to care workers. There were procedures to protect people from risk of harm and staff understood risks associated with people's care. Where required care workers supported people to take their medicines as prescribed. Recruitment checks were carried out to make sure care workers were suitable to work with people.

Is the service effective?

Requires Improvement

The service was not consistently effective.

Care staff completed training to ensure they had the right skills and knowledge to support people effectively. The registered manager understood the principles of the Mental Capacity Act 2005 and care staff gained people's consent before care was provided. Care staff had very little knowledge of Deprivation of Liberties Safeguards. People were provided with support to eat and drink if required.

Is the service caring?

Requires Improvement

The Service was not consistently caring.

People did not always receive their care as they expected. Most people received care and support from care workers who understood their individual needs and who they said were caring and respectful. People said care staff maintained their privacy and supported them to remain at home.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

Most people did not receive their care at regular times, have regular care workers or know what time their care worker should arrive. People's care needs were assessed, care plans were reviewed and care workers were given updates about changes in

people's care. People knew how to make a complaint if they needed to.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

There were systems to monitor and review the quality of service people received, however these were not sufficiently robust to ensure the service was safe and effective. The registered manager who is also the provider of the service did not fully understand their regulatory responsibilities, and what was required of them.

Holistic Social & Care Solution

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.

We reviewed the information we held about the service. We looked at information received from statutory notifications the provider had sent to us and information from the commissioners of the service. A statutory notification is information about important events which the provider is required to send to us by law. Commissioners are representatives from the local authority or health who contract care and support services provided to people.

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. A PIR was not returned.

The office visit took place on 28 July 2016 and was announced. We told the provider we would be coming so they could make sure they and care workers would be available to speak with us. The inspection was conducted by one inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using, or caring for someone who uses this type of care service.

Before the office visit we spoke by telephone, with nine people (four people who used the service and five relatives). During our visit we spoke with the registered manager who is also the provider of the service, the care co-ordinator and two care workers.

We reviewed four people's care plans to see how their care and support was planned and delivered. We checked whether staff had been recruited safely and were trained to deliver the care and support people

required. We looked at other records related to people's care and how the service operated including care workers records of calls, medicine records, quality monitoring checks and complaints.

Requires Improvement

Is the service safe?

Our findings

Prior to the office visit we spoke with nine people by phone this included four people who used the service and five relatives. All had concerns about the timing of care calls and the length of time care workers were supposed to stay. No one we spoke with received calls at regular times. People's comments included, "They never tell me when they are coming." "There are not enough staff. I'm not sure what time they are supposed to come." " My father's call times should be between 8.30- 9am but they can run up to one and a half hours late, and they never stay the full time " "My mum is supposed to have two hours per day but it is usually less than an hour." "Sometimes my mum is in bed for 14 hours and she is always wet in a morning, I really feel this is too long. I don't know what to do she is not getting looked after properly." One relative told us their family member's morning call should have been between 8-8.30am but the day we phoned the care worker had not arrived until 12 noon. We referred people's concerns about call times to the local authority as we were concerned that people's care and support needs were not always being met..

We discussed people's concerns with the registered manager at the start of our inspection. We asked if there was a reason for the late and missed calls. The registered manager told us there had been a staffing issue with one of the drivers they had not been aware of, that had made the morning calls late, and that this had now been resolved.

We asked to see the previous two weeks call schedules for the people we had spoken with and the timesheets for the staff that had visited them. This was so we could check the times staff had arrived to make sure people received their care around the time that had been arranged. We were told they could not provide call schedules as there was no system for scheduling calls to people. The time sheet we were shown did not have the times recorded when the care worker had arrived or left people's homes. This meant the provider could not know if care workers arrived at the agreed time or if they had stayed the allocated time.

People told us that even though care workers didn't arrive at a consistent time they stayed long enough to provide the care they required. One person told us, "I am not sure how long they are supposed to stay but they never leave before they are finished."

We asked if there were sufficient care workers to allocate all the calls people required. The registered manager and the care co-ordinator told us there was, but had no systems to be able to demonstrate that all the calls were scheduled to care workers.

People were supported by staff who understood how to protect them from the risk of abuse. Care workers we spoke with had completed training on how to recognise abuse and understood the importance of safeguarding people they provided care and support to. They were aware of the different signs of abuse and their responsibilities to report concerns to the registered manager. A care worker told us, "I would report my suspicions to the office and document this. I trust my manager to do the right thing and report this to social services. If I thought nothing had been done I would contact the local authority or the police depending on the concern and let CQC know"

There was a procedure to identify and manage risks associated with people's care. The provider completed an assessment of people's care needs at the start of the service that identified any potential risks to providing their care and support. For example some people needed equipment to move around and there was information for staff about the equipment to use, the number of care workers required and how to move the person safely.

Care workers knew about the risks associated with people's care and how these were to be managed. For example, care workers said they checked people's skin where they had been assessed as at risk of developing skin damage. A care worker told us, "There are risk assessments in the care plan so we know about any risks and what we need to do." We found not all identified risks had assessments completed. For example assessments the safe use of bed rails to minimise entrapment and injury. Care workers said any changes were referred back to the office staff for reassessment.

The provider's recruitment process included checks to ensure staff who worked for the service were of a suitable character. The registered manager told us, Disclosure and Barring Service (DBS) checks and references were obtained before care staff started work. The DBS helps employers to recruit suitable staff by checking people's backgrounds and police records to prevent unsuitable people from working with people who use care services. The provider also obtained a copy of the care workers passport and work permit where required to ensure people had the right to work in the United Kingdom. Care staff confirmed they were not allowed to start work until all the checks had been completed. Staff files we viewed contained DBS checks but not all files demonstrated that references had been obtained prior to the care worker starting work. The registered manager told us they believed references had been returned and said they would look into this.

Staff were provided with 24 hour support from senior staff. The provider had an out of hour's on-call system to support staff when the office was closed. One care worker told us, "I have used the on call when I needed help or advice. It worked for me." Care staff told us there was always someone available if they needed support.

People we spoke with either managed their own medicines or had a relative to support them with this. Where care staff supported other people to manage their medicines it was recorded in their care plan. One person required their medicines to be administered through a percutaneous endoscopic gastroscopy (PEG) tube. A PEG is a way of introducing nutrition, fluids and medicines directly into the stomach when a person has difficulty swallowing. Care workers said they had been shown how to manage a PEG and there were clear instructions for staff about how to administer medicines through the PEG safely.

The registered manager told us that care workers completed medication training before they could assist people with medicines. However there were no checks on care workers competency to make sure they put their training into practice and administered medicines safely. We discussed this with the registered manager who told us a medicines competency assessment would be implemented.

Care workers recorded in people's records that medicines had been given and signed a medicine administration record (MAR) to confirm this. Completed MARs were returned to the office weekly for auditing. These procedures helped to make sure people were given their medicines safely and as prescribed.

Requires Improvement

Is the service effective?

Our findings

Care staff told us they had completed training to enable them to carry out their roles and this was updated to keep their skills up to date. They said when they started working for the service they completed an induction to their role which included working alongside (shadowing) more experienced care staff. They said this helped them to understand their role and how to support people. The registered manager told us the induction completed by staff was linked to the 'Care Certificate'. The Care Certificate sets the standard for the key skills, knowledge, values and behaviours expected from staff within a care environment. We looked to see if the provider had a system to check whether staff had received the necessary training for their role, and if staff had received further training to refresh their knowledge and skills. We saw in each staff member's file there was an individual training record. Certificates confirmed staff had completed training to meet people's needs safely.

People told us they had concerns that sometimes one of the drivers who provided transport to care workers to the areas people lived, also provided personal care. For example, relatives told us, "The driver has got him up the last few days. I am concerned that he is not qualified to do that job," and, "The other driver is a carer as well and he sometimes comes and helps with [regular care worker]. We asked the registered manager about the driver's roles. They told us that one of the drivers provided care calls, and had completed the relevant training in order to undertake this role. We looked at the recruitment and training information for this person, they had a DBS check but there was no information in their file to demonstrate they had completed the training to provide care and assist people to move safely.

We asked the registered manager how care workers were trained to use moving and handling equipment, such as a hoist. We were told this was completed during their induction period and that a senior care worker provided refresher training for staff. We asked what qualifications the senior carer had to provide this training. We were told they held an NVQ 3 qualification. This was not a sufficient qualification to provide certificated training for care workers. The registered manager told us they would ensure the senior completed a 'Train the trainer' course so they would have the knowledge to provide the training in line with current good practice guidelines.

We asked care staff if they had supervision meetings with their line manager and unannounced 'observation checks' to check if they put their training into practice. Care workers said they had regular meetings to discuss their work and personal development. They also confirmed they had observations of their practice. A care worker told us, "Yes I have supervisions and regular observations of my practice. They check to see if I have done everything I should and speak to the client to see if they are happy with my care." The registered manager said these observations had not been recorded.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best

interests and legally authorised under the MCA. The application procedures for this in care services are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the provider was working within the principles of the MCA. The registered manager understood their responsibilities under the Act. They told us there was no one using the service at the time of our inspection that lacked capacity to make their own decisions about how they lived their daily lives. They knew to contact the local authority if they had concerns about a person's capacity.

Care workers said everyone they supported could make everyday decisions for themselves or had someone who could support them to do this. Care workers knew they had to gain people's consent before they provided care. Staff had an understanding of the MCA but two of the staff we spoke with had limited knowledge of DoLS and how this would affect their practice. The registered manager told us they would arrange training for staff to increase their awareness. Care plans had been signed by people or their relative to give consent to the care being provided.

Most people who used the service were able to prepare their own meals and drinks or family members provided this. Care workers told us, when they supported people with meal preparation they always offered a choice from the food available. One person relied on staff to prepare all their food and drink. The person's care worker said the person was able to make decisions about what they wanted. We were told, "[Person] can tell you what they want to eat and we always leave drinks before we go. Two glasses of water and a cup of tea, on every visit that's what they like." Care workers told us they always made sure people were left with a drink before leaving. There was no one who used the service at the time of our inspection that had any specific dietary requirements.

People who used the service managed their own health care appointments or were supported by family to arrange these. Care workers said they would phone a GP or district nurse if they needed to but would usually ask the family to do this. Records confirmed the service involved other health professionals with people's care when required including district nurses, occupational therapists and GPs. For example we were told by the care coordinator that following recent visits to review people's care, "We referred one person to the OT (Occupational Therapist) as there were changes with their mobility. Another gentleman uses a rotunda to assist with transfers. He was becoming a little unstable so again we contacted the OT who supplied a standing belt, which is working well." Where needed, people were supported to manage their health conditions and had access to health professionals if required.

Requires Improvement

Is the service caring?

Our findings

People we spoke with told us they had experienced late calls, most did not have the consistency of care workers they liked and their calls were not carried out at times they preferred or expected. Two relatives told us care workers did not carry out all the care they were expected to. We discussed these concerns with the registered manager and asked them to improve this.

People had different experiences of the continuity of care workers. One person told us, "We usually have the same carers during the week", and "Once we get used to the girls it works well," another said, "My mum never gets the same carers."

Care workers told us they knew the people they cared for, but did not always know which people they would be visiting each day. Two of the staff we spoke with visited the same people, knew how they liked their care delivered and understood their individual communication skills. The other care worker told us they didn't know which people they would be supporting each day, but they visited the same people regularly so got to know them and how they liked to receive care. The registered manager told us there was a small team of care workers that provided the calls, so people received care from care workers they had seen before and who knew what care and support people required.

People told us their care workers were caring and respectful and they were able to build friendships with care workers who visited them. Comments included, "Yes I think they do care." "They are on the whole respectful, they would do anything for me," "[Family member] loves the girls, that is all I am bothered about." and, "The girls who come to me are respectful I couldn't manage without them."

Care workers told us how they ensured people's privacy and dignity. One care worker told us, "I treat people as I would want to be treated, with respect." Other care worker's comments included, "To maintain privacy I make sure their bottom half or top half is covered while I'm washing them, and the bathroom door is closed while we are in there," and, "I make sure curtains or doors are closed before providing care." This made sure people's privacy and dignity was maintained. The registered manager told us they tried to provide care in the way people preferred. For example they told us about one person who liked the care workers to announce their arrival in a certain way, which they did. Care workers told us they did not have to rush and had time to talk to people as they were allocated sufficient time to carry out the care and support required.

Three people told us they had difficulty understanding some care workers whose first language wasn't English. People told us, "Communication is a real issue with the carers." and, "I find them difficult to understand sometimes but we manage." Another said, "We laugh when we don't understand each other." The registered manager told us care workers were required to demonstrated during the recruitment process that they had a good understanding of speaking, reading and writing English. Staff we spoke with had good communication skills.

Where possible care workers told us they encouraged and supported people to maintain their independence. One care worker told us, "I try and encourage clients to do things for themselves, it's not

always possible but if they are able to help make a cup of tea or with meal preparation I will say, come on let's do this together." Another care worker told us, "With personal care I let them wash the areas they can reach and I will do the other parts. I also try and encourage mobility and will have a little walk with them around the room."

Records showed people were involved in their care. People had an initial assessment when the service started and had signed to agree their care plan. People were involved in reviews of their care and relatives were invited if people requested.

Requires Improvement

Is the service responsive?

Our findings

Most people we spoke with had experienced late calls and told us they did not know what time their care workers were supposed to arrive. They also said they never knew which care worker would be arriving. People told us, "In theory they are supposed to come at 6.30am we are the first call so there is no excuse for them to be late. We always know which driver is on because one is never on time; it can sometimes be 7.30am this must make everyone late. "I don't seem to be able to find out what time they are supposed to come, " and, "I am one of the last calls of the day but I never know what time they are coming to put me to bed." Another person told us, "I wish we were given a weekly rota of who is coming but to be honest with you I don't think they know what is going on themselves."

We looked at the completed records of calls for four people; these showed people did not always have consistent care workers and some people had up to eleven different care workers over a two week period. We were unable to ascertain from the records if care workers stayed the allocated time to carry out people's calls. This was because care workers were not recording the time they arrived and left people's homes they only recorded, morning, lunch, tea and evening on the record in people's homes and on their timesheets.

The provider employed drivers to transport care workers to the areas where people lived. The registered manager told us drivers picked care workers up and dropped them off at a designated area to provide calls and arranged to pick them up after they had finished their calls. One person told us, "I feel sorry for them [care workers] they work such long hours and always have to wait for their lift to go home at night." A relative told us that the previous evening the driver hadn't come back to collect them until nearly midnight. The person who used the service felt she had to let the care worker stay in the house as it was unsafe to leave her outside. This meant the person was unable to go to bed until the care worker had left. The registered manager had received a complaint from the person's relative about this which was being looked into.

Relatives we spoke with said the service was not always responsive to their relative's needs. Relatives told us, "My mum seems happy but I feel things could be better. They send carers she doesn't know and it unsettles her because they don't know what to do" and, "Staff are lovely but don't do the job. My mum won't complain as she doesn't want to get any one into trouble." Another told us that care workers did not do everything that was recorded in the care plan, "My father is incontinent and they don't always wash him on an evening. It states in his care plan about his showers but they are not always getting done."

Care workers we spoke with told us they had time to read care plans in people's homes. They said there was information in care plans to inform them what to do on each call and about any risks with people's care. The care co-ordinator told us, "All clients have care plans; these are all up to date as we checked two months ago to see if we were still meeting people's needs." We found that one care plan had not been updated following a recent change in the person's mobility and they now required a hoist for transferring. However care workers knew about the changes and that the person now used a hoist. Care workers told us they referred any changes in people's care to staff in the office who would arrange for a reassessment to be completed. They said plans were reviewed and updated quickly so they continued to have the required information to meet people's needs.

We looked at four care records. Not all care plans contained the details of peoples agreed call times and length of calls. For example one care plan stated the person required two hours of care each day, but there was no breakdown to show when the calls should take place or the duration of each call.

Overall, care plans were person centred and provided care workers with information about how people wanted to receive their care and support. There were instructions for staff about what to do on each visit. For example; what personal care people required and how staff should support people who required assistance or equipment to move around. Care plans also included 'What is important to me' information which included preferences with personal care routines and how to manage risks associated with people's care. For example, 'I need my bed rails up at all times to prevent me falling out of bed.' Records of calls completed by staff confirmed these instructions had been followed.

Where people were at risk of skin damage, information in care plans informed staff to check people's pressure areas during personal care calls. Staff knew how to reduce the risk of skin damage but it was not clear from records of calls that regular checks were always taking place.

We looked at how complaints were managed by the provider. People knew how to make a complaint if they needed to, one person told us, "No I have never complained I am happy with what they do, I would be stuck without them." Care workers knew how to support people if they wanted to complain, we were told, "There is complaints information in people's homes. It tells them who to contact if they have any concerns." Care workers said they would refer any concerns people raised to the registered manager or staff in the office and they were confident concerns would be dealt with effectively

We looked at the record of complaints held at the office. Complaints and concerns received had been looked into and responded to in a timely manner. However, we found there was no overall record of complaints received, to show if any actions had been taken in response to the concern or the outcome of the investigation. The registered manager told us they would devise a log to record this information, so they could monitor any trends or patterns of concerns received.

Requires Improvement

Is the service well-led?

Our findings

People we spoke with said they were not as happy with the service they had received recently. Comments from people included, "It was all fine at the beginning," "We just about managed till three weeks ago and now it's gone belly up since my regular carer left." "It would be better if we could have the same carers." "On the whole we are happy, but it would be nice to be told if they are going to be late because [person] worries they won't turn up as he knows I can't manage him on my own."

The service had a registered manager as required. The registered manager who is also the provider of the service was not fully aware of their regulatory responsibilities. They had not returned their Provider Information Return and had not updated their contact details (phone number and email address).

People told us they had difficulty contacting the office to speak to someone. Comments included, "I do find it difficult to get hold of the manager I leave messages but they don't get back to me." "I find the office staff difficult to get hold of, I leave messages but they never get back to me," and, "They never return my calls I've all but given up trying to speak to anyone about it (late calls)."

When we were planning the inspection we had difficulty emailing and phoning the service, we were unable to leave a message on the answer phone as the answer phone message service said it was full. It is the provider's responsibility to keep their details up to date so we are able to contact them. The registered manager told us they had now updated their contact details with us.

The registered manger us they knew what notifications they had to send to us. This is information about specific incidents that had happened in the service so we could monitor them to make sure the correct action had been taken. We found we had not been kept informed of all notifiable incidents. A care worker told us on one care call they had found a person who used the service had passed away. We should have been notified about this death.

The registered manager's overview of the service was not sufficiently robust to ensure the service always operated effectively and safely. For example there was no system for regularly scheduling care workers to the calls people required. The registered manager had no way of knowing if all the calls people required had been allocated. Care workers were not signing times they arrived and left people's homes so the registered manager did not know if people received their calls at regular times or that staff had stayed the full allocated time. People told us they did not always know which care worker was going to arrive and care workers told us they didn't know in advance which care calls they were required to complete that day.

Effective systems to monitor and assess that staff had the skills and competencies to undertake their job roles were not in place. There was no system in place for the provider to be assured that all staff had received the training they required to do their work safely and effectively without looking at individual staff files. There were no written notes to demonstrate how care workers had been observed in their roles, or any learning points and actions resulting from the observations. We were told by the registered manager and care co-ordinator that regular staff meetings and management meetings were held to discuss how the

service operated. However, these meetings were not recorded so there was no information about the issues discussed or any actions taken to make sure the service improved.

This was a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Good Governance).

There were processes to understand the experiences of people who used the service. People had reviews of their care and were sent a questionnaire by the provider. Returned surveys dated March/April16 showed people were satisfied with the service, although one person had commented 'Call times need to be addressed'. Other comments from people included, "The ladies are excellent," and "The carers currently attending [person] are brilliant they assist rather than take over." Records were returned to the office weekly to be audited to make sure people received their medicines as prescribed and care was delivered as outlined in their care plans.

Care workers spoken with told us they enjoyed working for the service and said they were well supported by the registered manager who they referred to as "approachable and knowledgeable."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems or processes were not established and operated effectively. The quality of the service was not assessed or monitored to ensure that people's care and support needs were being met.