

Holistic Homecare Ltd

# Holistic Homecare Ltd

## Inspection report

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Date of inspection visit:  
15 December 2017  
18 December 2017

Date of publication:  
05 January 2018

## 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

Holistic Homecare is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. The registered provider informed us that at the time of this inspection, Holistic Homecare was providing a service to adults and older adults from diverse multicultural backgrounds. Fourteen people were supported by the agency. Seventeen care workers were employed by the agency. The service office is based in the S3 area of Sheffield.

There was a manager at the service who was registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC 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 and associated Regulations about how the service is run.

Our last inspection at Holistic Homecare took place on 28 October 2016. We found three breaches in the regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These were breaches in Regulation 12: Safe care and treatment, Regulation 17: Good governance and Regulation 19: Fit and proper persons employed.

Following the last inspection, we asked the provider to complete an action plan to show what they would do, and by when, to improve the key questions asking if the service was safe and if the service was well led, to at least good.

At this inspection, we found sufficient improvements had been made to meet the requirements of Regulation 12: Safe care and treatment, as care plans contained accurate detail regarding the support required with medicines and appropriate safeguarding training had been provided to staff.

We found sufficient improvements had been made to meet the requirements of Regulation 17: Good governance, as systems were in place to effectively monitor the quality and safety of the service.

We also found sufficient improvements had been made to meet the requirements of Regulation 19: Fit and proper persons employed, as the recruitment files checked contained full and relevant information.

This inspection took place on 15 and 18 December 2017 and was announced. We gave the registered manager 48 hours notice of our inspection to make sure the registered manager, some staff and some people receiving support would be available to meet and speak with us.

People spoke very positively about the support provided to them. They told us they felt safe and their care workers were respectful and kind.

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.

We found systems were in place to make sure people received their medicines safely so their health was looked after.

Staff recruitment procedures were robust to ensure people's safety was promoted.

There were appropriate numbers of staff employed to meet people's needs and provide a flexible service.

Staff were provided with relevant training so they had the skills and knowledge they needed to undertake their role.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The registered provider's policies and systems supported this practice. People had consented to receiving care and support from Holistic homecare.

Visit times were flexible to support people's access to health professionals to help maintain their health.

People were supported to maintain a healthy diet which took into account their culture, needs and preferences, so their health was promoted and choices could be respected.

Staff knew the people they supported very well. People's privacy and dignity was respected and promoted. Staff understood how to support people in a sensitive way.

People said they could speak with their care workers or the registered manager if they had any worries or concerns and they would be listened to.

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.

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

Appropriate arrangements were in place for the safe administration of medicines.

The staff recruitment procedures in operation promoted people's safety.

Staffing levels were adequate to meet the needs of people who used the service.

### Is the service effective?

Good ●

The service was effective.

Staff were appropriately trained and supervised to provide them with the skills needed to support people.

Staff were provided with supervision and appraisal for development and support.

People had consented to the support provided by Holistic Homecare.

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

### Is the service caring?

Good ●

The service was caring.

People told us care workers were caring and kind.

People were supported to contribute to their support plan.

Staff respected people's privacy and dignity and knew people well.

### **Is the service responsive?**

The service was responsive.

People's support plans were reviewed and updated as required.

Staff understood people's preferences and support needs.

People were confident in reporting concerns to the registered manager and felt they would be listened to.

**Good** ●

### **Is the service well-led?**

The service was well led.

People said the registered manager was approachable and supportive.

There were quality assurance and audit processes in place to make sure the service was running safely.

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

**Good** ●

# Holistic Homecare Ltd

## **Detailed findings**

### **Background to this inspection**

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

This inspection took place on 15 and 18 December 2017 and was announced. We gave the service 48 hours notice of the inspection visit because the registered manager is often out of the office supporting staff or visiting people. We needed to be sure that they would be in.

We visited two people who received support at their homes on 15 December 2017 to ask their opinions of the service and to check their care files.

We visited the services office on 18 December 2017 to see the registered manager, some staff and to review care records and policies and procedures.

The inspection team consisted of two adult social care inspectors 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. The expert by experience had experience in caring for older people.

Before the inspection visit, we reviewed the information we held about the service, including the Provider Information Return (PIR), which the registered provider completed before the inspection. The PIR is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information we had received since the last inspection including notifications of incidents that the registered provider had sent us.

We contacted Sheffield local authority to obtain their views of the service. All of the comments and feedback received were reviewed and used to assist and inform our inspection.

We spoke with the registered provider/ registered manager, a director, a supervisor and three care workers in person during the visit to the office. We spoke with two people receiving support, and one of their

relative's, in person at their homes.

We telephoned 12 people who received support and managed to speak with 6 people receiving a service, or their relatives, to obtain their views.

We reviewed a range of records, which included care records for four people, four staff training, support and employment records and other records relating to the management of the domiciliary care agency.

## Is the service safe?

### Our findings

People using the service said they felt safe with their care workers. Relatives told us they thought their family member's were safe with care workers. Comments included, "I feel very safe with my two carers. I have the same two all the time and that makes me feel safe. I don't have any worries at all," "I have no worries about [family member] being safe at all," "I am happy that [family member] is safe with them [staff], it's regular two or three that come and we know them. It's only if someone is off that anyone different comes," "Yes, I am safe with them [staff]" and "I know [my family member] is very safe. We trust them all [staff]."

All of the staff asked said they would be happy for a relative or friend to be supported by Holistic Homecare and felt they would be safe.

Our last inspection at Holistic Homecare took place on 28 October 2016. We found a breach in the regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in Regulation 12: Safe care and treatment. This was because the provider had not done all that was practicable to mitigate the risks to service users. Care plans did not contain sufficient detail relating to support needed with medicines. In addition, the safeguarding training provided to staff was not sufficiently detailed.

At this inspection, we found sufficient improvements had been made to meet the requirements of Regulation 12.

We looked at four people's care plans. They contained details of the support people required with their medicines so that staff were aware of this. In addition, the plans detailed when the person managed their own medicines and support was not needed with this.

All of the staff spoken with were clear about the safe handling and administration of medicines procedures. Staff confirmed that they had been provided with training on medicines handling by an external pharmacist and they had had their competency checked during 'spot checks' carried out by the registered manager or supervisor. We found a policy on handling medicines was in place and available to staff so that they had access to this important information. We found Medication Administration Records (MAR) were completed and audited by the registered manager to make sure they had been fully completed.

At the time of this inspection, the service was supporting four people with their medicines. People spoken with said they were happy with the support they received with their medicines. One person told us, "My carers just remind me and make sure I take them. It works very well." Another person said, "They [care workers] don't help with my tablets. I see to it myself and they know that." Relatives commented, "They [staff] do the medicines all right" and "They [staff] do the medicines night and morning with [family member's] food and that's all been okay."

Since the last inspection, the registered provider had improved the safeguarding training provided to staff. All of the staff spoken with confirmed that they had been provided with safeguarding training in addition to the discussions held during induction. Staff were clear of the actions they would take if they suspected



abuse, or if an allegation was made so correct procedures were followed to uphold people's safety. Staff knew about whistle blowing procedures. Whistleblowing is one way in which a worker can report concerns, by telling their manager or someone they trust. This meant staff were aware of how to report any unsafe practice. Staff said they would always report any concerns to the registered manager and they felt confident the registered manager would listen to them, take them seriously and take appropriate action to help keep people safe.

We saw a policy on safeguarding vulnerable adults was available. Staff had access to important information to help keep people safe and take appropriate action if concerns about a person's safety had been identified. Staff told us they knew these policies and procedures were available to them.

The service had a policy and procedure in place to support people who used the service with their personal finances. The registered manager informed us the service did not handle any person's money at the time of this inspection. They said that should this support be needed, staff would complete a financial transaction sheet so that all transactions could be audited and monitored. We saw guidance was provided to staff within the policy to promote people's safety.

At our last inspection at Holistic Homecare we also found a breach in the regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in Regulation 19: Fit and proper persons employed. This was because the provider had failed to ensure person's employed were of good character and had the qualifications, competence, skills and experience necessary for the work to be performed by them.

At this inspection, we found improvements had been made to meet the requirements of Regulation 19.

We looked at four staff recruitment records. Each contained proof of identity, an application form detailing employment history and a Disclosure and Barring Service (DBS) check. A DBS check provides information about any criminal convictions a person may have. This helped to ensure people employed were of good character and had been assessed as suitable to work at the service. Each of the four files contained two written references. We found a policy on staff recruitment was in place to support and inform these procedures.

We looked at staffing levels to check enough staff were provided to meet people's needs. At the time of this inspection, 14 people received a service and 17 care staff were employed. Staff told us they had regular schedules. People receiving support told us staff stayed for the agreed length of time. This showed that sufficient levels of staff were provided to meet people's identified support needs.

We asked staff about the levels of staff provided. All the staff spoken with did not express any concerns about staffing levels and thought that there were enough staff.

We looked at four people's support plans and saw each plan contained risk assessments that identified the risk and the actions required of staff to minimise and mitigate the risk. The risk assessments seen covered all aspects of a person's activity and were specific to reflect the person's individual needs. We found risk assessments were relevant to the individual and promoted their safety and independence.

We found a policy and procedures were in place for infection control. Staff confirmed they were provided with personal protective equipment such as gloves and aprons to use when supporting people in line with infection control procedures. People receiving support and their relatives we spoke with did not have any concerns about infection control. They confirmed that care workers always used gloves and other

appropriate protective wear.

## Is the service effective?

### Our findings

The registered provider told us that at the time of this inspection, support was provided to people from from diverse multicultural backgrounds and this diversity 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.

People told us they thought staff had the skills they needed for their role. Comments included, "They [care workers] are very good. They know what to do," "They [staff] do meals, just what we ask them to prepare. They all seem well trained and know what to do," "They [staff] are very well trained. They come three times a day. They wash [family member]. They do medicines, prepare meals and take [family member] out and do shopping, so it is a really full service" and "They [care workers] understand me. They know how to do things." One relative told us, "It is really important to [our family member] that their care workers are from the same cultural background. My [family member] would not accept help from anyone else. It means staff understand and can speak to us in our first language. It is very good."

We found questionnaires had been sent to people receiving support and their relatives and representatives to obtain their views of the support provided. In their questionnaires, when asked if care assistants were able to 'appropriately perform assigned tasks', all 12 respondents said 'strongly agree' or 'agree'.

People told us the service was very reliable and staff stayed as long as they should. People told us they had regular staff and had never had a missed visit. Comments included, "I have the same two care workers all the time. If one can't come the other covers. I couldn't cope with not knowing who was coming into my home. It works really well for me," "The carers are very reliable. I've never had a missed visit and can't remember them being late" and "My carers stay longer than they should sometimes. They are good." This showed the service provided good continuity of care because people usually saw the same staff.

Every person spoken with said they had good communication with the office and their care workers. Comments included, "I can ring [the registered manager] any time," "They come from the office to see how I am" and "I have the office number and they always come and see me if I need them to. There is always someone available."

We found staff completed a record at each person's visit. This detailed the arrival and departure times. We checked some visit records and found these showed all staff stayed for the full length of time identified as needed.

Staff told us they were provided with a 'fixed' schedule so that they got to know the people they were supporting. Staff also said their schedule allowed for travel time between visits so they did not run late. Staff confirmed they were always introduced to the person using the service before they started supporting them. They explained the registered manager accompanied them to the person's home to introduce them and discuss agreed care needs.

We checked the staff training matrix, which showed staff were provided with relevant training so they had appropriate skills. Staff spoken with said they undertook induction and refresher training to maintain and update their skills and knowledge. Mandatory training such as food hygiene, first aid, medicines and safeguarding was provided. The matrix showed training in specific subjects to provide staff with further relevant skills were also undertaken, for example, training on autism awareness. This meant all staff had appropriate skills and knowledge to support people. Staff spoken with said the training was "Good."

We found new staff were completing the Care Certificate as part of their learning and development. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. The Care Certificate gives everyone the confidence that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. It is based on 15 standards, all of which individuals need to complete in full before they can be awarded their certificate.

We checked records of staff supervisions and appraisals. Supervisions are meetings between a manager and staff member to discuss any areas for improvement, concerns or training requirements. Appraisals are meetings between a manager and staff member to discuss the next year's goals and objectives. These are important in order to ensure staff are supported in their role. The records showed care staff had been provided with regular supervision and an annual appraisal for development and support. All of the staff asked said that they received formal supervisions and could approach management at any time for informal discussions if needed. This showed that staff were appropriately supported.

We asked people about support with their healthcare. People told us that the service was flexible and accommodated their visits to healthcare professionals so that their health was maintained.

The care plans checked showed people's dietary needs had been assessed and any support they required with their meals was documented.

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.

For people being supported in the community, who need help with making decisions, an application should be made to the Court of Protection.

We found policies and procedures were in place regarding MCA so that staff had access to important information. We found the service was working within the principles of the MCA.

People told us they felt consulted and staff always asked for consent. The care plans we checked all held signed consent to care and treatment records to evidence people had been consulted and had agreed to their plan. This showed important information had been shared with people and they had been involved in making choices and decisions about their support.

## Is the service caring?

### Our findings

Every person receiving support that we spoke with made positive comments regarding staff. Their comments included, "They [staff] are fine. They are nice to me," "They [staff] are very nice" and "Very good, very nice."

Relatives and friends of people supported were equally complimentary and positive about the staff. Their comments included, "They [staff] are very polite to me and very nice to my [family member,]" "My [family member] is very pleased because they speak their language. They can tell them what they want and have a conversation," "I've been [to family member's home]; just to check myself in the morning. The ladies [staff] have been very nice with my [family member,]" "My [family member] loves it," "They [staff] are very nice to my [family member,] very pleasant. They get on well" and "It's great that they [staff] speak [family member's] language. They are so nice with them. They are very pleasant to us as well, when we are around."

People receiving support told us that staff were always respectful and maintained their privacy.

We found questionnaires had been sent to people receiving support and their relatives and representatives to obtain their views of the support provided. In their questionnaires, when asked if care assistants 'show caring behaviour towards them', all 12 respondents said 'strongly agree' or 'agree'.

We found the service could meet and respect people's diverse needs. The registered provider explained that people supported by the service at the time of this inspection did not speak English as their first language, or at all. The staff employed shared the same ethnic background as the people supported so had an understanding of their cultural needs and language. Two people and one relative spoken with were from the Somali community. They told us it was very important to them that carers understood their culture, and could speak with them. They told us, "My carers understand me and I don't have to explain. I can speak with them and they understand me."

The service had relevant policies and procedures in place to advise staff on confidentiality and data protection. All of the staff spoken with were aware of the requirements to keep information about the people they were supporting confidential. People receiving support and their relatives told us their care workers never discussed anyone else they were visiting with them and confidentiality was respected. This showed that people's rights were upheld.

We saw there was a system in place to make sure people's confidential information was only seen by the appropriate people and only limited information regarding visit times and people they would be visiting was sent to staff via their phones. This promoted people's privacy.

Staff we spoke with were motivated about their work. They could describe how they promoted dignity and respect and were caring and compassionate in their approach.

People told us they were involved in writing their care plan and they told us that someone from the office

had visited them to talk about their support needs. They told us they felt involved in all decisions about their support.

Each care plan contained details of the person's care and support needs and how they would like to receive this. The plans gave details of people's preferences so that these could be respected by care workers. The plans also detailed what was significant to the person, their religious and cultural needs so that these could be respected.

## Is the service responsive?

### Our findings

People receiving support and their relatives we spoke with all said they could talk to the registered manager and staff at any time. No one had ever had any reason to complain. People told us they knew who to speak to if they needed to raise any concerns or a complaint. One relative told us, "I have been talking to the office quite a lot with [family member] having been in hospital and rearranging the care. They couldn't have been more helpful," "I have no complaints, but I would ring them if I needed to. They are very helpful in the office if you ring them," "We think it's very good" and "If we have had any problems I just ring [name] in the office and he's great and we get it all sorted."

Staff we spoke with said the registered manager was accessible and approachable and dealt effectively with any information.

We looked at the registered providers complaints policy and procedure. It included information about how and who people could complain to. The policy explained how complaints would be investigated and how feedback would be provided to the person. There was also advice about other organisations people could approach if they chose to take their complaint externally. For example, the CQC and the local authority. Information about complaints was also in the Service User Guide that each person was given a copy of when they started to use the service. We found copies of the Service User Guide in the care files kept at people's homes. This showed that people were provided with important information to promote their rights.

We saw a system was in place to respond to complaints. We checked the complaints record and found the action taken in response to a complaint and the outcome of the complaint was recorded. For example, one person had complained about female care workers visiting them. The complaint was resolved as the provider ensured only male care workers visited the person. This showed that any concerns or complaints received would be listened to and taken seriously.

People we spoke with said the service was flexible to suit their needs. They told us that if they had health care appointments the visit times would be changed to accommodate this.

People receiving support and their relatives we spoke with were aware they had a care plan and felt they were involved with their care and support. People told us they had been consulted by the registered manager and staff in subsequent reviews of their support and the support plans. Comments included, "[Name of registered manager] came to see me. We talked about what help I needed. I was very involved," "They [staff] did the care plan with my [family member]," "We did the care plan and [family member] said what they wanted and they [staff] do it okay" and "We did the care plan and they [management] have been out to check."

Relatives spoken with confirmed that care plans were in place and told us these were reviewed regularly. They said that they had been involved in the reviews.

People's care plans contained information about their care and support. Those seen contained information

about the person's life history, culture, health and support needs. The plans were individual to the person. They were regularly reviewed and updated in line with the person's changing needs. Care workers and the registered manager clearly knew the people they supported very well and could describe in detail their support needs, likes and dislikes. All staff we spoke with was well informed about the people they provided care and support to. They were aware of their likes and dislikes, preferences and interests, as well as their health needs, which enabled them to provide a personalised service.

The care plans checked contained clear detail of the actions required of staff to support specific medical conditions. This showed that this aspect of people's individual and diverse needs were known and met.

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 involve a multi-disciplinary team of healthcare professionals and work together to plan care and support in line with the person's personal wishes.



# Is the service well-led?

## Our findings

The manager was registered with CQC.

People receiving support and staff spoke very positively about the registered manager. They told us they thought the service was well led and the registered manager was approachable and supportive. Comments included, "He is very good. He knows me, what I need," "I can phone him [registered manager] anytime. He always answers," "Oh it's brilliant really. They are doing a fantastic job," "We think it has been fantastic" and "I am very happy with it."

Without exception, people receiving support, their relatives and friends said they would recommend Holistic Homecare to their friends and family. Comments included, "I would definitely recommend them. They are very good" and "Yes I would recommend them. I have no worries about them."

Staff spoken with said the registered manager was very approachable and supportive. They commented, "The manager is very good" and "He is approachable."

We found questionnaires had been sent to relatives and representatives of people receiving support to obtain their views of the support provided. In their questionnaires, when asked if the 'management was good', all 12 respondents said they 'strongly agree' or 'agree'.

Our last inspection at Holistic Homecare took place on 28 October 2016. We found a breach in the regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in Regulation 17: Good governance. This was because the provider did not do all that was practicable to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users. The checks undertaken by the registered manager had not identified the areas needing improvement.

At this inspection, we found sufficient improvements had been made to meet the requirements of Regulation 19.

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. We found a quality assurance policy was in place and saw audits were undertaken as part of the quality assurance process, covering all aspects of the running of the service. The registered manager told us that since the last inspection the number of audits undertaken had increased to improve the monitoring of the service. Records seen showed the registered manager undertook regular audits to make sure full procedures were followed. Those seen included care plan, MAR and daily records. As part of the quality assurance checks, we found regular spot checks to people's homes took place to check people were being provided with relevant and appropriate support.

We found questionnaires had been sent to relatives and representatives of people receiving support to

obtain their views of the support provided. All of the completed surveys were positive. The results of questionnaires were checked and the registered manager told us if any concerns were reported from people's surveys these would be dealt with on an individual basis where appropriate. Where people had identified any improvements needed, an action plan would be developed to act on this.

This showed that effective systems were in place to monitor the quality and safety of the service provided.

We found a welcoming, open and positive culture at the service that was encouraged and supported by the registered manager. Staff told us there was always a good atmosphere at the service. Their comments included, "I love my job" and "It's a good place to work. We are like a small community." All of the staff asked said they would be happy for a friend or family member to be supported by Holistic Homecare. All of the staff spoken with displayed a pride in the service and their role.

We saw an inclusive culture at the service. All staff said they were part of a good team and could contribute and felt listened to. All of the staff spoken with felt communication was good and they were able to obtain updates and share their views. Staff told us they were always told about any changes and new information they needed to know. Records seen showed staff meetings took place to share information and views.

We saw policies and procedures were in place, which covered all aspects of the service. The policies seen had been reviewed and were up to date. Staff told us policies and procedures were available for them to read and they were expected to read them as part of their training and induction programme. This meant staff could be kept fully up to date with current legislation and guidance.

The registered manager was aware of their obligations for submitting notifications in line with the Health and Social Care Act 2008. The registered manager confirmed any notifications required to be forwarded to CQC would be submitted.