

# Holistic Care Service Nationwide Limited

# Holistic Health Service

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

The inspection took place on 19 and 26 June 2018 and was announced. This was the first rated inspection for this service.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It currently provides a service to 39 older adults in the Southport area.

There was a registered manager at the service. 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's needs were assessed and recorded by suitably qualified and experienced staff. Care and support were delivered in line with current legislation and best practice. Risk assessments and support plans had been completed for everyone who was receiving care to help ensure people's needs were met and to protect people from the risk of harm.

People's preferences had been recorded in respect of personal care routines, getting up and going to bed and likes and dislikes for food and drinks. Allergies and other medical information was also recorded.

Staff had been appropriately checked when they were recruited to ensure they were suitable to work with vulnerable adults. The service ensured that staff were trained to a high standard in appropriate subjects. Staff understood how to recognise abuse and how to report concerns or allegations. The records we saw indicated that medicines were administered correctly and were subject to regular audit.

There were appropriate numbers of staff employed to meet the needs of people who received a service and to ensure they received the support at a time when they needed it. Everyone said the visits by the care staff were on time and staff always stayed for the allocated time.

Policies and procedures provided guidance to staff regarding expectations and performance. These included policies regarding people's diversity. Staff were clear about the need to support people's rights and needs regarding equality and diversity.

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 supported this practice. We saw clear evidence of staff working effectively to deliver positive outcomes for people. People we reviewed were receiving effective care and gave positive feedback regarding staff support.

People told us that staff treated them with kindness and respect. Care was provided in accordance with people's needs.

People using the service and staff were asked to share their views. This was achieved through contact by the care coordinator staff and regular surveys. These provided very positive responses regarding people's care.

We checked the records in relation to concerns and complaints. The complaints process was understood by the people that we spoke with. We saw evidence that complaints had been responded to in a professional and timely manner by the Home Care manager.

People spoke positively about the management of the service and the approachability of senior staff. There was clear management structure that supported staff.

## 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.

There were systems in place to assess and monitor any risks to people's safety.

Staffing numbers were satisfactorily maintained to support people. Staff had been appropriately checked when they were recruited to ensure they were suitable to work with vulnerable adults.

Medicines were administered safely.

### Is the service effective?

Good ●

The service was effective.

Staff said they were supported through induction, appraisal and the service's training programme.

Staff sought consent from people before providing support. When people were unable to consent, the principles of the Mental Capacity Act 2005 were followed.

We saw people's dietary needs were managed with reference to individual preferences and choice.

### Is the service caring?

Good ●

The service was caring.

People said staff were caring and friendly.

People told us their privacy was respected and staff were careful to ensure people's dignity was maintained.

People told us they felt involved in their care.

### Is the service responsive?

Good ●

The service was responsive.

Care plans were completed and were being reviewed when needed so people's care could be monitored.

People's preferences were recorded in respect of personal care routines, getting up and going to bed and likes and dislikes for food and drinks.

A process for managing complaints was in place and people we spoke with and relatives knew how to complain. Complaints made had been addressed.

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

The service was well led.

There was a registered manager. There was a clear management structure with lines of accountability and staff responsibility which helped promote good service development.

There were a series of on-going audits and checks to ensure standards were being monitored effectively.

There was a system in place to get feedback from people so that the service could be developed with respect to their needs and wishes. □

The Care Quality Commission had been notified of any reportable incidents.

**Good** ●

# Holistic Health Service

## Detailed findings

### Background to this inspection

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

This inspection took place on 19 and 26 June 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be available.

Inspection site visit activity started on 19 June and ended on 26 June. It included visiting the office and speaking with people who used the service and care staff on the telephone. We visited the office location on 19 and 26 June to see the Home Care manager and registered manager; and to review care records and policies and procedures.

The inspection team consisted of an adult social care inspector.

Before the inspection we reviewed the information we held on Holistic Health Service. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people who received a service. We also contacted the commissioning team at the local authority. This helped us to gain a balanced overview of what people experienced receiving a service from Holistic Health Service.

We spoke with a range of people about the service including two people who used the service, a relative, and six staff members including the Home Care manager and the registered manager. In addition, questionnaires were returned by five people who received a service, a relative and five staff members.

We looked at the care records of three people who received a service, four staff files including staff training and recruitment records and records relating to the management of the service.

# Is the service safe?

## Our findings

People we spoke with and those who completed a questionnaire said they felt safe when being supported by the Holistic Health Service staff. A person told us, "They never rush me when supporting me to walk and use my walking aid. They are very gentle." Another person said, "Staff cover is always provided even though staff may go off sick. They have never let me down. I do worry in case this should happen (as I rely on staff because of my disability)."

Staff we spoke with understood how to recognise abuse and how to report concerns or allegations. There were processes in place to help make sure people were protected from the risk of abuse. Training for staff took place every year. A 'safeguarding vulnerable adults' policy was available to support staff with aspects of abuse and the procedure to report suspected abuse.

Risk assessments and support plans had been completed for everyone who was receiving care to help ensure people's needs were met and to protect people from the risk of harm. We saw risk assessments had been completed for medication, mobility, including using hoisting equipment and falls, nutrition and pressure area care.

Care staff we spoke with had a good understanding of how to keep people safe in their own home. This included the use of equipment such as hoists to transfer people safely or stand aids to support them to move with some independence. Assessments were reviewed regularly by the care coordinators to help ensure any change in people's needs was reassessed so they received the appropriate care and support.

Medication was administered safely by suitably trained staff and was recorded correctly. Information was recorded in people's care record which included a full list of their current medication, a Medication Administration Record (MAR) and a body map and MAR for the correct application and recording of the use of creams. Staff we spoke with confirmed they had received training. A competency assessment was completed by senior staff to ensure people received their medication safely. The care records informed us that a medication risk assessment was undertaken if a person needed support with their medication.

Staff were recruited safely as the provider had a robust recruitment process. We found copies of application forms and references. Staff had been subject to a Disclosure and Barring (DBS) check, to ensure they were entitled to work in the UK and police checks had been carried out. We found they had all received a clear Disclosure and Barring (DBS) check. This meant that staff had been appropriately recruited to ensure they were suitable to work with vulnerable adults. In the event that a DBS was not clear a risk assessment was used, to determine if the person was safe to work with vulnerable adults.

There were appropriate numbers of staff employed to meet the needs of people who received a service and to ensure they received the support at a time when they needed it. Everyone said the visits by the care staff were on time and staff always stayed for the full time. Staff we spoke with confirmed this to be the case. They told us they had enough time to get to their next call so people received the whole time allocated to them. This ensured staff were able to support people with all the care and support they needed. The care

manager told us new referrals were not started until staff were available to support people when they needed it. This helped ensure support could be provided to the people who needed it.

We asked people if they had ever experienced staff not arriving to help them when they were expected. People told us that staff always arrived. The Home Care manager explained to us how the Care Planner system helped to ensure nobody missed a call. Staff were expected to log in and out each time they visited a person's home. This information was transferred to the electronic system. If a staff member had not logged in 15 minutes after the expected time of arrival a message was sent to the Home Care manager or On Call manager to alert them. This meant that in the event of a staff member not visiting a person the manager could arrange for another staff member, a care coordinator or even the manager themselves to go out to the person.

People told us that staff used protective clothing, for example aprons and gloves, when working in their home. We saw evidence that staff were regularly supplied with aprons and gloves. This helped to promote good hygiene and prevent any cross contamination and infection.



## Is the service effective?

### Our findings

The provider used an electronic system called 'Care Planner' to record a person's service, which included their assessed needs and care plans; staff rota and any updates or messages regarding people's health and support. Staff had access to the system information via the application on their mobile telephone. This informed them of people's needs and any changes to their care needs.

We found that the staff at Holistic Health Services were well trained and had a good understanding of people's needs. Staff told us they mainly visited the same people, so they were familiar with their needs. People who received a service who we spoke with confirmed this to be the case.

Staff training was refreshed on a regular basis. A system was in place to ensure staff were informed when training courses needed to be completed. A training matrix was kept up to date to show when staff had completed each training course and when they were due an update. We found that all staff members had completed training in subjects relevant to the needs of people they supported.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. Applications must be made to the Court of Protection. The service was not supporting anyone where an application had been made to the Court of Protection.

Staff received training regarding people's mental capacity to consent to care during their induction. The Mental Capacity Act 2005 is legislation to protect and empower people who may not be able to make their own decisions, particularly about their health care, welfare or finances. Staff told us they would always ask a person before carrying out a task to ensure they consented to it taking place. Care records showed that people had signed consent forms for house security, finance and medication. Staff confirmed they always asked a person's consent before carrying out any support or care.

We saw from care records that people were supported to eat and drink regularly by staff. Their care plans clearly documented what food and drinks should be provided at particular times. People told us they were happy with the meals and snacks staff prepared for them.

Where appropriate staff supported people to maintain good health. Staff sought the input of health and social care professionals if people's needs changed. For example, we heard the Home Care manager had liaised with social workers on people's behalf when more time was required to meet people's support needs during each visit because their mobility had deteriorated.

## Is the service caring?

### Our findings

Everyone we spoke with during our inspection told us that the staff who visited them in their home were caring and kind. Some of their comments included: "Staff are so kind; they always ask, 'Is there anything else I can do for you?'," "They always have time for a chat", "I can't fault them, they're brilliant" and "They are all kind, cheerful and helpful". A relative told us, "Staff are always nice and pleasant. They're good company, very chatty."

We saw that the service had received some compliments from people who had used the service. Two compliments received said, "Staff were excellent in every way. Couldn't do enough, nothing was too much trouble. I would not have recovered as well as I have without your consistent, skilled help and attention" and "Your staff have been a great help to me. They are so kind and helpful. I would have been lost without them".

Everyone said they would recommend Holistic Health Services to their friends and neighbours.

Staff we spoke with demonstrated a genuine positive regard for the people they supported. They told us they provided care to a number of the same people on a regular basis which meant they had the opportunity to develop good relationships with the people they supported. But there were new short-term packages of care for people so there was always a new person to support.

Staff told us the information recorded in the care records also helped them understand what support people required. They had access to this information from the Call Planner phone application. They were informed of any change in people's needs or circumstances by a text message. This information was updated through consultation with people and evidenced that people were involved in discussions about their care.

People told us that staff supported them in a respectful and dignified manner and their privacy was maintained when being supported with personal care. People said they did not feel rushed when being helped to wash or dress. People who had staff to apply cream for them said staff were very gentle. When asked, staff were able to give examples of how they maintained a person's dignity when supporting them and offered them privacy. For example, covering people with a towel, closing bedroom curtains and closing doors before carrying out any personal care.

## Is the service responsive?

### Our findings

People we spoke with told us they received care when they wanted it and staff did what was required of them. A relative told us they had requested a different time for staff to arrive, as they were arriving too early. They said, "I only had to ask [Home Care manager] and it was changed to a more suitable time."

Care records we looked at showed people's needs were assessed by the Home Care manager before receiving a service. Care plans had been developed where possible with each person and their family, identifying the support they required. We found evidence of people and their relatives being involved in their care plan and providing information about people's preferences and daily routines; their likes and dislikes and some had completed social histories. This gave staff some personal information about the person so they could be supported in their usual and preferred way. One person told us they had requested only particular care staff visit them when they had a shower and this had been agreed.

A range of care plans were completed to identify people's needs and the support required during each visit. For example, care plans were completed for health, medication and personal care. Particular attention was made to staff ensuring people who required them had their hearing aids and glasses on or to hand. Reference was made regarding people's communication needs to ensure any information was recorded to make staff aware and to enable staff to converse with a person and be understood. For example, speaking slowly and sending text messages rather than telephoning a person.

Charts were kept as a daily record for 'as required' medication, pressure area care and food and fluid, when they were required. Staff recorded in people's daily notes what support had been provided and any health issues or other information that needed to be shared with other staff also supporting the person. Staff would also send text messages of any changes to a person's health or circumstances, which was recorded directly on the Call Planner system. This served as an accurate record for any referrals to, for example a dietician or the falls team.

We found people's preferences had been recorded in respect of personal care routines, getting up and going to bed and likes and dislikes for food and drinks. Allergies and other medical information was also recorded. Personal information and care plans were updated after each monthly home review. Care plans we looked at confirmed this.

The service had a complaints procedure, which was made available to people in the service user and staff handbook. We spoke to people who received a service and relatives and they said they knew how to make a complaint if they were unhappy. They told us they would feel comfortable raising a concern or complaint should it become necessary and would speak to the registered manager. We looked at the complaints file and saw that the only complaint received since the service began had been investigated in line with the provider's policy and the complainant had received a written response. Everyone we spoke with told us they had no complaints about the service.

## Is the service well-led?

### Our findings

There was a registered manager employed at Holistic Health Services. 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 day to day running of the service was led by the Home Care manager; we found them to be dedicated to providing a quality and personalised service. Staff spoke positively about the Home Care manager and the support they gave to care staff. One staff member said, [Home Care manager] is amazing. Always available." Another staff member said, "Always get good support and help from [Home Care manager]." A relative said they liked the Home Care manager because, "They come and do the support as well (as the care staff)."

The Home Care manager was supported by three Care Coordinators who had recently been recruited to take on some of supervisory responsibility, monitoring the quality of the service and updating people's care records. The Home Care manager met at least once a week with the registered manager to discuss the service.

The Home Care Manager carried out the initial assessment and information gathering in order that a service could be started and a person supported correctly. The service did not begin support packages until they had the care staff available to support them. This way existing packages of care were not compromised or rushed. People we spoke with who received a service told us that they did not feel staff were rushed or hurried when providing their support in order to get to another person. Staff told us their calls were usually arranged on a natural route and therefore they did not have to spend a lot of time travelling from one person to another. This supported the service's desire to provide a quality service to people.

Staff who completed a questionnaire and those we spoke with said they felt well supported by Home Care manager. Staff with caring responsibilities or cultural needs were supported by the need to only work on specific days. The service provided an out of hours on-call service for people and staff in case of an emergency.

We found that the Home Care manager communicated well with the staff so they were kept up-to-date about any changes. Staff rotas were sent to staff electronically. Some staff said they would prefer more notice of their forthcoming work. The Home Care manager told us they were aware of rotas being completed earlier and they were endeavouring to achieve this. Staff meetings were held throughout the year. All staff received regular supervision and annual appraisals.

There were systems in place to monitor the quality of the service provided. The Care Planner system was able to produce a monthly report which detailed the different aspects of the service provided. The organisation had systems in place to gather the views and opinions about the service from the people who received the service or their relatives. Questionnaires were given out each month. The Home Care manager analysed any comments or issues and acted upon them.

Each person using the service received a monthly home visit from a care coordinator. This home visit reviewed whether the care package was meeting the person's needs and whether they were satisfied with the way care was provided. Unannounced spot check visits were carried out to check whether care staff were working according to the person's care plan and in a safe and professional manner. We saw examples of both home visits records and spot checks in people's care records.

The registered manager was aware of incidents that required the Care Quality Commission to be notified of. Notifications have been received to meet this requirement.

Policies and procedures were in place and provided guidance to staff regarding expectations and performance. These included policies regarding people's diversity, safeguarding vulnerable adults, infection control, staff supervision and medication management.