

Holistic Homecare Ltd

Holistic Social Care Birmingham

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

About the service: Holistic Social Care Birmingham, is a domiciliary care service providing personal care to people in their own homes in the Birmingham area. The service provides support to all adult service user groups but had primarily been established to meet the specific cultural needs of Muslims from Somalia. At the time of this inspection there were two people receiving a regulated activity.

People's experience of using this service:

Safeguarding policies and procedures ensured people were protected from the risk of harm and abuse. One person we spoke with told us they felt safe because of the care and support they received.

Effective risk assessments and management plans ensured people were supported to manage risks in their daily lives.

Where people were supported with medicines we could see this had been provided safely.

Effective infection control policies and access to the right equipment ensured people were protected from the risk of infection.

Staff had been recruited safely and were deployed in ways which ensured people received their full visit.

People's needs had been assessed holistically and support plans developed to ensure people were supported effectively. People had been supported to maintain their health and wellbeing and had access to healthcare services when required.

Staff had received a robust induction and ongoing training the staff we spoke with felt they had effective knowledge and skills to support people. One person we spoke with praised the skills and knowledge of the staff.

Staff understood the importance of achieving consent before providing care and support. At the time of this inspection there was no one subject to any deprivation of liberty that might need to be authorised under the Mental Capacity Act (MCA). Nonetheless staff we spoke with were aware of their obligations under this legislation.

Staff were seen to be kind and caring. One person we spoke with praised the staff's caring approach and respectful support, particularly in relation to their cultural and religious needs.

People were fully involved in making decisions about their care, communication guides were clear which ensured people were supported appropriately including other languages.

People's diversity and equality needs were clearly identified in their care records and the support people needed to maintain these was detailed.

People received person centred care which was responsive to their needs. We could see people had been referred for review and reassessment when required in response to their changing needs.

People's concerns and complaints had been considered and responded to in a timely way following the service's procedure.

There was a clear vision and culture based on achieving high quality care and positive outcomes for people. The management team sought to embed these values in the team.

Regular monitoring and auditing of care records and practice helped to maintain the quality and values of the service people received.

There was a clear commitment to support people with specific protected characteristics which informed the culture of the service. This had been valued by people receiving a regulated activity.

Why we inspected: This was the first inspection following the service registering in July 2017.

Follow up: The next scheduled inspection will be in keeping with the overall rating. We will continue to monitor information we receive from and about the service. We may inspect sooner if we receive concerning information about the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service was safe	Good ●
Is the service effective? The service was effective	Good ●
Is the service caring? The service was caring	Good ●
Is the service responsive? The service was responsive	Good ●
Is the service well-led? The service was well led	Good ●

Holistic Social Care Birmingham

Detailed findings

Background to this inspection

The Inspection:

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

Inspection Team:

This inspection was completed by one adult social care inspector from the Care Quality Commission, (CQC).

Service and Service type:

Holistic Social Care Birmingham, provides personal care to people living in their own homes. At the time of this inspection there were two people who received a regulated activity. The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

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 they would be in.

Inspection site visit activity started on 12 February 2019 when we visited the office and completed a home visit. Inspection activity ended on 11 March 2019 when we reviewed further documents and made telephone calls to relatives.

What we did:

Before the inspection: Our inspection plan took into account information the provider sent us since they were first registered in May 2017. We also considered information about incidents the provider must notify

us about, such as abuse or serious injuries. We requested information from Birmingham city council quality and safeguarding teams and the local clinical commissioning group who had no concerns.

During the inspection: We reviewed the care records for two people supported by the service, we spoke with the registered manager and interviewed one member of staff. We visited one person in their own home who was in receipt of a service. We reviewed the recruitment records for two staff. We also reviewed policies and procedures, records of any incidents, accidents or complaints and governance and audit records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse. Assessing risk, safety monitoring and management.

- There was a safeguarding policy and procedure in place which aimed to protect people from the risk of harm and abuse.
- Staff we spoke with were knowledgeable about what might be a safeguarding concern and how to raise this both within the service and with the local authority.
- One person we spoke with told us; "I feel safe, I am happy with everything, staff know what to do."
- Risk assessments had been completed which ensured people had been supported to understand and manage the risks in their daily lives. We saw these had been reviewed and updated when necessary.

Staffing and recruitment

- We reviewed recruitment records and saw staff had been recruited safely, all the necessary checks had been completed prior to them beginning employment. This included, appropriate references and disclosure and barring service checks (DBS). A DBS would inform the service if a person had any criminal convictions which may prevent them from working with vulnerable adults.
- Staff were deployed appropriately according to people's care plans and were able to complete tasks within the agreed visit time.

Using medicines safely

- We looked at the medicines policy and procedure and found it was comprehensive, and in line with good practice guidance.
- People who had support with medicines had been assessed to determine the level of support they needed and a medicines protocol had been included in the care plans. At the time of this inspection no-one received their medicines covertly, but the service did have a procedure to ensure this support could be provided following best practice guidelines. Similarly, where people needed to take medicines on an as required basis there was a procedure which described how this should be achieved. Staff had received appropriate training in medicines and regular spot checks ensured their skills remained up to date.

Preventing and controlling infection

- There was an infection control policy which identified how to protect people from the risk of infection and cross contamination. The service provided appropriate protective equipment such as, gloves and aprons. These had been stored in people's homes, as agreed in their care plans.

Learning lessons when things go wrong

- Incidents and accidents policies and procedures followed best practice guidelines and ensured the service could analyse any occurrence and learn lessons should things go wrong. Due to the small size of the service there had not been any significant incidents but we were confident the service had an effective process to follow.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Initial assessments and support plans had been completed which described the needs the person had and how they preferred them to be met. One person we spoke with said, "Staff know what help I need and follow my plan. They will remind me what I need to do for myself."
- We found a significant level of detail in one person's support plan which detailed clearly how staff should support them to maintain their personal care needs. This ensured they received consistent support which had been identified as very important to them.

Staff support: induction, training, skills and experience

- One person we spoke with told us they were impressed with their staff.
- Staff had received a robust induction programme when they started working for the service. This included important information about the philosophy and values of the service. There were also details about employment conditions and obligations and training in relation to all key elements of social care support. In addition, staff received additional training in relation to specific individual needs and regular refresher training. This ensured staff had access to the appropriate knowledge and skills to support people effectively.
- Staff received regular support and supervision which allowed them to raise any concerns and issues and look at their professional development.

Supporting people to eat and drink enough to maintain a balanced diet

- People had been supported to access culturally appropriate foods. We could see in people's care plans their needs for support with food and drink had been outlined.
- At the time of inspection no one was identified as nutritionally at risk or in need of a modified diet, such as pureed or thickened fluids. We could see the service had information and training available should this be required in the future.

Staff working with other agencies to provide consistent, effective, timely care. Supporting people to live healthier lives, access healthcare services and support

- Staff were aware of the different agencies within the community who could provide specialist and additional support. There was information readily available about local services; including health, adult social care, mental health services and advocacy services.
- People could be supported to make any appointments and one person said they had support to attend appointments when they needed it.

Ensuring consent to care and treatment in line with law and guidance

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.

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- At the time of the inspection no one was subject to any deprivation of liberty that may have needed legally authorising.
- Staff had received training in relation to the MCA and best interest decision making procedure and were able to describe how they might support people to make decisions for themselves.
- Staff understood the importance of achieving consent from people before providing any personal care.

Adapting service, design, decoration to meet people's needs

The service provided care in people's own homes and therefore were not responsible for the premises. However we noted; they supported people when circumstances prevented them from getting out. Where a person relied on a lift which regularly broke down they told us how the staff would make sure any appointments were re-arranged.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- One person we spoke with told us, "This agency is better than the others because people believe I am a human being and they will sort things out for me when I need them to. I thank god I am very happy with my carer."
- Staff had received training on equality and diversity issues.
- The service was committed to meeting the cultural and religious needs of people with specific protected characteristics. In addition, the service was committed to supporting all people equally. Care plans included detailed information about the person's cultural background and how they preferred to be supported to uphold their beliefs.

Supporting people to express their views and be involved in making decisions about their care

- We reviewed care plans and care records and found evidence people had been fully involved in expressing their views about the care they received. People could make their own decisions and express their preferences.
- Staff could describe how they respected people's decision making and ensured they supported people to express themselves.
- The service were aware of local advocacy services available and how to access them if required.
- At the time of inspection no one needed support from advocacy services as they were able to express themselves or were supported by their family.
- Communication guides were clear which ensured people were supported appropriately including information being provided in other languages.

Respecting and promoting people's privacy, dignity and independence

- Dignity in care was central to the values of the service and included in the induction training staff received.
- Staff were observed to be very respectful and polite when supporting a person in their own home. Detailed descriptions in care plans showed how the service ensured people's privacy and dignity was upheld when they provided personal care.
- People had been encouraged to maintain their skills and independence. What people could do for themselves was included in their care records. One person said, "Where I need help they provide it, but if it is something I can do, I do it."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received care that was person centred and responsive to their needs.
- People's assessments included information about their preferences and wishes to ensure support was provided in the way the person valued.
- Staff we spoke with were able to describe how they supported people according to their wishes.
- Background histories were also captured in the care records.
- People had been supported to engage in activities they valued.
- Regular reviews had been completed and care plans updated to reflect any changes. One person we spoke with said, "If I want to go to the GP they will help me. If there is an emergency I can call them and know they will help me."

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place which provided details of how to raise a concern or complaint.

Paperwork was kept in people's homes which advised them how to raise their concerns. No one we spoke to felt they had any reason to complain and were confident they could raise any concern with their carer if necessary.

End of life care and support

- The service had a policy to support people as far as possible with assistance from community health professionals, to remain at home if they wished.
- At the time of inspection no one was identified as needing end of life support. People had been consulted about their wishes and could be supported to make advance decisions.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

- One person we spoke with praised the quality of the management team and said this agency had been the best they had known.
- Staff we spoke with also praised the management team and their leadership.
- Throughout the inspection the registered manager was available to and able to respond to all our queries.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility. Engaging and involving people using the service, the public and staff, fully considering their equality characteristics.

- There was a clear commitment to providing high-quality person-centred care and support which respected the diverse needs of the people the service supported.
- Regular staff meetings ensured the values of the organisation were reinforced.
- Staff had opportunities to raise any issues for discussion with the management team, and said they felt they could do this at any time.
- People who received a service said they were able to approach the management team at any time if they had any suggestions.
- There were also questionnaires and surveys available to establish people's views about the service they received and provide any suggestions.
- At the time of this inspection these had not been used due to the small number of people, but they had both been consulted.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements. Continuous learning and improving care.

- Staff had clear job descriptions and terms and conditions which explained their roles and the expectations the service had of their conduct. Tasks had been allocated effectively to ensure people's needs were met and they knew who would be supporting them and when.
- Regular audits of care records and practice had been undertaken, any actions identified had been addressed. In addition the service completed spot checks of individual carer practice to ensure they provided support in the agreed way.
- We reviewed staff meeting minutes and saw how the service had reviewed their practice and sought to change and improve this.

- The service had a business continuity plan which sought to manage the potential for events that might stop the business.
- The registered manager was aware of their obligations to notify CQC of all notifiable incidents. We could see they had done this in a timely way.

Working in partnership with others

- Though the service was still quite small they had actively engaged with other organisations to develop partnership working. They had links with the local authority safeguarding team, local mental health team, religious organisations and community groups.