Holistic Homecare Ltd

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Inspection report

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Date of inspection visit:
30 September 2016
28 October 2016

Date of publication:
20 December 2016

Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

The inspection took place on the 30 September and 28 October 2016 and was announced. The provider was given notice because the location provides a domiciliary care service and we needed to be sure that someone would be in the office. This is the first inspection of the service since it's registration in December 2014.

Holistic Homecare Ltd is a domiciliary care agency which provides personal care and support to people in their own homes. At the time of our visit the service was providing personal care to nine people. The provider supported several other people at the time of the inspection. However, they did not receive personal care. A large proportion of people who used the service and the care staff who supported them did not speak English as their first language. People using the service were on the whole, funded by direct payments. A direct payment a way that local councils enable people to purchase services that will meet their needs.

There was a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission (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 2008 and associated Regulations about how the service is run.

Recruitment procedures were in place, but lacked rigour to ensure staff suitability, as pre-employment checks were not made thoroughly or consistently.

Although care staff received an induction training programme to support them in meeting people's needs, the induction did not provide staff with sufficient training in safeguarding adults from abuse before they started working with people who used the service.

The provider had a medicines policy in place for care staff administering and prompting people's medicines. Care staff knew what to do if they had any concerns. However, there was not enough information in people's care plans to ensure staff knew people's care and support needs with regard to people's medicines.

Care staff were always introduced to people before starting work with them. They shadowed more experienced staff before they started to deliver personal care independently.

Staff understood the principles of the Mental Capacity Act 2005 (MCA). Care staff respected people's decisions and gained people's consent before they provided any care and support. However, the provider did not have any, more specific training on the MCA for staff to keep their knowledge up to date.

Care staff were aware of people's dietary needs and food preferences, but this information was not always recorded in people's care plans.

Care staff told us they notified the office if they had any concerns about people's health and we saw records to show that it was followed up. We also saw people were supported to maintain their health and well-being through access to health and social care professionals, such as GPs and specialist nurses.

People's relatives told us care staff were caring and knew how to provide the care and support they required. Care staff understood the importance of getting to know the people they supported and showed concerns for people's health and welfare.

Staff respected people's privacy and dignity, respected their wishes and promoted their independence. People's first language and cultural requirements were considered when carrying out the assessments and allocating care staff.

People were involved in planning how they were cared for and supported. An initial assessment was completed from which care plans and risk assessments were developed. However, care plans were not always person centred and lacked detail.

People's relatives knew how to make a complaint and were comfortable approaching staff if they needed to. There was an annual survey in place to allow people and their relatives the opportunity to feedback about the care and treatment they received and staff were able to explain this in people's own language.

The service was family oriented and promoted an open and honest culture. Staff felt well supported by the registered manager and office manager, and were confident they could raise any concerns or issues, knowing they would be listened to and acted on.

There were processes in place to monitor the quality of the service provided and understand the experiences of people who used the service. However, The systems used to monitor the quality and safety of the service were not always effective, as managers had not picked up all the areas of concern we identified at the inspection and records of audits were not always well documented.

We identified breaches of the Regulations in relation to safeguarding training, recruitment, managing medication and governance. You can see what action we told the provider to take at the end of the full version of this 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 always safe.

Robust staff recruitment procedures were not always followed to minimise the risk of unsuitable staff being employed.

People were prompted with their medicines and staff knew what to do if they had any concerns. However, people's support needs regarding medicines were not always recorded appropriately.

Staff had a good understanding of how to recognise and report any signs of abuse and protect people from harm. However, safeguarding training was not sufficiently detailed.

Is the service effective?

Requires Improvement

The service was not always effective.

The registered manager and staff had an understanding of the legal requirements of the Mental Capacity Act 2005 (MCA), but there was no specific MCA training in place for staff to be updated on this.

There were gaps in staff training and supervision. There was no system in place for training to be reviewed on a regular basis. Staff spoke positively about the supervision they had.

People were supported to have a balanced diet, which took into account their preferences as well as medical and cultural needs.

Staff were aware of people's health and well-being and responded if their needs changed. The provider supported people to access health and social care professionals.

Is the service caring?

Good

The service was caring.

People's relatives were happy with the care and support they received. Care staff knew the people they worked with and could communicate with them in their own language.

People, including relatives and health and social care professionals, were informed about their health and well-being and were actively involved in decisions about their care and support, in accordance with people's own wishes.

Care staff promoted people's independence, respected their dignity and maintained their privacy. People were treated with respect and kindness.

Is the service responsive?

Good

The service was responsive.

People had care plans in place, although some lacked detail, and were not always person centred. They were reviewed on a regular basis.

People's relatives knew how to make complaints and said they would feel comfortable doing so. The service gave people and relatives the opportunity to give feedback about the care and treatment they received.

Is the service well-led?

Requires Improvement

The service was not always well-led.

The system used to monitor the quality and safety of the service was not always effective, as managers had not picked up all the areas of concern we identified at the inspection.

People's relatives thought that the service was well managed and the management team were kind, helpful and approachable. Staff also spoke highly of them, and felt they were supported to carry out their responsibilities.

Holistic Homecare Ltd

Detailed findings

Background to this inspection

Start this section with the following sentence:

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.

The inspection took place on the 30 September and 28 October 2016 and was announced. The provider was given notice because the location provides a domiciliary care service and we needed to be sure that someone would be in the office. The inspection team was made up of two 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 service.

Before the inspection we reviewed the information the Care Quality Commission (CQC) held about the service. This included notifications of significant incidents reported to the CQC.

We were unable to speak with people using the service due to their communication needs and we spoke with 13 people's close relatives.

Four staff completed questionnaires and returned them to us. We also spoke with four staff members during the inspection, including the registered manager, the office manager and two care workers. We looked at five people's care plans, three staff recruitment files, staff training files, staff supervision records and other records related to the management of the service, such as the records of spot checks and of complaints.

Following the inspection we contacted one health and social care professional who had worked with people using the service for their views. We took the information they provided, which was very positive, into account when we wrote this report.

Requires Improvement

Is the service safe?

Our findings

All of the relatives we spoke with told us that their family members were safe when they were receiving their care. Comments included, "We feel (my family member) is very safe with (the care workers)", (The care worker) is on time. The same one always comes. I am sure (my family member) is safe with them", "They turn up OK and do everything. I feel that (my family member) is safe with them and that they know what they are doing" and "We are very happy that (my family member) is safe. The staff use gloves and aprons and we have those in the house." and "We have had the same staff a long time. We know who is coming and they are on time."

We looked at three staff personnel files. The files had staff's photographic proof of identity and address in place, and applicants had completed written application forms. There was evidence of criminal records checks having been undertaken.

However, there were inconsistencies in all three staff files we looked at. For instance, it was the provider's policy to obtain two written references and verify them when recruiting new staff. However, the provider had not undertaken appropriate checks regarding the validity of the references the applicants had provided, or their work records. None of the references that we saw for three applicants had been verified in any way. The professional references provided did not include a company stamp or any other indication of their validity, and the provider had not followed this up with the referees.

There were indications that references had been accepted by the provider, which had been falsified. For instance, the references that had been provided for one staff member appeared to have been written by the same person, despite being from different, national companies. We contacted a number of the employers listed on the staff members' application forms. These companies had no record of employing the staff members, or of the people who supposedly wrote their references.

We spoke to the registered manager and they were unable to give a reason why they had employed staff without confirming the validity of the references provided. This showed the provider was not working in line with their own policies and procedures.

The above indicated the provider did not always operate a robust and effective recruitment procedure by not taking the required steps to ensure that staff were suitable to work with people using the service. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were sufficient care staff to provide all the calls to people who used the service. The registered manager told us that as they were a small company, people had their regular care staff and if they were away, new care staff would be introduced to cover visits. Relatives confirmed this.
A risk assessment was carried out of the person's home environment and any risk to the person, which was developed into the care plan where necessary. We looked at four people's risk assessments and noted they identified risks in relation to people's individual needs, such as medical conditions, mobility, personal care

and nutrition.

Risk assessments advised staff on how to recognise the risk, actions to take, or how to mitigate the risk in the first instance. However, the risk assessments were not dated, so it was difficult to determine if they were up to date.

Everyone we spoke with had positive comments to make about the way people were supported with their medicines. Comments included, "(The care staff) do (my family member's) medicines, they have blister packs and they fill in the MAR charts, no problem with that. We feel (our family member) is safe with (the care staff). Very safe in fact", "(The care staff) are on time, never had a problem with that. They do all (my family member's) medicines. I keep an eye on things and explain to them. They do that fine and (my family member) would tell me if it wasn't." and "(The care staff) do (my family member's) medicines. For the first few months I checked, but when I saw they did it perfectly, I don't check now. I don't have to. (My family member) is very safe with (the care staff) and I am happy, even when I am away that they will be safe and well looked after",

Although the relatives' comments were very positive we found that the care planning relating to people's medicines were not of a good standard. The medicines people were prescribed were not recorded in their care plans and there was a lack of clarity about the role of the staff when supporting people with their medicines. For instance, there was no written guidance for staff about whether they should prompt people to take their medicines or administer people's medicines to them.

We spoke with staff about medication administration and they said they knew people well and completed medication training prior to administering any medicines to people. However, we saw no evidence that staff had their competency checked, to ensure they supported people with this appropriately and safely.

The two staff we interviewed said safeguarding was covered during the staff induction and a copy of the safeguarding policies and procedures were available for all staff to review. They were able to explain what they would do if they thought somebody was at risk.

However, the records we saw showed that the induction training that staff received covered a large range of information in a short time. This meant that no subject was covered in real detail. We spoke with the registered manager who said, "We have half an hour discussion with new starters about safeguarding when they do their induction, and it is covered by staff when they do the care certificate."

The training tracker we saw showed that the majority of staff had not yet progressed to the unit of the care certificate that dealt with safeguarding. This meant that any staff who had not previously worked in a care setting and received training, were not provided with sufficient training in this subject before starting work with the people who used the service. We discussed this with the registered manager, who acknowledged that improvement was required in relation to staff training about safeguarding.

The above indicated that the provider was not doing all that was possible to mitigate risks to people using the service. This was a breach of Regulation 12 of the Health and Social Care Act 2008 Regulated Activities) Regulations 2014.

Requires Improvement

Is the service effective?

Our findings

The relatives we spoke with told us they were very happy with the care staff who supported their family members. One relative said, "(The manager) came out to assess (my family member). (The staff member) knows what he is doing. He takes (my family member) out and about, for a cuppa and a biscuit or whatever (my family member) wants." Another relative said, "It's been excellent, outstanding in fact. (The staff) have been very proactive with (my family member's) needs. They have helped us develop a care package that works for (my family member) and us. (The staff) even sit in with us when we do our social services review. I think it helps to have a third party there." Another relative told us, "(My family member) can be grumpy, but (the care staff) manage them really well. They came out and did the care plan and asked what we needed. They do (my family member's) shopping and make meals for them, they do that fine and (my family member) would tell me if it wasn't." People's relatives also told us they had very frequent contact with the office staff about any changes in people's needs or circumstances.

A number of people required support with meal preparation. People's preferences were highlighted in their care plans. One relative said, "The manager came out and discussed what we needed. It helps that they (the staff) speak (my family member's) language. They do (my family member's) meals. They make (my family member) whatever they want. (My family member') likes it" Another relative told us, "They (staff from the agency) came out and asked what we wanted and what (my family member) liked. The carers that come are very good. They do (my family member's) meals. I make them, and the staff give them to (my family member), but they always ask (my family member). Like today (my family member) wanted something different, so they did it." Another relative commented, "They cook for (our family member) just whatever (our family member) wants. They came out to see us and do the care plan. They have been very helpful to the family with advice."

We spoke with two care workers who confirmed that they asked what food the person wanted before preparing it. They confirmed that they had worked consistently with people for a good period of time and knew them well. One relative told us, "The staff do (my family member's) meals and (my family member) eats better now than when they cooked for themselves. The agency have found care staff who fit in with (my family member's) cultural background and religious beliefs. They added, "We do have diversity too. We have a Spanish lady who comes and she cooks Spanish food and we like that."

We saw records in one person's file that had contact details for the person's GP and information in the service user guide that care staff would call emergency services if they were concerned about people's health and well-being. Care staff said they helped people manage their health and well-being and would always contact the office if they had any concerns about a person's healthcare needs during a visit. One relative told us they had been contacted about their family member's health, so this issue could be addressed saying, "One care staff spotted (our family member) was moving funny, and they rang us."

Staff completed an induction programme when they first started employment with the service. This programme covered an introduction to the agency, an overview of the services provided, terms and conditions and their contract of work. A range of policies and procedures were discussed which included

moving and handling, accidents, whistleblowing and health and safety. The out of hours number was given and when to call in an emergency. We saw records that showed staff had received training in areas such as health and safety, manual handling, dignity and RIDDOR. However, the induction form we looked at showed that all of these areas had been covered and signed off in one day.

The registered manager and the care staff all confirmed that external trainers had provided some of the training received by staff. We saw that staff files contained various certificates for the training topics covered. However, these were all generated and certified by the provider, and there was no written evidence of any staff undertaking external training. Staff training was not recorded in any central register to help the provider to keep track of the training undertaken by staff or when updates were due.

The registered manager told us that all new care staff were introduced to people and their family members before they started work with people and 'shadowed' other more experienced care workers. The relatives we spoke with confirmed this. The registered manager told us that after this staff would be able to work independently, but could contact the office at any time, if they had any concerns.

The care workers we spoke with told us that they had regular supervision and were happy with support they received during these sessions. The records we saw showed that staff supervision took place every three to four months. The registered manager and the office manager shared this responsibility between them. The registered manager told us they used to use a supervision tracker, but did not have one anymore. They told us that the staff team was small enough for them to, "just know" when supervision was due. There was no central register of when staff supervisions and annual appraisals had taken place. The registered manager acknowledged that the introduction of this would make it easier to have overview.

Staff understood the main principles of the Mental Capacity Act 2005 (MCA). The 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We saw that care staff had received induction training in issues related to consent, but the service did not provide any, more specific training on the MCA. We discussed this with the registered manager and recommend that they seek guidance and support from a reputable source regarding further, appropriate training for staff about their responsibilities in relation to the Mental Capacity Act 2005 (MCA).

Care staff we spoke to knew to contact the office if they had any concerns about people's capacity and the registered manager was aware of the health and social care professionals that would need to be involved if concerns were raised. Staff also told us they asked for people's consent prior to providing personal care and this was confirmed by people's relatives. Where appropriate, the views of people's relatives were sought when developing care plans. We looked at the written contract agreements and found that these were in place for each person who used the service. However, some were in need of review. For instance, three people's contracts were due for review in June 2016 and we saw no evidence that this had taken place.

Good

Is the service caring?

Our findings

The registered manager said, "We are a community based service appropriate to the culture and languages of the people who live locally. We provide services to people who are 'hard to reach', or because of language and cultural issues have not been served well by other, more mainstream services."

We received lots of positive feedback about the care staff being aware of people's cultural needs, as they were from the same and similar backgrounds. Several relatives and care staff highlighted how important this was for people who could not communicate in English. Relatives' comments included, "They speak (my family member's) language and he gets on with a few of them really well. They are all male carers. (My family member) likes it very much.", "The carer who comes is very good, she has a good relationship with (my family member) she speaks her language and that helps a lot." Another relative said, "It's really very good, the family is really happy with it and (my family member) likes it a lot. The carers speak her language so that makes it really nice for her." and "(My family member) is losing his memory quickly now and this agency have found care workers that speak his language and that helps a lot. They can communicate better with him and persuade him to do things. The manager came originally and saw us all with (my family member) and sorted out the care plan." Another relative said, "We had a meeting in the beginning and they asked (my family member) what he wanted and talked to us. They speak the language, so that helps stop (my family member) being isolated."

Each person had a designated care worker. Care staff knew the people they were working with and understood the importance of getting to know the people they worked with. We saw records within daily logs where care staff had discussed issues and news from the person's native country.

The registered manager told us that when they visited people in their homes to carry out an assessment, they always made sure, where appropriate, a relative was present with the person. They added that they always identified what people's care needs were and how best to communicate with them.

Relatives told us that staff respected their family member's privacy and dignity. They spoke positively about the caring attitude of the care staff and the managers. Their comments included, "(The care worker) is very polite and respectful, and he's a nice lad.", "Very nice carers." "The carers that come are very good. Very polite and respectful." and "They are really good, even when (my family member) is difficult. They are very polite to (my family member)."

Care staff we spoke with had a good understanding of the need to ensure they respected people's privacy and dignity. One care worker told us that they always made sure they spoke to people and that they were happy and comfortable with the care they received. The provider had a privacy and dignity policy and was made available to care staff during their induction. It discussed the importance of these values when providing care and support.

Good

Is the service responsive?

Our findings

The relatives we spoke with had nothing but praise for the service. For instance, one relative told us, "The care staff are very professional. They are very polite to (my family member) they wouldn't be in the house if they weren't. The manager came out originally and did the care plan with us, they went through everything. They know what to do, are well trained and very nice."

Each person had an individual care file, which included the provider's assessment of their needs, which they undertook before drafting people's care plans. The assessments covered areas such as personal care, nutrition and mobility. The times of the visits were clearly recorded. In one person's care file there was detailed information about their care needs and how they liked to be supported, including how they liked their personal care to be carried out. However, in other cases this information was not recorded in any detail. There was very little person centred information about what was important to people in how staff provided their care and support. The registered manager explained that people had capacity and were able to tell the staff their preference.

The registered manager arranged for us to see samples of the daily logs, which were usually kept at each person's home. They had been recorded by care staff and we could see that the person was receiving the care that was in their care plan.

We received positive feedback about the way the staff and the managers approached people's care. We were also told that the management team regularly consulted people and their relatives about the suitability of the care and support provided. Everyone told us the service was very flexible. For instance, one relative told us staff accompanied their family member out into the community. They said, "We had the service for five hours originally, but that was too much for (my family member), so we cut it back. There was no problem arranging that. You just ring (named manager) and he sorts things. Even if you get the answerphone, he rings you straight back. I like that." Another relative said, "They come for reviews and they (managers) are very accommodating. I work away and we are a busy family, but they will come in the evening or whenever suits. We can ring up and contact them easily." Another relative told us, "It's easy to call them, we have no problems. We have had reviews."

One healthcare professional told us, "I found Holistic Homecare to be a very considerate and professional agency, who always try to accommodate clients the best they can. The manager is very professional …and he provided a thorough assessment of the client's needs." They told us of one occasion when they needed to access a service for someone at short notice saying, "The registered manager was very responsive, and went to see the client quickly to assess them."

There was evidence that the provider listened to people's preferences with regard to how they wanted staff to support them. One relative had highlighted, for cultural reasons, the need to have only a male or female care worker, or care staff who could speak their own language. One person requested a specific care worker because they felt comfortable with them and they knew how they liked to be supported. One care worker said, "We speak the same language so it helps communication. We are able to ask them what they need."

There was an accessible complaints procedure in place and a copy was given to people when they started using the service. People also received a leaflet giving them details of how to get in touch with the service and this was available in different languages.

We received positive comments from people's relatives about how the provider was able to deal with any concerns in a helpful and friendly way. They had very positive relationships with the provider and said they would feel comfortable if they had to raise a concern. Their comments included, "We have only had a few minor issues with carers, and the agency was on that like a shot and dealt with it very professionally. We have never had a genuine complaint as such, but we do have the complaints procedure, it is in the paperwork we have." One relative said, "They (the managers) have been back a few times to check with us. We can change things if we need to, they are always in touch. We have all the paperwork about how to complain. We have never had to complain though."

Other comments included, "They have been out to see us and see everything is alright. It's easy to ring them and we talk to them often. We have never had to complain, but we have all the paperwork if we need it.", "They ring us from the office and talk to us about things, so that is good. We have all the paperwork and records in the house. We have had no complaints and it's all going fine.", "The office rings sometimes and sees we are Okay and they speak (my first language), so it's very helpful when they explain things. No complaints, no worries." and "They talk to us all the time, and if I am away (my family member) can ring them anytime if anything is wrong or she needs someone urgently. No complaints, no worries, we are very happy with it."

Requires Improvement

Is the service well-led?

Our findings

At the time of our inspection there was a registered manager in place. Our records showed he had been formally registered with the Care Quality Commission (CQC) since July 2011. The management team comprised the registered manager and the office manager, who were both company directors, and were available to assist us on both days of the inspection.

We received very positive feedback about the way the service was managed, from relatives and from external professionals. For instance, when asked about the quality of the service relatives' comments included, "It is very good. I am very happy with it", "I think they need to roll this service out, it is so good. It is extremely well led and we are very happy to have found it", "I think it is very well led and they are always in touch with us", "It is very good and very well run", "We are very happy with it all" and "it's all going fine, it's been very good."

One healthcare professional told us, "I have no concerns with this care agency and would use them again if the need should arise."

The registered manager and office manager had some internal auditing and monitoring processes in place to assess and monitor the quality of service provided. We saw that the managers kept a separate file of the details of any accidents and incidents. The report form was clear and gave staff the opportunity to detail the incident, giving a description, and the final outcome.

However, the systems used to monitor the quality and safety of the service were not always effective. The systems in place had not picked some areas of concern we identified, such as shortfalls in pre-employment checks and safeguarding training for new staff, and shortfalls in the information in care plans regarding people's medicines. Audit of people's daily log records were completed on a monthly basis, when spot checks were undertaken. The registered manager told us that they went through the daily log records to check on the time staff arrived, if the correct level of care was being carried out and if any issues had been highlighted. No concerns had been identified in the audit forms we saw, but we were told that if issues arose they would be followed up. The audit records we saw showed no people's files had been audited in October and few in September 2016.

This indicated that the provider was not doing all that was possible to assess, monitor and mitigate the risks relating to the health, safety and welfare of people using the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. (Good governance).

Relatives confirmed that there were regular visits to check on people and staff, and we saw records of 'spot checks' that members of the management team had documented. Records showed that frequent spot checks of care visits undertaken by the registered manager and the office manager. These were unannounced and looked at whether staff were on time, upheld people's dignity, completed records, conducted themselves appropriately, operated in the best interests of people and understood the MCA. The visits also included an opportunity for the people who used the service to give feedback.

The registered manager and the staff we spoke with told us that they held regular team meetings. We saw the minutes from these meetings. They had taken place every two months and included looking at areas such as how to develop the business, feedback on the quality of service, staff training and the needs of the people who used the service.

The provider had undertaken a staff satisfaction survey. This was in the form of a checklist. Staff awarded scores for questions such as whether the management team were accessible; whether the work was rewarding; if staff felt valued, or knew how to contact the office. All staff answers were predominantly satisfied or very satisfied.

The care staff we spoke with told us they also felt well supported by the management team and had positive comments about the management of the service. They said if they had any problems they could contact the office and speak to any of the management team at any time. Both said the management team listened, were very responsive and always followed things up if there were any issues. Care staff felt that the service promoted a very open and honest culture and knew about the whistle-blowing policy. None of the care staff we spoke with had any concerns, but they all said they were confident that any concerns would be dealt with straight away.

A small number of staff also completed questionnaires and returned them to CQC. They expressed very high levels of satisfaction with the way the service was managed and provided. For instance, their comments included, "Holistic Homecare often go above and beyond what they are obliged to do. This is more often than not at the cost of the company. Many of the service users don't speak English fluently and we therefore find ourselves resolving various issues for the service user, be it housing issues or other than that. Overall, I can honestly say Holistic provides a very much needed service for hard to reach and complex service users", "I think the care agency really support the clients a lot", and "I have found Holistic homecare to be very professional and passionate about proving care to its service users. The organisation is well led and the training opportunities provided has given me the opportunity to enhance my skill set and knowledge base. It has been a pleasure to work for an organisation which truly values diversity and provides a service that I am truly proud of."

One relative said, "They come out often to see us or they talk to us and we can ring them, they are very helpful. They come out sometimes to check the staff as well, which is good, we have had no problems at all." Another relative told us, "Sometimes the manager comes out to see if everything is alright, he's very nice and helpful." And another relative said, "(Named manager) comes out sometimes and sees us. I can ring anytime, we have had no problems."

The provider had an annual survey in place. The registered manager told us apart from the survey they encouraged comments about the service at any time during the year. We saw the most recent survey. This was in the form of a checklist, and people awarded scores for questions such as whether the care staff arrived on time; if staff showed caring behaviour; and if people knew how to contact office. All answers predominantly indicated that that people were satisfied or very satisfied. We discussed with the registered manager that the questionnaire would have been improved by including space for people's own comments.

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 12 HSCA RA Regulations 2014 Safe care and treatment The provider did not do all that was practicable to mitigate risks to service users. The provider did not ensure care planning relating to people's medicines was of a good standard. The provider did not ensure that the safeguarding training provided to new staff was sufficiently detailed. Regulation 12 (1),(2)(a), (b), (c), (f)

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance 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 Regulation 17 (1) (2)

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider failed to ensure persons employed were of good character and had the qualifications, competence, skills and experience necessary for the work to be performed by them.

Regulation 19 (1) (2)