Holistic Community Care Limited

Unit 4B

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

Overall summary

Unit 4B is managed by Holistic Community Care Limited and provides care to 365 people who live in their own homes in the London boroughs of Lambeth, Bexley, Ealing, Wandsworth and Merton. In addition the organisation provides a 'Quick Start Home Care Service' in the London borough of Wandsworth. This provides care for up to 20 people over a period of eight to 14 days. This service is provided by salaried care workers.

This inspection of took place on 18 and 25 February 2015 and was unannounced. The service was last inspected on 19 December 2013 and they met all the regulations checked at that time.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Summary of findings

There were arrangements to protect people from harm. Risks to people were assessed and managed and staff had guidance on how to respond in an emergency. Staff were knowledgeable about recognising signs of abuse. They were familiar with safeguarding procedures and confident that there concerns would be addressed.

Staff were trained in a range of health and safety topics including infection control, food hygiene and moving and handling.

People received care from staff that were supported, trained to meet their needs and had information about their health conditions and actions to take. When appropriate there was contact between care staff and health professionals to ensure important information was passed on to meet people's health needs.

There were policies and procedures in place about the Mental Capacity Act 2005 and the Deprivation of Liberty safeguards.

People found staff kind and helpful. They said staff understood how to provide care with regard to their dignity. Care plans took into account people's right to make choices and maintain their independence.

The service responded to people's individual needs when they arranged care. People's views were sought about the care and they were given information on how to complain. Complaints were investigated and when they were upheld appropriate changes were made to prevent recurrence.

The service was well led and there were systems in place to monitor the quality of the service. The registered manager and the quality assurance manager developed action plans to address any shortfalls identified. Staff felt the managers were doing a good job.

Summary of findings

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 . Staff had completed training in safeguarding people and knew how to identify and report concerns.

Risks were assessed and staff had guidance on how to manage them to keep people safe.

There were enough staff to provide care and they were recruited safely.

Good

Is the service effective?
The service was effective. Care workers had opportunities to develop their knowledge and understanding of people's care needs. They were supported and supervised by their managers.

People's healthcare needs were taken account of in the way care was provided and through liaison with healthcare professionals.

The organisation had policies and procedures in relation to the requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

Good

Is the service caring?
The service was caring. Care workers provided a service in a way that was caring and supportive and that respected the, dignity and privacy of people.

People were asked how they would like to be cared for and their wishes were taken into account.

Good

Is the service responsive?
The service was responsive. People's needs were assessed and care arrangements were made to meet people's individual needs and diversity.

The care plans were reviewed regularly to make sure they remained suitable. People were asked their views about the service they received.

People knew how to complain and when a complaint was upheld changes were made to prevent recurrence.

Good

Is the service well-led?
The service was well led. The service had a range of systems to assess the quality of service and address any shortfalls.

Staff could express their views about the service and felt it was well managed.

Good

Unit 4B

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.

The inspection took place on 18 and 25 February 2015 and was unannounced. It was carried out by an inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We received a provider information report (PIR) about the service. The PIR asks providers to tell us some key information about the service, what they do well and what they plan to improve. We looked at other information we held about the service including notifications of incidents which the provider is required to inform us about.

We spoke with 11 people who use the service, three relatives and one carer. We also spoke with 12 staff members, including five support workers, the registered manager, and other members of the management team. We asked for feedback about the service from five local authority contract monitoring officers and received three responses to our requests.

When we visited the Holistic Community Care office we viewed a range of records, including five care records and three recruitment records. We also saw documents related to training, complaints, staff support and the management and quality monitoring of the service. The general manager and the quality assurance manager provided documents and information we requested after our visits to the office.

Good

Is the service safe?

Our findings

People told us they felt safe with and trusted their care workers. People said that a care worker always arrived to provide care although some people said sometimes they arrived later than they had arranged.

The provider had made suitable arrangements to keep people safe. All staff received training in safeguarding adults at induction and refresher training was provided. Managers gave staff safeguarding guidelines to refer to. They described the limits of the care worker's role and how this would protect people. For example staff were told they must not be involved with legal matters to ensure people were protected from exploitation. Staff knew the action to take if they thought people may be at risk of abuse. They said they would always report concerns to staff at the office and felt confident that they would take action by informing the safeguarding authorities.

A manager produced a monthly newsletter for staff and there were updates in these about safeguarding issues. For example there were articles about financial abuse and fraud, and the importance of maintaining the security of people's homes when they visited them. Staff had information about how to enter the person's property if they were unable to answer their door independently. Managers gave them instructions to ensure this information was kept safe to protect people.

Care workers knew their responsibilities under whistleblowing procedures and understood they could inform organisations other than their employer if they had concerns about people's safety.

The management staff were familiar with multi-agency guidelines and had co-operated with safeguarding enquiries. Managers made changes when improvements were recommended after safeguarding investigations For example, the provider set limits on the number of daily visits care workers were allocated. This ensured people's visits were not delayed through inappropriate scheduling.

People were protected because risks were identified and plans made to manage them. This included risks arising from moving and handling, people's medical conditions, pressure sores, behaviour, falls and environmental risks. Information was provided about how to minimise the risk of harm to people. For example the care record of a person with an allergy included details of how to avoid the item and the action to take if a person experienced an allergic reaction. In another care record we saw that care staff had to make sure that the person's floor was not cluttered to reduce the risk of the person falling. In a third record we saw care workers were given information about signs that the person's health was deteriorating and how best to support them in this situation.

Recruitment processes were safe. We looked at three recruitment records and found appropriate checks and references were taken up before staff began work. These included criminal records checks, references, including one from the previous employer and checks of the person's work history. Appointments to posts were confirmed when staff had successfully completed a six month probationary period.

There were sufficient numbers of staff available to keep people safe. A care worker said that they "have enough time" to provide care and to travel between people they cared for. Staff were allocated work in the same area to reduce travel time. Care workers' timekeeping was monitored through an electronic monitoring system.

People were protected against the risk of infection as the provider had arrangements to protect them. Staff wore protective clothing including gloves and aprons. Staff were trained in infection control procedures.

The provider trained staff in handling medicines and recording administration as part of their induction to the service. Staff had a copy of the medicines policy which described the limits of their role in relation to giving medicines. Senior staff checked medicines administration charts when they reviewed people's care, The provider has a system to ensure staff have the full information they require to assist people with their medicines.

Good

Is the service effective?

Our findings

People said the care workers they saw regularly were "well trained". Some people said that care workers who came to them occasionally did not know their needs so well and in these situations they told them how they liked to be helped. One person said they found this tiring and preferred to get help from someone familiar to them and with their needs. The provider was addressing this by making sure that care workers who provided cover had been to the person in the past, whenever possible.

People were looked after by care workers who had been trained for their roles. All staff received induction training which included moving and handling, safeguarding, dementia care, communication, equality and diversity, infection control, care values and care tasks. Part of their induction included shadowing experienced members of staff. Care workers told us the induction training was relevant and useful.

Care workers had the opportunity to develop their knowledge and understanding of people's care needs. Training was available through on line courses which were advertised through the monthly staff newsletter. For example, we saw staff were invited to complete on line courses in continence promotion and effective communication. They were also able to make suggestions to the organisation about which courses they would find useful. Additional training courses were provided by Holistic Community Care. Staff were required to refresh their knowledge on caring for people with dementia by attending an updated course. Staff were informed about the Alzheimer's Society 'dementia friends' initiative and encouraged to take the related training.

Care workers told us their training was appropriate for their roles and they received information in between formal training sessions that was useful. For example an article in a staff newsletter gave information about pressure care, how to recognise when problems were developing and the action to take in response. We also heard that managers provided care workers with details of health conditions which people had, such as stroke.

Management staff supported the care staff team. Care workers were supported through regular meetings with each other and supervised by meeting with their managers. Newly recruited care workers had supervision more frequently, usually every four weeks. Staff who had been in their posts for longer met with their manager every two to three months, although all staff were able to contact their managers for advice and support at any time. A care worker told us "I feel supported." Another one said "There is an open door policy for care workers."

Care workers said they had received spot checks while they were working. This allowed senior staff to observe directly and check on the quality of care provided to people using the service and to ask their views. The spot checks happened regularly, approximately four times a year for each care worker.

The people we spoke with did not have assistance with meals or drinks preparation. When this was part of someone's care, staff had guidance on how to prepare food for people and it was stressed that they should always ask the person their preferences and needs in relation to the food. Staff had been trained in safe food handling and food hygiene. Guidance about giving people drinks and assisting them to drink was included in the care workers' handbook. The importance of recording details of people's food and fluid intake was highlighted in the investigation of a complaint and managers of the service addressed this issue with care workers. If people were allocated insufficient time to assist people with mealtimes a review was requested from social work staff.

Holistic Community Care had policies and procedures in relation to the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). We did not find any evidence of any restrictions imposed upon people. Staff received training in the principles of the MCA as part of their induction.

People were supported to have their healthcare needs met. There was liaison between care workers and health professionals involved with people's care. The arrangements for the care of people who used the 'Quick Start Home Care Service' were made in co-operation with health care professionals who could refer to the service. Care plans included details of responsibility for people's healthcare. For example, on one record care workers were informed that the district nurse was responsible for providing medication and care for the person's leg ulcer. A care worker told us they kept particular notice of people's skin integrity, informed district nurses of their observations, and ensured management staff were informed of the

Good

Is the service effective?

information they passed on. They recognised the importance of careful observation and record keeping about people's skin conditions so that action could be taken to promote their health and well-being.

Good

Is the service caring?

Our findings

People said the care they received met their needs and wishes. One person said the care workers were "kind and helpful". One person told us their regular care worker was "very good" and they "got on well". They said "[staff] do whatever I want them to do" and they liked the way they worked, saying they, "tidy up as they go". Another person said, "I am satisfied with [staff member]."

People received care, as much as possible, from regular staff. People said they were usually informed if a staff member they were unfamiliar with came to them. Generally they saw a small group of staff who they knew and were familiar with their needs. This helped them to develop trusting relationships. One person told us they were impressed their care worker made arrangements to see them during a bus strike although this made their journey more difficult. Staff that had shown particular kindness and received compliments were mentioned in the service's newsletter and thanked for their contributions.

An informal carer told us that their friend was not accepting of help in the past but they liked the staff member who came to assist them and had developed a good relationship with them. They said that the care arrangement was "going well" and the care worker "had a good approach with her".

Staff were respectful of people's privacy and maintained their dignity. People said staff were discreet while they assisted with personal care tasks such as washing. Care plans gave information about the care tasks people could do unaided and those for which they needed help so they kept their independence as much as they could. For example a care plan included the instruction "help her to do things for herself" and "her choices are to be respected."

Care records included information about people's preferences for the gender of the staff member who assisted them and this was observed. People's preferred name was recorded and this was passed on to staff.

The training manager told us they believed the values of privacy, dignity, independence and choice were vital to providing good care and they made sure that new care workers understood their importance.

Staff told us they were committed to providing good care, and one said "we put the person at the centre of the care." Care workers spoke about the people they cared for with respect and warmth. A care worker told us of the need to ensure they worked at the person's pace and allow sufficient time as they would not "rush" the people they cared for. They said they generally did not need to do so.

Good

Is the service responsive?

Our findings

People felt their care was appropriate for their needs: one person said, "They look after me splendidly". People's needs and wishes were taken into account when care was provided. Care plans were written with people's involvement. When they were first introduced to the organisation they agreed the tasks they required help with as part of their assessment of need. When people were referred to the service by social workers their assessments were also included in the care plans.

People's cultural and linguistic needs were addressed. These needs were included in the assessments and the allocation of care workers was arranged to meet them. For example we saw an assessment which stated that a person's care worker had to speak the same language as them and needed to be aware of their cultural background. The care worker allocated shared their first language and their cultural and religious background. They were able to assist with the preparation of meals that met their needs and preferences.

People's changing needs were accounted for in the service provided. Assessments of the quality of people's care were made and changes made if required. Reviews of people's care were made every six months or more often if necessary. They involved the care supervisors visiting the person and checking how the care had been and if there were any additional or alternative arrangements that were necessary. People said they had received visits from office based staff recently to carry out reviews. They were satisfied they had the opportunity to state their views about the service.

Staff were responsive to people's changing needs. If they noticed someone's care needs had increased or they needed more help than had been allocated they reported this to the management staff who in turn discussed with social workers the amount of care allocated. Care workers were instructed to take this action in the care workers' handbook so that they could ensure people's needs were adequately met. We heard from a person's informal carer that their care worker was observant and responsive to the person's needs; they said "she sees what needs doing and does it."

People had the opportunity to complain about the service. They were informed about the complaints procedure and when complaints were made they were investigated. The quality assurance manager coordinated complaints investigations and looked for patterns and trends in the issues raised. Each complaint which was upheld was used to form an action plan to prevent recurrence of the concern. People told us that when they had raised concerns they were resolved. For example if a person complained about particular staff they were not allocated to them in future. If it was found that there were general concerns about someone's conduct these were dealt with through the disciplinary process. A professional involved with the service told us that the organisation "has responded very positively to any concerns raised."

The service had systems to gather people's views. They conducted spot checks and satisfaction surveys to check people were happy with the service they received. The most recent survey in late 2014 had not been analysed at the time of our inspection. We saw the results of the 2013 survey. The quality assurance manager analysed the results and put in place an action plan to address identified shortfalls.

Good

Is the service well-led?

Our findings

The management systems were clear and effective. The registered manager established the organisation in 1995. He was based in the office and in touch with how the service was operating. The registered manager had overall responsibility for the management of the organisation and the team of staff, including the general manager, training and quality assurance managers reported to him.

The managers regularly assessed the service to monitor the quality of care provided and ensured people's needs were met. The outcomes of reviews, patterns of complaints, commissioning reports and surveys contributed to the overall monitoring of the service.

A social care professional described the service as "excellent". Another told us there had been improvements to the quality assurance. Managers planned to gather feedback from health and social care professionals to further develop the monitoring systems.

Staff described the culture of the organisation as supportive and said they could express their views about the service in meetings and through their regular contact with their managers. One staff member said the team was "well led" and there was good communication. Staff said their views were encouraged and described the managers as "doing a good job". There were plans to carry out a staff satisfaction survey to gather formally suggestions for improvement. Newly recruited staff were introduced to all of the office based staff and they said they felt welcomed to the organisation.

Holistic Community Care had introduced certified quality management systems for auditing its processes. They had been assessed by an independent organisation that specialises in auditing services. Holistic Community Care had achieved certification in three management areas, quality, environment and health and safety.