

Holly Care Services Limited

# Holly Care Services - Main Office

## 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

Holly Care Services - Main Office is a domiciliary care agency and is based in the London Borough of Redbridge. The service provides personal care to people in their own homes. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of the inspection there were 3 people using the service.

### People's experience of using this service and what we found

There were systems to reduce the risk of abuse and to assess and monitor potential risks to people who used the service. There were enough staff to meet their care and support needs. People were protected by appropriate recruitment processes. The provider had a system in place to record and monitor accidents and incidents. People were protected from the risks associated with the spread of infection.

An initial assessment of people was carried out before they started using the service. People received effective care from staff who had the knowledge and skills to carry out their job roles. Staff were supported by a system of induction, training and supervision. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were treated with respect and their independence, privacy and dignity were protected and promoted. Care was provided with kindness and compassion. Confidentiality of people's personal information was maintained. People were supported to be involved in their care planning and making decisions about their care in a way that suited their needs.

Care plans provided detailed information about each person's care and support needs. People were supported to take part in activities within the service and in the community. People and relatives felt able to make a complaint and were confident that complaints would be listened to and acted on. People received care and support in accordance with their preferences, interests and diverse needs.

People and their representatives felt the service was well managed and staff felt supported. Staff were aware of their responsibilities in ensuring the quality of the service was maintained. There was an effective quality monitoring system to check that the care met people's needs. The provider had links with the wider community in order to help ensure a joined-up approach to people's support.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

This service was registered with us on 16 June 2022 and this was the first inspection.

#### Why we inspected

This was a planned inspection based on when the service registered with us.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Holly Care Services - Main Office

## **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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

#### Inspection team

The inspection was carried out by 1 inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave the service notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be around to support the inspection.

#### What we did before the inspection

We reviewed the information we already held about the service. This included their registration report and

notifications. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. We used all of this information to plan our inspection.

#### During the inspection

We spoke with the registered manager. We reviewed a range of records. This included 2 people's care records, 2 staff files, training records, risk assessments and staff rotas. We also looked at audits and a variety of records relating to the management of the service, including policies and procedures.

Following the inspection, we spoke with 1 person and 2 relatives by telephone to obtain their views of the service. We also contacted 3 members of staff by telephone, to ask them questions about their roles and to confirm information we had received about them during our inspection.

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from abuse or harm and staff understood how to keep them safe and report any concerns they had. A relative told us, "[Family member] is safe with the staff. I don't have any concerns."
- Staff had knowledge on how to recognise and report signs of abuse. They had received training in the subject. A member of staff told us, "I would report any abuse to my supervisor or the office."
- There were also procedures for staff to escalate any concerns to external agencies. Staff were aware of the whistleblowing procedures.

Assessing risk, safety monitoring and management

- Risk assessments had been carried out to identify any risks to people, when providing care and support. This helped to ensure people were supported to remain as safe as possible.
- Staff knew about people's health needs and ensured people were safe when carrying out any tasks.
- Risk assessments were reviewed and updated to reflect any changes in people's needs.
- The registered manager also had an environmental risk assessment of people's homes to identify any potential risks and how to minimise them. This helped to ensure care and support was delivered in a safe environment.

Using medicines safely

- The provider had suitable arrangements to protect people using the service against risks associated with the unsafe management of medicines.
- The registered manager informed us that none of the people using the service required assistance with taking their medicines at the time of our inspection.
- The provider had a policy and procedures in place for staff to follow when supporting people with their medicines.
- Staff had received appropriate training to ensure they were competent to help administer medicines.

Staffing and recruitment

- There were sufficient staff working for the service to ensure people's needs were met.
- People received care and support from the same group of staff who knew them well. This helped with consistency of care and support people were provided with. One relative told us, "The same staff come to see my [family member]."
- People and their relatives told us they never had a missed visit from staff. If staff were running late, the registered manager or their deputy would inform them.
- The provider used a system to monitor if people had been visited when they were scheduled to. Staff had

to log in and out from an application on their smart phones.

- The registered manager monitored the application to ensure people received the care and support at the agreed time.
- People were protected by appropriate recruitment processes.
- From staff files, we noted checks had been undertaken before new staff started working for the service.
- We saw evidence of identity checks, references being taken, and checks had been carried out with the Disclosure and Barring Service (DBS) for each staff member. The DBS helps employers to ensure people were not exposed to staff who had been barred from working with people in need of support.
- Staff confirmed that a number of checks were done before they started to work for the provider.

#### Learning lessons when things go wrong

- There was a system in place to record accidents and incidents within the service.
- The registered manager told us there had not been any incidents or accidents since the service started operating.
- The provider had an on-call system in place where a member of the management team was available for staff if they needed any advice in the event of an emergency.

#### Preventing and controlling infection

- The provider had systems in place to ensure people as well as staff were safe regarding the spread of infection.
- Staff knew what their responsibilities were, and they had received training in this area.
- Staff had personal protective equipment (PPE) such as gloves and aprons available to them to protect the spread of infection.
- Staff told us they had access to a good stock of PPE as needed and could request more from the office as needed.
- A relative told us, "The staff always wear aprons and gloves when they are here."



# 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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant 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

- People's needs were assessed before they started using the service.
- The registered manager completed an assessment of each person's physical and mental health prior to them using the service. The assessment included all aspects of care, such as mobility, nutritional, personal hygiene care, medicines management, independence and social lifestyle.
- The registered manager gathered as much information as possible from people themselves as well as from their relatives. This helped to ensure they had enough information to enable them to meet people's needs. Relatives and people confirmed they were involved in the assessment process.

Staff support: induction, training, skills and experience

- People received care from staff who had the knowledge and skills needed to carry out their roles and responsibilities effectively. One person said, "Yes, the staff are good." A relative told us, "The staff are very good and know what they are doing."
- The provider had a training programme for staff to complete to ensure they had the skills to meet people's needs. One member of staff said, "The training is good and helpful to me."
- The training needs were monitored by the registered manager or their deputy through individual support and 1 to 1 meetings with staff.
- There were processes in place to ensure all staff received the support they needed. Staff received regular supervision. This meant that the registered manager regularly assessed and monitored the staff's ability to meet people's needs. One member of staff told us, "I have supervision every month."
- New members of staff received an induction and shadowed experienced members of staff before they started work as a full member of the team. We noted the induction covered a number of areas which included staff roles and responsibilities and key policies and procedures.

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

- People were supported to eat and drink enough to help keep them healthy where this was part of their care needs.
- Staff were aware of people's dietary needs, including likes and dislikes. One member of staff told us, "[Person] prefers tea instead of coffee."
- People were given choices about their food and drink.

Supporting people to live healthier lives, access healthcare services and support

- The registered manager had an effective working relationship with a number of health care professionals to ensure that people received coordinated care and support.
- Staff monitored people's health and welfare and reported any concerns to the management team who made referrals to health care professionals where required.
- We noted the registered manager had contacted an occupational therapist recently to seek advice regarding one person who used the service.

#### 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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered manager and staff had a good understanding of the principles of MCA. The provider had policies and procedures for them to follow. Staff received training on the MCA.
- People were able to make day to day decisions about their lives.
- Staff sought people's permission before they carried out any tasks. A relative told us, "The carers always ask [family member] for their permission before doing anything."

# 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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People and their relatives told us the staff were kind and caring and treated them in a respectful manner. A person said, "The staff are very friendly and caring."
- People's diversity, values and human rights were respected. People had equal opportunities, regardless of their abilities, background or lifestyle.
- Staff had received training in equality and diversity. A member of staff told us they treated everybody equally.
- People were free to practise their religion. Staff accompanied people to their places of worship.
- Staff were aware people's needs and preferences of people and had built up a good relationship with them. This helped in ensuring people needs were met fully.

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

- People were involved, where they were able to, in decisions about their care, which helped them to retain choice and control over how their care and support was delivered.
- Where people were not able to, their relatives made the decisions on their behalf. One relative told us, "I have been involved with the care planning of my [family member]."
- Staff encouraged people to exercise their choice in areas such as how they wanted to be supported, or how they would like to be supported.
- Staff had a good understanding of the care needs of people they supported and were able to tell us what people did and didn't like and what support they needed.
- Relatives were always kept informed of changes in the well-being of their family members.

Respecting and promoting people's privacy, dignity and independence

- People were treated with respect by staff and had their privacy, dignity and independence respected.
- Staff were able to describe how they would maintain a person's privacy and dignity when assisting them with personal care, for example, closing curtains and doors.
- People were supported to maintain their independence as much as possible. For example, people were able to choose what they wanted to wear, eat, drink and how they wanted to spend their day.
- Staff were aware how much each person was able to do for themselves and what assistance they needed. This information was recorded in their people's care plans. For example, staff encouraged people to shave themselves.
- The provider had a policy on confidentiality which staff were aware of. Staff knew not to disclose information to people who did not need to know. This helped to ensure that people's information was

treated confidentially. All personal records were kept locked cupboards.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- People received care which was responsive to their needs. We looked at the care records of people who used the service and found them to contain sufficient information about the care and support people needed. This helped to ensure staff met people's needs. For example, in a care plan, it was clearly recorded how staff should support a person with aspects of their personal care.
- Care plans contained information about people's individual wishes, preferences, and how they wanted their care was to be delivered.
- People and their relatives told us the care and support provided by staff was good. One person said, "The carer is very good."
- People who used the service and/or their relatives had been involved in the care planning process. Relatives told us they were involved in the care planning process for their family members.
- Staff commented the care plans had useful information in them and this helped when providing care and support to people. One member of staff told us, "The care plans have useful information in them."
- Care plans were reviewed regularly, and staff were made aware of the changes, so they gave support to people accordingly.
- The registered manager informed us that none of the people used the service was receiving end of life care at the time of our inspection.
- Staff had received training to ensure they had the knowledge and skills to care for people who were approaching the end of their life.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The registered manager ensured people had access to information in formats they could understand.
- Information on how staff should communicate with people was recorded in people's care plans and this gave details on how to communicate with them. For example, records showed that a person preferred to speak another language instead of English, although they spoke and understood both languages.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure in place about how and when people could complain about the service. This included information how complaints would be dealt with and if people

were not happy with the outcome, they could approach the Local Government and Social Care Ombudsman.

- People and their relatives did not raise any concerns with us. They were aware of the policy and procedure and felt confident that if they raised any concerns, they would be listened to. A relative told us, "I am happy with the agency and don't have any concerns."

# 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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and their relatives spoke positively about the service and were complimentary about the management team. A person told us, "The staff are good and they agency as well."
- Staff told us they were able to contact the registered manager for advice. Staff felt supported by the registered manager in their role. There were good systems in place for communication between staff and the management of the service.
- Relatives told us that they were always kept up to date with what was happening with their family members.
- Staff had a good understanding of what was expected of them and were clear about their roles and responsibilities.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The registered manager had a good relationship with the staff, people using the service and their relatives. They operated an open-door policy where people, relatives and staff were encouraged to discuss any issues they might have.
- There were staff meetings held regularly and this gave staff an opportunity to share any ideas for the development of the service. Records showed that a number of topics were discussed during those meetings.
- The provider ensured people and staff had an equal opportunity and were not treated differently or discriminated against.
- People, staff and relatives spoke positively about the registered manager and said they were happy with the way the service was run. One person told us, "The manager is good." A relative said, "The manager has always been very helpful."
- The provider had a system in place to monitor the quality of the care being provided. The registered manager had regular contact with staff and people where they could discuss any issues. A person told us the registered manager visited them to check if everything was ok.
- The registered manager also carried out regular spot checks on staff to ensure people received the care and support as requested and agreed.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their roles and responsibilities. They were aware of when the CQC should be informed of events and incidents that happen within the service and the responsibilities of being a registered provider.
- The registered manager knew they must act in an open and transparent when things go wrong with care, including informing people about the incident, providing reasonable support, providing truthful information and an apology when things go wrong.

#### Working in partnership with others

- The registered manager worked in partnership with other health and social care professionals to ensure people received the care and support they needed. This helped to ensure people's needs were met and improved their wellbeing.
- The registered manager kept themselves up to date with best practice within health and social care sector.
- The registered manager attended regular meeting which were organised by the local authority to discuss latest guidance or practices. They also regularly visited different websites to make sure they were familiar with the changes happening within the health and social care.