

Holistic Social & Care Solution Ltd

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Inspection report

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Ratings

Overall rating for this service	Inspected but not rated
Is the service safe?	Inspected but not rated
Is the service effective?	Inspected but not rated
Is the service caring?	Inspected but not rated
Is the service responsive?	Inspected but not rated
Is the service well-led?	Inspected but not rated

Summary of findings

Overall summary

Holistic Social and Care Solution is a domiciliary care agency which is registered to provide personal care support to people in their own homes. At the time of our visit the agency supported one person with their personal care.

As we could not answer all the key lines of enquiry (KLOE) against the regulated activity we were not able to award a rating for the service.

This inspection took place on 13 September 2017, and was announced. We had told the provider 48 hours before the visit we were coming so they could arrange for staff to be available to talk with us about the service.

The home 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.

At our last inspection in July 2016, there was one breach of the legal requirements and Regulations associated with the Health and Social Care Act 2008. (Regulated Activities) Regulations 2014. This breach was in relation to governance and oversight of the service. We found systems and processes to monitor the quality of the service were neither established nor operated effectively. The quality of the service was not assessed or monitored to ensure people's care and support needs were being met. At the time there were 18 people using the service.

At this inspection, we found plans were in place to ensure the quality of the service was measured and action taken as a result of any issues or concerns identified. However, since our previous inspection, the number of people receiving support with personal care had reduced to one person only. Therefore, we could not be assured how effective governance and oversight was, as plans to ensure this was effective had not been fully implemented.

This meant the service remained in breach of one of the Regulations associated with the Health and Social Care Act 2008. (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

People were protected from the risk of harm and abuse by staff who had been trained and understood their responsibilities. Risks to people were assessed, but these assessments were not always clear or detailed enough to give staff the up to date and accurate information they needed. However, staff knew the one person they supported well and took appropriate action to minimise any risks associated with their care.

People were supported by care workers who received an induction into the service when they first started work. Care workers told us they completed the training required to meet people's needs and had their practice checked to make sure they put their learning into practice.

The registered manager had an understanding of the principles of the Mental Capacity Act (MCA) and their responsibilities under the Act. Staff respected people's decisions and a relative told us staff were kind and caring.

Care records contained accurate information about the person's support needs. Care calls were consistently provided at the times agreed. A relative was involved in planning their family member's care needs and knew how to make a complaint.

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.

There were procedures to protect people from risk of harm. Risk assessments were not always clear and had not always been updated. However, the registered manager and care staff had a comprehensive knowledge of the person and how their care needed to be provided. Recruitment checks were carried out to make sure care workers were suitable to work with people. There were enough care staff to meet the needs of the person using the service.

Inspected but not rated

Is the service effective?

The service was effective.

Care staff completed training to ensure they had the right skills and knowledge to support people effectively. The registered manager understood the principles of the Mental Capacity Act 2005 and care staff gained people's consent before care was provided. Care staff had some knowledge of Deprivation of Liberties Safeguards. Care staff were aware of the importance of supporting people's nutritional needs.

Inspected but not rated

Is the service caring?

The service was caring.

A relative thought care and support was provided in a caring and sensitive way and was pleased with the service provided. The provider respected people's privacy and dignity and encouraged independence.

Inspected but not rated

Is the service responsive?

The service was responsive.

Care records provided detailed, accurate information about the person's support needs. Care calls were consistently provided at the times agreed. A relative was involved in planning their family member's care needs and knew how to make a complaint.

Inspected but not rated

Is the service well-led?

The service was not consistently well led.

Systems to monitor and review the quality of service people received had not been implemented. Relatives were very satisfied with the service provided and the way the provider communicated with them. Relatives were able to share their views about the service.

Inspected but not rated

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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 13 September 2017 and was unannounced. The inspection was conducted by one inspector.

We reviewed the information we held about the service. We looked at information received from local authority commissioners. Commissioners are people who work to find appropriate care and support services for people and fund the care provided. We also looked at statutory notifications sent to us by the service. A statutory notification is information about important events which the provider is required to send to us by law.

During our inspection visit, we spoke with the registered manager. At the time of our inspection visit, the service supported one person with their personal care. The person was not able to clearly communicate their views to us, so we spoke with a relative over the telephone. We also spoke with the two staff members who supported the person.

We reviewed the person's care records, to see how their care and support was planned and delivered. We looked at other records related to how the service operated to check how the provider gathered information to improve the service. This included staff recruitment records, and the provider's plans for quality assurance audits.

Our findings

At our inspection in July 2016, we found people did not always receive their care at the times agreed, and care staff did not always stay as long as they were expected to. We also found there were no records of the times when care staff arrived and had departed care calls so we could be assured people were receiving sufficient support as agreed.

At this inspection, we found some improvements had been made. A relative told us they were very happy with the care provided, and that, as far as they were aware, care staff arrived at the times agreed. The person's care records included daily notes completed by care staff. These notes indicated the arrival and departure times of care staff and showed these were consistent, and in line with what had been agreed in the person's care plan. Daily notes were checked regularly by the registered manager so they could monitor call times to ensure they happened as planned. The registered manager told us they had a new electronic system that was to be implemented, which care staff would use to log in and out of care calls. This would provide an accurate record for the registered manager to check. They also explained this system would allow them to allocate care calls to staff and would enable them to have a record of these so they could ensure consistency both for people and staff.

The registered manager told us they had not implemented this system yet as care was only provided to one person and they felt it was not necessary. However, they assured us they would employ the system in its entirety should numbers of people using the service start to increase.

At the time of our inspection, the service did not support anyone to take medicines. Staff told us they had received training to support them to administer medicines safely should the need arise. There were no medicines records to check, but the registered manager told us staff would complete a Medicines Administration Record sheet if they supported someone with medicine administration. They added they would check these regularly to ensure this was being done safely.

The provider protected people from the risk of harm and abuse. Staff had received training to protect people from abuse and understood their responsibilities to report any concerns. There were policies and procedures for staff to follow should they be concerned that abuse had happened. Staff also told us they were aware of how to raise concerns if they felt the provider was not responding and people might not be safe. They were aware the provider had a 'whistleblowing' policy and knew who they should contact. One staff member said, "If I was concerned, I would report it to [registered manager] straight away. They would definitely take action."

The provider's recruitment process was designed to ensure risks to people's safety were minimised. Staff told us they had to wait for checks and references to come through before they started working with people. Records showed the provider checked whether the Disclosure and Barring Service (DBS) had any information about them. The DBS is a national agency that keeps records of criminal convictions. The provider also obtained references from previous employers to satisfy themselves prospective staff were appropriate for their role. However, we noted the provider had not recorded an employer reference for one staff member, they had only recorded a character reference. When we asked the registered manager about this, they told us they had a telephone conversation with the staff member's previous employer. This had not been recorded, and the registered manager acknowledged it should have been. They told us they would make a record of their conversation based on their notes of it.

Risks related to the person's care needs had been identified and assessed according to their individual needs and abilities. They had been regularly reviewed so that they contained updated information, although action plans to reduce assessed risk were not always clearly outlined. For example, a person had been assessed as at risk in relation to an ongoing health condition but their risk assessment did not include detailed information about how to reduce this risk, but directed staff to 'be aware' of it, and to 'monitor'. There was general guidance for staff on the health condition, but this was not specific to the person. Staff knew the person very well, and told us how they helped manage the risk, which was consistent and effective, as records showed the person's health was stable, and action was taken where required. We discussed this with the registered manager, who agreed the risk assessment should be more specific to the person and they began to rewrite the risk assessment during our inspection visit.

Our findings

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. The application procedures for this in care services are called the Deprivation of Liberty Safeguards (DoLS).

At our inspection in July 2016, we found staff had limited knowledge of the Deprivation of Liberty Safeguards (DoLS), and how these would impact on their practice. Records showed action had been taken on this, and staff had received training in DoLS. Staff confirmed this, and spoke with us about how they would escalate concerns over a person's capacity and what they should do if they felt a deprivation was necessary to protect someone.

Staff explained how they would support someone who might not have capacity to make their own decisions. One staff member said, "People might need some help to make decisions, but people do have the right to make good and bad decisions as we all do." We asked what action they would take if they felt a person had made a decision that was risky or dangerous and they might not have capacity. The staff member said, "If the person refused [support] I would not force the issue. I would have to record it all and report it (to the registered manager) immediately."

We checked whether the provider worked within the principles of the MCA. The registered manager understood their responsibilities under the Act. There was no one using the service at the time of our inspection that lacked capacity to make their own decisions about how they lived their daily lives. The registered manager knew to contact the local authority if they had concerns about a person's capacity.

Care staff told us they had completed training to enable them to carry out their roles and this was updated to keep their skills up to date. They said when they started working for the service they completed an induction to their role which included shadowing (working alongside) more experienced care staff. They said this helped them to understand their role and how to support people. The registered manager told us the induction training completed by staff was linked to the 'Care Certificate'. The Care Certificate assesses staff against a specific set of standards. Staff have to demonstrate they have the skills, knowledge and behaviours to ensure they provide compassionate and high quality care and support to people. We looked to see if the provider had a system to check whether staff had received the necessary training for their role, and if staff

had received further training to refresh their knowledge and skills. In each staff member's file there was an individual training record. Certificates confirmed staff had completed training to meet people's needs safely.

Staff explained they had regular one to one meetings with the registered manager where they could discuss their development and training needs. Staff said the registered manager regularly observed them undertaking care and support to make sure they followed the provider's policies and procedures. They told us this helped them to be confident in their roles. Training was provided to help staff meet people's need. One staff member explained, "I did dementia training at level two. It really helped my confidence because it helped me meet the needs of people [living with dementia]."

Staff were aware of the need to ensure people had enough to eat and drink so this did not have a detrimental impact on their health and well-being. Records showed staff monitored food intake and took action if they were concerned when required. Records showed how concerns had been escalated to a person's Doctor so action could be taken to keep them healthy. Records also showed staff supported a person to arrange and access routine medical appointments when required.

Our findings

At our inspection in July 2016, we found people did not always experience care at the times expected, or with consistent staff. At this inspection, we found the person being supported received their care at the times expected, from consistent staff.

A relative explained the care their relative received was as expected and was consistent. They told us, "Both care workers come regularly as we expect." The provider explained they ensured the person had one main care worker, with another who supported them on occasions when the main care worker was not available. We asked the registered manager how they would ensure consistency of care staff should the service begin to support more people. They told us their electronic system would schedule care calls for people, and that they would ensure people received calls from consistent staff, should the service begin to support more people.

A person and their relative told us care staff were caring. We asked a person if their care staff spoke with them in a kind way. They replied, "Yes, they do." Their relative told us, "Yes, they [care staff] are caring, without a doubt."

Care staff spoke with us about what providing a caring service meant to them. One explained, "We should be very humble and listen to people. It is all about what they want. You have to be friendly so you understand what the person wants." Another care worker said, "It is about giving people the support they need, supporting their rights."

Records showed people and relatives were involved in planning and reviewing people's care. A relative explained, "We get involved with the care plan." The care plan for the one person we reviewed included information about the person's background, social history, likes and dislikes. This helped staff understand the person and staff told us they used this information to help build up a rapport with the person. A relative explained how effective this was. They said, "[Care worker] in particular has made a good connection with [Person who used the service]."

Staff told us, and records confirmed, how the person was encouraged to be as independent as possible. Care staff were clear their role was often about reminding the person what needed to be done, with supervision, rather than doing things for the person that they could do for themselves. They explained this approach also helped to ensure the person's privacy and dignity.

Our findings

At our inspection in July 2016, we found most people did not receive their care at regular times, have regular care workers, or know what time their care worker should arrive. At this inspection, we found the person being supported received their care at regular times, and that it was clear when their care workers should arrive.

The person's care plan clearly stated how much support they should receive every week, and when this support should be provided. We checked daily notes for the person and found this support was stable and consistent, but was also flexible, so the person's support could be tailored to meet their needs. For example, the person liked to be part of their community and peer group, so care staff helped ensure they were ready and prepared, in line with their care plan.

A relative told us a person had flourished having been supported by the service. They said, "[Name] has improved substantially over the past few months. I put that down to the support provided by Holistic."

Staff told us if they found there had been a change in the person's needs or circumstances, they would advise the registered manager of this. This was so they could increase or decrease the care support required and amend the care plan as necessary. Records confirmed this happened. Staff told us they had time to read and familiarise themselves with the person's care plan. When we reviewed the person's care plan, we found it contained detailed and up to date information about their needs so staff had all the information they needed to effectively support them.

A relative told us they had not had cause to complain, but would not hesitate to contact the registered manager if they had a concerns. The provider had not received any complaints since the previous inspection. The provider had a procedure in place to ensure complaints were logged and responded to appropriately.

Our findings

At our last inspection in July 2016, there was one breach of the legal requirements and Regulations associated with the Health and Social Care Act 2008. (Regulated Activities) Regulations 2014. This breach was in relation to governance and oversight of the service. We found systems and processes were not established or operated effectively. The quality of the service was not assessed or monitored to ensure that people's care and support needs were met.

At this inspection, we found plans were in place to ensure the quality of the service was measured and action taken to respond to any areas of improvement identified. However, since our previous inspection, the service was no longer supporting the same number of people. At this inspection, the service supported one person only, and so we could not be assured how effective governance and oversight was, as plans to ensure this was effective had not been implemented. This meant the service remained in breach of one of the Regulations associated with the Health and Social Care Act 2008. (Regulated Activities) Regulations 2014.

The registered manager, who is also the provider, told us a new electronic system was now in place, which they explained they would use if more people started to use the service. This system would be accessed by care staff via a mobile phone provided by the company. This would include a number of care tasks the staff had to complete with the person which would require them to be marked as complete. Any tasks not marked as complete, would send an alert to the registered manager so they could act on these immediately and ensure the person was safe. The registered manager explained information from the system could be analysed to identify any areas needing improvement. The system would also allow care calls to be allocated to care staff, which staff would log into on arrival and would log out of on departure. Again, the registered manager explained this would give them the information they needed to have oversight of the service and make improvements.

We were told by staff and the registered manager that regular staff meetings were held to discuss how the service operated. One staff member said, "We get provided with regular information at these meetings to update us." However, these meetings were not recorded so there was no information about the issues discussed or any actions taken to make sure the service improved.

Staff told us, and records confirmed, the registered manager observed the practice of care staff to ensure staff worked in line with the provider's expectations. There were records of these checks, which showed no concerns about the practice of the care staff concerned had been identified.

We asked the registered manager if they had completed any audit checks of the service. They explained they

had not, as they were only providing care to one person and had therefore focussed on ensuring the care plan was reviewed and up to date, and on spot checks to ensure care staff worked as expected. They also told us they spoke with the person using the service when they visited them to observe care staff. This was to get their views on the service provided and was recorded. The person had not identified any concerns about their care staff. The registered manager explained they were due to arrange a care review later in the year and would get the views of the person and their relative at that point.

A relative and staff told us they felt the service was well managed. A relative explained, "It seems well managed, yes." Staff told us they were well supported by the registered manager. One staff member explained, "Oh yes, everything is very well managed. The registered manager does the care calls quite often so is very close to the needs of the person and staff. The people are the priority."

The registered manager was aware of what specific incidents that had happened in the service they were required to notify us of. This was so we could monitor them to make sure the correct action had been taken to manage any risks to people.

The provider displayed the rating from the previous inspection clearly within the premises and on their website as required.

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 17 HSCA RA Regulations 2014 Good governance Systems planned to monitor and improve the quality of the service provided, had not been implemented and were untested. We could not assure ourselves the provider had made sufficient improvements.