

RS Holistic Care Limited

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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

This inspection was announced and took place on 29 November and 4 December 2017. We told the provider 36 hours before our visit that we would be coming to ensure that the people we needed to talk to would be available. This was the first inspection of this service.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults and younger disabled adults.

Not everyone using R S Holistic receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

At the time of the inspection R S Holistic were supporting 11 people living in Poole and Bournemouth.

R S Holistic has an acting manager in post who was recently appointed and has applied to CQC to become 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.'

People told us their care and support needs were met and that staff were kind, caring and respectful. People also said they felt safe and had confidence in the staff that worked for the service.

Staff knew people well and understood their needs. Care plans were detailed and regularly reviewed. This meant that there was always information for staff to refer to when providing care for people.

The provider had implemented satisfactory systems to recruit and train care workers that ensured relevant checks and references were carried out and staff were competent to undertake the tasks required of them. The number of staff employed by R S Holistic and the skills they had were sufficient to meet the needs of the people they supported and keep them safe.

People were protected from harm and abuse wherever possible. There were systems in place to reduce and manage identified risks and to ensure medicines were managed and administered safely. Staff understood how to protect people from possible abuse and how to whistle-blow. People knew how to raise concerns and complaints and records showed that these were investigated and responded to.

There was a clear management structure in place. People and care staff said the provider and acting manager were approachable and supportive. There were systems in place to monitor the safety and quality of the service.

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.

Systems were in place to protect people from harm and abuse.
Staff knew how to recognise and report any concerns.

Staff were recruited safely and there were enough staff to make sure people had the care and support they needed.

Medicines were managed safely and staff competence was checked.

Is the service effective?

Good ●

The service was effective

Staff received induction and ongoing training to ensure that they were competent and could meet people's needs effectively.
Supervision processes were in place to monitor staff performance and provide support and additional training if required.

People were supported to have access to healthcare as necessary.

People were supported to eat and drink if this was required.

Is the service caring?

Good ●

The service was caring.

Support was provided to people by staff who were kind and caring.

Staff understood how to support people to maintain their privacy and dignity and treated people with respect.□

Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed and care was planned and

delivered to meet their needs. Staff had a good knowledge and understanding of people's needs.

The service had a complaints policy and complaints were responded to appropriately.

Is the service well-led?

Good ●

The service was well led.

There was a clear management structure in place. People and staff told us that the provider and acting manager were approachable and supportive and they felt they were listened to.

Feedback was regularly sought from people and actions were taken in response to any issues raised.

There were systems in place to monitor, assess and improve the quality and safety of the service provide

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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 checked 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.

This inspection took place on 29 November and 4 December 2017. One inspector undertook the inspection. We gave the service 36 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Inspection site visit activity started on 29 November 2017 and ended on 4 December 2017. It included visits and telephone calls with people who use the service and interviews with staff. We visited the office location on both dates to see the acting manager and to review care records and policies and procedures.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR and other information we held about the service; this included incidents they had notified us about. We also looked at the information we had received from notifications made to us by the service and completed questionnaires from people who use the service and staff. Additionally, the local authority safeguarding and commissioning teams to obtain their views of the service.

We received completed questionnaires from 1 person using the service and 3 staff. We visited 2 people and met 1 member of staff. We spoke with the nominated individual for the provider and the acting manager. We looked at four people's care and medicine records. We saw records about how the service was managed. This included two staff recruitment, training and supervision records, staff schedules, audits and quality assurance records as well as a wide range of the provider's policies, procedures and records that related to the management of the service.

Is the service safe?

Our findings

People who received care and support from the service told us that they felt safe with the staff who supported them. People also said that staff were approachable and understood their needs. A social care professional told us, "They do their best to provide a safe service by completing their assessment in due course and regularly reviewing concerns leading to them being very responsive, especially with the cases I had with them."

People were protected against the potential risks of abuse. The provider had a comprehensive policy and procedure in place that reflected current national and local guidance. There was a training programme to ensure staff were aware of the different types of abuse, possible signs of abuse and the action they should take. Staff had a good understanding of how to keep people safe and their responsibilities for reporting accidents, incidents and concerns.

There were systems in place to identify risks and hazards in order to support and protect people. Assessments were carried out and plans were in place to minimise these risks. These were regularly reviewed and updated.

There were systems in place to enable the service to respond to emergencies, for example, if staff arrived at a visit and found someone was unwell or if staff were unable to complete their shift meaning that people would not receive their care. This involved the nominated individual and acting manager providing additional support, contacting health professionals, arranging extra staff or providing additional care themselves.

There was an out of hour's on-call system in place so that people who used the service and staff could contact the service for advice and support or in emergencies. Staff and the people we spoke with all confirmed that they had received help and support when they had occasion to call the out of hours service.

The acting manager told us that there were enough staff employed to provide care for everyone they looked after. Rotas showed that everyone had a named carer allocated for all calls. Rotas also showed that appropriate time to travel between visits was allowed for.

Safe recruitment procedures ensured that people were supported by staff with the appropriate experience and character. Recruitment records were checked. Satisfactory procedures had been followed; each person's file contained proof of identity including a recent photograph, a Disclosure and Barring Service check and evidence of people's good character and satisfactory conduct in previous employment. They had also completed fitness to work questionnaires and provided evidence of their right to work in the United Kingdom where necessary. This made sure that people were protected as far as possible from individuals who were known to be unsuitable.

There were satisfactory systems in place for the management and administration of medicines. Staff had been trained in the administration of medicines and records showed that their competency to administer

medicines safely had been checked regularly. They were regularly 'spot checked' whilst providing care to ensure that they were following the correct instructions for medicines and keeping suitable records.

People told us they received their medicines on time and as they required. Care plans and medicine administration records (MAR) were detailed and up to date. The acting manager showed us that all completed MAR were returned to the office and a sample of these was audited. If any issues were found, the staff concerned were spoken with and record was made of this. In some cases, additional training had been provided.

One person told us that they wished to self-administer one of their medicines. This item was prescribed for them to take as and when it was required but staff from the service had been reluctant to do this because they were under a misapprehension about the guidelines for self-administration. We referred the acting manager to information in the local and national guidelines and they agreed to ensure the person was supported to take their medicines when they wished to. This was an area for improvement.

Is the service effective?

Our findings

People told us they had confidence in the staff because they were kind and caring and understood their needs. One person commented, "They are all good but one of them is marvellous. They come twice a day and I never worry that they won't arrive. They are here more or less on time unless there is traffic which they can't help."

Everyone we spoke with was happy with the service. They confirmed that staff arrived on time and understood their needs. People told us they never felt rushed. Staff confirmed that there was adequate time allowed on the rota between visits so they never felt they had to rush. One member of staff told us, "I haven't been working for the service for very long but I can honestly say that I love my job and the management team. The director is just amazing and has introduced me to every client before I started working on my own. I also had enough time shadowing and I know I can always ask anything at any time if I'm in doubt."

People received support from staff with suitable knowledge and skills to meet their needs. Staff confirmed that they received the training they needed in order to carry out their roles. Records showed that all staff had completed induction training in accordance with national standards and undertook regular training updates in essential areas such as health and safety, moving and handling, infection control and first aid.

Staff received regular supervision either through spot checks or one to one meetings and staff meetings in the office, as well as an annual appraisal. Staff told us they always felt able to request additional support and training. Spot check and supervision records showed that these checks highlighted where additional training and support was required for staff.

Staff had been trained in the Mental Capacity Act 2005. The acting manager confirmed that where people they provided a service did not have the capacity to make their own decisions, mental capacity assessments and best interest decisions were completed. We checked records for some decisions that had been made: there was detailed information about each decision, methods that had been used to try to support the person to make the decision themselves and information about the people involved in making the decision when it was clear that the person was not able to.

People confirmed that staff always checked with the person before providing care and gained their consent to provide the care needed. Care plans contained consent forms and these had been signed by the people receiving care or the person they had nominated to do this for them.

People were supported to maintain good health. Health professionals such as occupational therapists, GPs and district nurses were contacted by staff on people's behalf when they requested it or when their staff identified a concern.

People told us they were supported to have enough to eat and drink. They said that, where preparing food and drinks was part of their care package, staff would offer them choices and ensure they had any necessary

support to eat their meals.

Is the service caring?

Our findings

People who used the service told us that the staff were friendly and caring as well as considerate of people's choices and preferences. One person told us, "If they don't do it my way, I tell them. If they don't listen, I tell the boss!"

People told us they were treated with kindness and respect. They said that they were able to develop a relationship with regular carers which made them feel comfortable and cared for especially when receiving personal care. One of the people we contacted told us that they appreciated the opportunity to meet new care workers before they came to provide care as it made them feel more settled and comfortable.

Care plans included information about people's preferences, likes and dislikes. The acting manager and staff were aware of people's needs and described in detail how they provided the care to suit particular individuals. For example, one person was living with the onset of dementia and had developed methods to manage their problems. They had shared this with the acting manager who had included this in care plans so that staff could support the person in the way they had chosen and developed for themselves.

All of the people we spoke with confirmed that they had been consulted about their care plans and were involved in making decisions about their care. They also said their needs were met by the staff that visited them.

People told us that they almost always had the opportunity to meet new care staff before they started to receive support from them. People told us that they did not always feel comfortable receiving support from someone who was a stranger to them and so they appreciated how hard the service tried to make the introductions in advance.

Staff confirmed that they knew about requirements to keep people's personal information confidential. People confirmed that staff did not share private information about other people with them.

Is the service responsive?

Our findings

A family member had recently written to the service to thank them for the support they provided. They had written, "Heritage (another name the service is known by), are extremely reliable and always leave detailed notes on each visit. My father is very happy with the care he receives and the times of visits suit him. The family have peace of mind that he is able to continue living at home safely."

People told us that they received schedules once a week telling them when staff would arrive and who they could expect. People said that they were informed in advance of any changes to the rota although this rarely happened. One member of staff told us, "if I am running late on my calls, I only have to call the office and they sort it out for me and let my customers know."

People, or their relatives, were involved in developing their care and support plans. Care plans were personalised and detailed daily routines specific to each person. Staff confirmed that there was enough information in care plans to enable them to meet people's needs and added that, if they had any queries, there was always support available from the acting manager and nominated individual.

People's needs were reviewed regularly and as required. Where necessary, health and social care professionals were involved. One person told us how they had recently been unwell. They had no friends or family to support them at that time so staff from the service had stayed with them until a GP had visited and support was in place.

Where people required support with their personal care they were able to make choices and be as independent as possible. This was clearly reflected in the care plans and in the feedback we received from people.

There was a complaints policy and procedure that was given to people when they began receiving a support from the service. People told us they knew how to complain and were confident they would be listened to should the need to complain arise. There was a clear system for receiving, investigating and responding to complaints. We looked at two recent complaints and found that they had been investigated and responded to appropriately.

Is the service well-led?

Our findings

Feedback from people, relatives and staff showed us that the service had an open, positive and caring culture. This was because people were consulted about the service they received and there were regular opportunities for staff to contribute to the day to day running of the service through informal discussions and staff meetings. One professional told us, "When they were unable to provide safe care due to staff shortages, they gave timely notice to withdraw care. This I believe is a strength as most care providers would be managing cases that they are unable to safely provide. Heritage care's phone lines are usually manned and if it goes to voicemail, they return calls promptly. Generally in my experience with them they provided good and efficient service to their clients and they were very caring indeed."

There was a clear management structure in place. People and staff told us that the nominated individual and acting manager were approachable and supportive and they felt they were listened to.

There were satisfactory arrangements in place to monitor the quality and safety of the service provided. There were audits of various areas including medication, infection prevention and control, accidents and incidents, care plans, complaints and health and safety. Where audits had identified issues there was clear evidence that this had been addressed with the staff concerned. When people had accidents, incidents or near misses these were recorded and monitored to look for developing trends.

People were actively encouraged to give their views about the service, either through regular reviews of their needs or satisfaction surveys. Systems were in place to ensure that all responses were analysed, actions were identified and checks that the actions had been completed were made. The provider also undertook an overall analysis of all satisfaction surveys to identify common issues.

Staff felt able to raise any issues or concerns either directly with the acting manager or in staff meetings which were held regularly. They also felt that they provided a good service to people.

Staff knew how to raise concerns and whistle blow. There were regular reminders in meetings and training about the whistleblowing policy and their rights under it. They were confident that any issues they raised would be addressed.

The acting manager had notified the Care Quality Commission about significant events. We used this information to monitor the service and ensure they responded appropriately to keep people safe.

The acting manager told us they kept up to date with current guidance, good practice and legislation. They said they kept up to date by attending provider forums, external workshops, conferences, local authority meetings and regularly reviewing guidance material that was sent via email by the Care Quality Commission and other independent supporting bodies.