

Holistic Healthcare Cambridge Ltd

Holistic Healthcare

Cambridge

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?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Holistic Healthcare Cambridge is a domiciliary care agency providing personal care to people in their own homes. The service provides care and support to older and younger adults, and adults who have a physical disability. This includes live-in care. At the time of our inspection there were 26 people using the service.

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

Various aspects of the service, including people's care, staff training and practices, and complaints were monitored. However, these monitoring processes were not part of a planned and organised monitoring system. In addition, the provider had not notified us of all relevant events that had occurred. The registered manager and nominated individual agreed the service would benefit from more formalised monitoring procedures and to put systems in place to ensure we were notified of relevant events. We found no evidence that this impacted on the service provided to people during our inspection.

We have made a recommendation in relation to monitoring the quality of the service provided.

People and their relatives told us they knew how to raise their concerns and were confident any concerns or complaints would be dealt with. However, records were not always available of the investigations or action taken as a result of complaints.

We have made a recommendation about how the provider records the action they take as a result of complaints about the service.

We received positive feedback about the service people received and the way it was managed. One person said, "They've been an absolute godsend to me." Staff were sensitive when providing personal care and supporting them in their own homes. Staff supported people to be as independent as possible. The registered manager and staff were approachable and accessible and sought people's views about the service.

People felt safe receiving the service and were protected from avoidable harm by a staff team trained and confident to recognise and report any concerns.

People were treated with respect and their independence was promoted. They were supported to have enough to eat and drink and to manage and maintain their healthcare needs. Staff liaised with external care professionals to ensure people received the care and support they needed.

Staff had the time to ensure they met people's needs safely, and in a way that suited them. Staff told people if they were going to be late. People received care from a small team of staff who were well trained and felt very well supported.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice. People were involved in making decisions about their care and support. Staff supported people to express their views and consulted them about their care.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 30 April 2021 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Holistic Healthcare Cambridge

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

This inspection was carried out by one inspector.

Service and service type

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

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

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

Notice of inspection

We gave the service 48 hours' 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 in the office to support the inspection.

Inspection activity started on 20 September 2022 and ended on 6 October 2022. We visited the location's office/service on 6 October 2022.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We used information gathered as part of monitoring activity that took place on 22 February 2022 to help plan the inspection and inform our judgements.

We used all this information to plan our inspection.

What we did before inspection

We reviewed information we had received about the service since registration. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke to three people and two relatives over the telephone. We also spoke to seven staff, including four senior care workers, the manager, the registered manager, and the operations manager, who is also the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also received feedback from three external health and social care professionals.

We reviewed a range of records. These included sampling five people's care records. We looked at two staff files in relation to recruitment and training. We also looked at a variety of records relating to the management of the service. These included policies and procedures, audits, and records relating to compliments and complaints.

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 of 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 told us they felt safe with staff and knew how to escalate concerns if the need arose. One person said, "Yes, they check when they come that everything is locked and secure." Another person told us the staff have a, "Quiet confidence about them."
- Staff had received safeguarding training. They were confident about how they would report any concerns internally and were confident the management team would take any concerns seriously. Most staff were aware they could raise concerns through external organisations including the local safeguarding team and CQC. The registered manager said they would remind staff of this.

Assessing risk, safety monitoring and management

- Risks to people's health, safety, and welfare were identified, assessed and action taken to reduce the risk. These included areas such as moving and handling, nutrition and hydration, and the persons home environment.
- People and relatives told us that staff were confident when providing care and using equipment to support people. One person described the equipment staff used to help them move and said staff were confident when using them.
- Staff told us that when people's needs changed, the management team quickly updated people's risk assessments and care plans and communicated this to them. This meant staff always had guidance on how to meet people's current needs.

Staffing and recruitment

- All required recruitment checks had been completed prior to staff working at the service. Information obtained included references and criminal record check.
- There were enough staff to cover the agreed care call visits. Staff, including the registered manager, were flexible in their working arrangements and covered care call visits when staff were on leave.
- People told us that staff arrived on time and stayed for the agreed time. Where possible people had a small number of care staff visiting them. One person told us, "I get a timetable, so I know who's coming in. They are not always bang on time, but it's within a reasonable timeframe, it's OK. I asked to switch from another agency as Holistic [Healthcare Cambridge] were more reliable. Because [staff are] more consistent I feel safer." Where people received live-in care, they told us it took a while to get used to new staff members.
- Staff told us they felt there were enough staff to cover care call visits. One staff member told us they would be happy for this service to provide care to their relatives. This was because people received a small number of care staff and this meant they received increase "consistency" in their care.
- External professionals also made positive comments about the service. One professional told us relatives

had reported to them that, "They had a very positive experience with the [registered manager] and his team. They were on time, polite, learnt what was required quickly and supported in a very efficient way, the family took the time to write to [the registered manager] to express their thanks."

Using medicines safely

- Staff were trained to manage people's medicines safely. Their competency to do this was checked before they were allowed to do this on their own, and regularly afterwards. This helped to ensure that people received their medicines as prescribed.
- People told us they were happy with the way staff helped them take their medicines. One person said, "[Staff] gradually feed the pill they make sure I've swallowed them properly. It all goes to make me feel relaxed and less anxious."
- Care plans provided staff with clear guidance on how to administer each person's medicines.
- Staff completed medicines administration records after they had administered any medicines. The management team told us they audited these regularly. Although no records of the audits were kept, we could see they had taken action where necessary to address concerns. For example, inaccurate recording.

Preventing and controlling infection

- People told us staff followed good hygiene practices, such as hand washing, and wore personal protective equipment (PPE). One person told us, "[Staff] wear masks. They wash their hands. They won't do any [personal care] with me until gloves are on."
- The provider had suitable processes for controlling and preventing the risk of infection. Staff told us they had access to plenty of PPE, such as masks and gloves. Staff understood the importance of wearing these on each care call visit.

Learning lessons when things go wrong

- Staff knew how to report any accidents, incidents and concerns when they occurred. The registered manager told us no accidents or incidents had occurred. However, where concerns were raised, they ensured action was taken to reduce future risk of recurrence. This included providing additional staff training and supervision.

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 of 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

- The management team carried out thorough assessments of each person before providing care to ensure they could meet each person's needs. One relative told us, "Two people came in and had a chat with me and [my relative] and I certainly felt listened to. I felt very wary to start with, I felt so much control had been taken away from me, but they have proved me wrong."
- The management team used the assessment information to develop each person's care plan.
- Care plans contained detailed information about people's diverse needs and included any preferences in relation to, for example, culture, religion, and diet.
- The care provided met people's individual needs and wishes. An external professional told us the senior management team responded quickly when a person required care. They said, "This enables a timely introduction of care, often to [people] who are without care, and the timely introduction is of the most importance."

Staff support: induction, training, skills and experience

- People and their relatives were confident in the staff member's abilities to meet their needs. One person told us, "I know they know what they are doing."
- Staff were competent, knowledgeable and enthusiastic about working at the service. New staff received training and induction into their roles. Where staff hadn't worked in care before, their training included the Care Certificate. This is a nationally recognised care qualification. New staff shadowed more experienced staff until they felt confident delivering care alone. An external care professional commented on, "The good level of training" staff received.
- Staff told us the registered manager provided them with additional training when they needed this. For example, a staff member told us they attended additional training in end of life care after they requested this. They said this had enabled them to feel more confident in providing this type of care.
- Staff were supported both formally through regular supervision sessions and staff meetings, and more informally, over the telephone and in person. Staff felt very well supported by the management team. A staff member told us they would be happy with a family member receiving care from this service, "Because of the training and support I receive from my manager. If I have concerns, or need a break, they always help and support me."

Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's food and drink needs were assessed and guidance was provided for staff in people's care plans.

People were supported to have enough to eat and drink, and staff encouraged them to eat healthily. Staff were aware of, and respected, people's dietary needs and preferences.

- Staff monitored people's health and supported them to access healthcare when they needed it. People's care records guided staff to other professionals who were also involved in people's care.
- Staff liaised appropriately with healthcare professionals, such as GPs and occupational therapists, and followed their directions and advice. This helped to ensure that people received effective care that maintained their health and wellbeing. An external care professional told us the service had a positive impact on the people they worked with.

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.

- Staff knew how the MCA applied to their work and obtained consent prior to providing care. People told us that staff involved them in decisions about their day to day lives and said they felt listened to.
- Where people lacked the mental capacity to make certain decisions and had appointed someone to act on their behalf, the registered manager saw the appropriate legal authorisations before allowing other people to make decisions on behalf of the person. Staff worked with the person and their relatives to ensure appropriate capacity assessments were undertaken and decisions were made in the persons 'best interests' in line with the Mental Capacity Act 2005.

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 of 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; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence; Supporting people to express their views and be involved in making decisions about their care

- People and relatives said staff treated them well and with respect. One person told us, "[The staff are] excellent. They make every effort to make me feel comfortable... Nothing is too much trouble for them. I was awake at 2am and the [staff member] sat and talked to me for a little while. It helped to make me more relaxed and comfortable."
- People said staff promoted their privacy and dignity. A person told us, "[Staff] help with some quite personal tasks. They made me feel as comfortable as possible."
- People said how sensitive the staff were of both their and their family member's needs. A person described how staff respected the person's role within their family and treated other family members with respect. A person told us, "My biggest fear was I wouldn't be able to do everyday things like cook meals for [my family], and [the staff] would take over from me. They have absolutely got the balance right for me."
- Staff promoted people's independence by encouraging them do as much as they could for themselves. One person told us, "They allow me to try things. They don't dictate what I should do. They do sometimes say 'Let me do that as it looks a bit unsafe,' which is absolutely right. They let me do what I can do but help when I need it. It's done in such a lovely way it makes me feel relaxed."
- Staff supported people to make decisions and involved them in decisions about their care and daily lives. One person told us staff stayed with them during the night. They said staff attended to them "straight away" when they called and gave an example of staff following their directions, so they were more comfortable in bed.
- Where appropriate, people and or relatives were granted access to the provider's electronic recording system. This meant they could see the rota and which staff would be providing the person's care, the person's care plan, and their daily care records.

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 of 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

- Staff knew people and their needs well. Care plans provided detailed guidance to staff on the support each person needed, and included information on how to promote each person's independence. Most staff visited the same people regularly and got to know them, and their needs and preferences, well.
- Staff involved people and their relatives, where appropriate, in writing their, or their family members' care plans.
- Staff told us people's care plans were up to date and accurate and said they consulted these before supporting people. One staff member said, "Everything is [in the care plan]. You know their personality and everything. If you're not sure you can ask management."
- The management team encouraged people and staff feedback, so this could be used to update care plans. Staff said the management team updated care plans quickly when changes occurred and highlighted to these changes to staff.
- Daily notes of people's care were detailed and described the person and care provided to them. For example, records showed how people were, what staff and people talked about, and what choices people were offered, and the decisions they made about their care.
- People told us the service was flexible to their needs. A person told us they, "Want as much normality as possible" and therefore sometimes cancelled the care call visits when they didn't need them. They told us the service had, "Been very good about that."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were clearly documented in their care plans. Staff took the time to communicate with people in a way they understood.
- Information and communication were available in various formats on request. These included audio, Braille, easy read, and large print. Interpreters could also be engaged for translation to other languages.
- A person expressed a preference for paper records to be kept in their home, rather than staff only completing records electronically. The service adhered to this request.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The management team and staff supported people to maintain existing relationships.

- People's care plans reflected known hobbies and interests. Care records showed staff took time to discuss these with people. Staff told us of the importance of spending time talking with people about things that were important to them.

Improving care quality in response to complaints or concerns

- People and their relatives told us they knew how to raise their concerns and were confident any concerns or complaints would be dealt with. One person told us, "There were a few issues to start with, but they were resolved [to my satisfaction]."
- The service had received three complaints since registration. The management team told us they had investigated and showed us some evidence of the actions they had taken as a result. These included additional staff training, staff spot checks, and supervision. However, they were unable to show us records of their investigations into the concerns.

We recommend the provider considers current guidance on recording complaints and the actions they take as a result of receiving complaints.

End of life care and support

- Staff received basic training in end of life care.
- People's care records showed the management team had discussed end of life arrangements and preferences with people and their relatives. This meant the staff team knew what people's wishes were in the event of them needing this type of care.

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 of this newly registered service. This key question has been rated Requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Registered people are required to notify the CQC of certain specific events, these include allegations of abuse and serious injuries. We found the provider had not notified us of one event that had occurred. They had taken appropriate action to ensure the person was safe and reported the event to the local authority. The registered manager and nominated individual agreed they should have notified us of this event and told us they would put systems in place to ensure we were notified promptly if events occurred in future.
- The management team told us they monitored all aspects of the service. This included the attendance and outcomes of care visits, care and medicines records, staff training needs, staff spot checks, and complaints. However, this was on an ad-hoc basis and no records were kept of these audits. The registered manager did show us examples of where they had taken action as result of their findings. However, these examples were sometimes difficult to find.
- The registered manager told us these monitoring processes were not formalised and were not part of a planned and organised monitoring system. Information that had been gathered was not always recorded so the managers could more effectively audit this for quality and service improvement purposes. The registered manager and nominated individual agreed the service would benefit from more formalised monitoring procedures and said they would do this.
- We found no evidence these issues impacted on the service provided to people during our inspection.

We recommend the provider considers current guidance about setting up an effective quality monitoring system, based on current best practice, in relation to the type of services they provide.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care; 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 and staff were committed to providing a person-centred service. This was reflected in the positive comments we received about the service. One person told us, "I'm ever so happy with [the service]. It's made my life more possible again."
- People and their relatives told us the management team were approachable. One person described the registered manager as, "Easy to talk to" and said, "They will deal with anything I need doing."
- Staff also made positive comments about the registered manager. One staff member said, "The registered

manager is great. He trains me and shadows me. He's easy to be with and speak to. I'm enjoying what I'm doing right now. I feel like I've found a new family."

- People and their relatives views on the service were sought formally, through reviews and telephone surveys, as well as more informally during day to day contact. All responses to surveys were positive with no suggested improvements. Responses included, "I'm happy with the care I receive," "The care is excellent," and, "Friendly staff."
- Staff had the opportunities to discuss their views on the service formally through supervision and meetings, and informally on a day to day basis. Staff felt valued, very well supported and able to voice their opinions. One staff member told us, "Whatever issues I have had have been looked into and they have found solutions. Like consistency in people's care. Not just once but continuously. If they can't do something they explain and, so far, it's been valid."

Working in partnership with others

- Staff worked in partnership with external care professionals to ensure that people received joined up care. The external professionals all made positive comments about the service. One professional commented on the "excellent" communication which helps ensure people receive the right level of care. They said the service had a positive impact on the people they provided care to.