

Holistic Homecare Ltd

# Centenary Business Centre

## Inspection report

Unit 12  
Hammond Close  
Nuneaton  
Warwickshire  
CV11 6RY

Tel: 02476641399

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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

The inspection took place on 3 September 2018 and was announced. This was the first inspection of the service since its registration in December 2017.

Centenary Business Centre is a domiciliary care agency. It provides personal care to people living in their own homes. It provides a service to adults with different needs, including dementia, physical disabilities and sensory impairments. There were two people using the service at the time of our inspection visit.

There was a registered manager in post. 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 were protected from the risks of abuse because staff received training in safeguarding people and understood their responsibility to report any concerns to senior staff. Most risks to people's health and wellbeing were managed, however some risks had not been fully assessed.

The registered manager made sure there were enough suitably skilled, qualified and experienced staff to support people safely and effectively. The registered manager checked staff were suitable for their role before they started working for the service.

Staff worked within the principles of the MCA and supported people to have maximum choice and control of their lives. People were supported to eat and drink enough to maintain a balanced diet that met their needs and preferences. People were supported to maintain their health.

People and staff felt well cared for. Staff understood people's needs and interests and supported them to enjoy their lives according to their preferences. Staff respected people's right to privacy and supported people to maintain their independence.

The registered manager demonstrated they valued care staff and promoted their learning and development. Staff enjoyed their work and were motivated to provide people with a good standard of care.

People were involved in planning how they were cared for and supported. Care was planned to meet people's individual needs and preferences and care plans were regularly reviewed. People knew how to complain and had the opportunity to share their views and opinions about the service they received.

People were happy with the quality and leadership of the service. The registered manager was committed to ensuring people received good quality care and shared good practice with staff. There were processes to monitor the quality of the service, however they had not identified that risks to one person had not been fully assessed.

## 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. Staff understood their responsibilities to protect people from the risk of harm. Most risks to people's individual health and wellbeing were identified and managed and care plans explained how to minimise the risks. The provider checked staff were suitable to deliver care and support to people in their own homes.

### Is the service effective?

Good ●

The service was effective. Staff were skilled and trained to meet people's needs. Staff understood their responsibilities in relation to the Mental Capacity Act 2005 and supported people to make their own decisions. People were supported to maintain their health.

### Is the service caring?

Good ●

The service was caring. People and staff felt well cared for. Staff knew people well and understood their likes, dislikes and preferences for how they wanted to be cared for and supported. People told us staff were caring and respected their privacy and promoted their dignity.

### Is the service responsive?

Good ●

The service was responsive. People decided how they were cared for and supported and staff respected their decisions. People were able to share their views about the service and told us they felt any complaints would be listened to and resolved to their satisfaction.

### Is the service well-led?

Good ●

The service was well-led. People were happy with the quality and leadership of the service. The registered manager was committed to ensuring people received good quality care and shared good practice with staff. There were processes to monitor the quality of the service, however they had not identified that risks to one person were not fully assessed.

# Centenary Business Centre

## **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.

The inspection visit took place, on 3 September 2018. It was a comprehensive inspection and was announced. This was to ensure the registered manager and staff were available to talk with us when we visited. The inspection was undertaken by one inspector.

Prior to our visit we reviewed the information we held about the service. The provider completed a Provider Information Collection (PIC). 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 found the information in the PIC gave an accurate assessment of how the service operated.

During our visit we spoke with two people who used the service in their own homes and one person's representative, to ask for their views of the service. We also spoke with the registered manager, the team leader and a member of care staff.

We reviewed two people's care plans to see how their care and treatment was planned and delivered. We checked whether staff were recruited safely, and trained to deliver care and support appropriate to each person's needs. We reviewed records of the provider's quality monitoring system to see what actions were taken and planned to improve the quality of the service.

# Is the service safe?

## Our findings

People told us they felt safe using the service. The provider's recruitment procedures included making all the pre-employment checks required by the regulations, to ensure staff were suitable to deliver personal care to people in their own homes.

People were protected from the risk of abuse because staff knew what to do if they had any concerns about people's health or wellbeing. Staff understood their responsibilities to challenge poor practice and to raise any concerns with a senior member of staff. A member of care staff told us if they had any concerns about people they would, "Refer it to the local authority safeguarding team." They explained the provider's safeguarding policy and the training they had received supported them with clear guidance. People who used the service had not been provided with information about the local authority safeguarding authority, including details of who to contact if they had a concern. We discussed this with the registered manager who gave us their assurance they would make this information accessible for people in their homes, straight away.

There was a procedure for staff to follow to identify and manage risks associated with people's care. People's plans included risk assessments related to their individual needs and abilities. For example, risks to people's mobility, nutrition and communication were assessed and their care plans explained the equipment, the number of care staff needed, and the actions they should take, to minimise risks to people's health and wellbeing. However, we found some identified risks had not been properly assessed for one person. Care staff were able to explain how they supported the person to ensure any risks to their safety were minimised. They told us how the information in people's care plans, combined with their training and support, enabled them to minimise risks to people's individual health and wellbeing. We discussed this with the registered manager and they told us they would review care plans to ensure appropriate risk assessments were included to keep people safe.

People told us there were enough staff because they received support when they needed it. Two people told us, "I have the same carers all the time, they tell me who's coming" and "We have the same carers and this makes a huge difference. We previously used a different service and had no consistency of care." The registered manager explained they ensured there were enough staff on duty to support people safely. They told us because they were a small service, they provided people with consistent care and this helped them to identify changes in people's needs and support them safely.

Medicines were managed safely. People told us they had their medicines when they needed them. Only trained and competent staff administered medicines. Care staff used a medicines administration record (MAR) to record whether people took their medicines or declined to take them. One member of care staff explained how they supported people with their medicines. They said, "If someone refused their medicine, I would ask why and encourage them to have it. If they did not take it, I would record it on the MARs and advise the manager." The registered manager checked people's medicines regularly to ensure they had been administered safely in accordance with people's prescriptions and care plans. They supported people to have their medicines reviewed by their GP if there were any changes in their needs.

Everyone we spoke with told us care staff did all they could to prevent and control infection. One person said, "Staff wear gloves and wash their hands before preparing food." Care staff told us they received training in infection prevention and control and food hygiene. One member of care staff was the lead in infection control and supported other members of staff in this area. They told us, "To avoid cross contamination we frequently wash our hands... We use different gloves for different activities." They explained how staff disposed of their personal protective equipment, such as aprons and gloves, to avoid cross infection. People told us care staff always left their premises clean and tidy.

# Is the service effective?

## Our findings

People received the care and support they needed to maintain their health and wellbeing. All staff received an induction, training and support that gave them the skills and confidence to meet people's needs and to promote their welfare. The induction training included the Care Certificate. The Care Certificate provides staff with a set of skills and knowledge that prepares them for their role as a care worker. This demonstrated the provider was acting in accordance to nationally recognised guidance for effective induction procedures to ensure people received good care.

One person told us, "The manager brings new staff round and introduces them and show them what's required." Care staff said they were introduced to everyone who used the service before they began working with people. Staff told us they felt confident in their skills because they had time to get to know people and had training that was relevant to people's needs. All training was delivered by the provider who was a registered nurse. Staff were positive about training. One member of care staff told us, "The training was fantastic. [Name of provider] knows so much and related the training to practical things. They taught us skills and expertise."

Staff received training which was tailored to meet people's specific needs. For example, care staff told us the provider had trained them in catheter care. They explained the training had been tailored to help them provide more effective care for people with this need.

Staff told us they felt supported by the provider and the registered manager to develop within their roles and study for nationally recognised care qualifications. For example, one member of staff was being supported to qualify as a registered nurse. All staff told us they had regular meetings with senior staff to discuss their work and identify any areas for development. One member of care staff told us, "We talk about what's happening with the clients and how to improve things. I am asked for my views and I can talk to my supervisor at any time."

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 were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The registered manager told us some people who used the service had capacity to make decisions about how they lived their daily lives. They told us some people lacked the capacity to make certain complex decisions, for example how they managed their finances, but they had an appropriate person, either a relative or a legal representative, who could support them to make these decisions in their best interest.

We found one person had not been assessed for their understanding and memory, to check whether they

could weigh information sufficiently to make their own decisions or whether decisions would need to be made in their best interests. There was limited guidance for staff in this person's care plan about what support they required to make decisions. However, when we spoke with care staff, they were able to explain how they supported the person to make decisions in their best interests and in accordance with the MCA. We discussed this with the registered manager and they assured us the person's care plan would be updated straight away.

People told us staff asked for consent before providing them with assistance and support and respected the decisions they made.

People told us they were able to make their own choices. One person told us, "I can make own choices. For example, I am given a choice of what they want to wear." Another person explained they chose if they wished to have a shower because sometimes they did not feel like it and care staff respected their decision. A member of care staff said, "It's important to give people choices and make them feel empowered and feel individual."

Some people received food and drinks prepared by care staff. Two people told us, "I get to choose my meals, I have fruit if I want it and snacks" and "Carers always check I have water available." Care staff told us people's care plans included a list of their needs, any allergies and any cultural or religious preferences for food. Staff told us they knew people's individual requirements and made sure people were supported with food and drink, in a way that met their needs. One member of care staff said, "I support people to eat healthy foods. I check if food is being kept properly. For example, if it's past it's use by date."

Care staff were observant to changes in people's health, appetite and moods. Staff told us and records showed people were supported to obtain advice and support from GPs and other healthcare professionals to maintain their health and independence. Health-care professionals are people who have expertise in particular areas of health, such as nurses or consultant doctors. For example, the registered manager explained they had recently supported one person to be reviewed by their GP following a decline in their physical health. Care plans were updated with any new healthcare advice, to make sure staff knew about changes in how the person should be supported safely and effectively.



## Is the service caring?

### Our findings

People felt staff cared about them and valued them as individuals. People told us, "Carers treat me with respect", "The staff have a caring attitude, especially the manager, we can have a good chat" and "I know the staff care for [Name], I put my trust in them."

All the staff we spoke with enjoyed their work and were motivated to provide people with high standards of care. One member of care staff told us, "I love this job. The exciting part is when people tell you about their life history...I get a sense of satisfaction when I see a smile on people's face, the job is fulfilling." Another member of care staff explained, "Care calls aren't just about supporting people with personal care, they are about companionship as well, because some people don't see anyone else." Staff told us it was one person's birthday soon and they would visit them and take a cake to celebrate.

The registered manager told us person centred care meant, "Planned care, tailored to the person, which makes the care holistic, like our company name." The provider's Provider Information Collection [PIC] stated, 'We are proud of the caring service we provide to our service users. We ensure our service provides person centred care by listening and ensuring people's preferences are respected.' Staff shared this caring ethos and were supported by the registered manager to give people care in a way that had a positive impact on them. Care staff told us, "Every client is different and their needs are specific" and "I treat people equally and respect their views. Everyone has their own way of doing things."

People told us staff knew how they preferred their care. One person told us, "The manager knows my interests and they know what I like to eat and drink." During our inspection visit, we saw care staff were compassionate and supported people according to their individual needs. Staff took time to listen to people and supported them to express themselves according to their abilities to communicate. Staff knew people well and we saw they shared jokes with people and enjoyed each other's company. Information in the PIC, explained how staff supported people to communicate their preferences. It explained one person used a hearing aid, so care staff supported them to ensure the aid was in place, to help them communicate successfully. Care staff also encouraged the person to communicate by writing things down and used body language to aid communication. During our inspection visit, we saw the support staff provided to this person, reflected the information in the PIC.

Staff told us they had training on equality and diversity issues and were confident they could support people to maintain their individual beliefs, including cultural or religious traditions. Staff understood some people might need particular support to make them feel equally confident to express themselves.

Staff understood the importance of treating people with dignity and respect. A member of staff told us, "I talk to people about how they like to be supported. I close the doors and curtains [before supporting people with personal care]."

## Is the service responsive?

### Our findings

People told us they were happy with the care and support staff provided. Two people told us, "I am well looked after" and "I put my trust in the manager as a medical professional. I trust their opinion and it gives me a great deal of confidence."

One person's representative explained how staff maintained good contact with them and kept them updated if there were changes to the person's needs. A member of care staff said, "It's important to communicate with people and their family." The registered manager explained how care staff monitored for any changes in people's needs. They gave an example and said, "When [Name] came back from hospital I recognised they were still unwell, so I contacted the hospital and they took [Name] back." They explained they reviewed the person's needs and more support was put in place due to a change in their health. The person's representative confirmed this had a positive effect on the person's well-being.

People told us they were asked for their views and were fully involved in planning their care and support. People were initially assessed by the registered manager before they used the service. A meeting was held with people and their representatives and they were asked for their views on how they would like to be supported. Staff continued to personalise people's care plans after they started to use the service, as they got to know them better. Care plans were personalised and easy to understand. They included details of how staff could encourage people to maintain their independence and where possible, make their own choices. People told us they were frequently asked to review their care plan.

The registered manager explained what plans there were in place to support people at the end of their lives. They explained how care staff would work alongside other organisations, such as GPs, to provide end of life care to people which was responsive to their needs. The registered manager told us they were in the process of discussing advance care planning with people, to enable people to express their wishes for future care.

People told us they felt able to raise any concerns with staff. One person told us, "If I had a complaint I would immediately flag it up to the manager, but I have never had the need to mention anything serious." They explained they had previously made comments and suggested changes to the way support was provided by care staff. They said they were satisfied with the way this was dealt with and the improvements made by the registered manager. The provider's complaints policy was accessible to people in their own homes. The registered manager confirmed since their registration there had been no complaints received. However, they were able to explain how complaints would be dealt with in accordance with the provider's policy and to the complainant's satisfaction. The registered manager told us, "Care work is built on trust." They explained how they took time to listen to people, to ensure they were satisfied with the service and the level of care provided. One compliment had been recorded from someone who had previously used the service. It stated, 'I have always been pleased with the way you have looked after me and would like to thank you.' The registered manager explained compliments were shared with staff straight away to recognise good practice.

## Is the service well-led?

### Our findings

People were happy with the quality of the service. People told us, "I am very pleased with the service", "It's well managed, we can get hold of the staff when required" and "It's the best thing we did to employ these carers, I am totally at ease, I can leave [Name] in their care confidently."

All the staff we spoke with told us they liked working at the service. One member of staff told us, "The organisation treats people fairly and I really like it here." They understood their roles and responsibilities and felt supported and motivated by the registered manager and the provider. Two members of care staff told us, "Issues are sorted out quickly because it is a very small service" and "I feel listened to and I know the manager would take action." Staff told us communication was good within the service and they were encouraged to suggest improvements and share information. One member of care staff explained how they requested more personal protective equipment should be ordered and this was done straight away by the registered manager.

The registered manager was aware of their responsibilities to have oversight of the service. They were aware statutory notifications were required if important events and incidents occurred at the service. The provider and the registered manager were registered nurses. As working nurses, they explained they maintained their knowledge of current best practice and shared this with staff through staff meetings and supervisions. For example, the registered manager told us they discussed changes in legislation and social care investigation reports with staff. They said, "We discuss people's right to privacy and respect and get staff thinking about good care and poor care." The registered manager told us they kept up to date with best practice by receiving updates from organisations such as CQC and the Nursing and Midwifery Council, which they shared with staff at meetings. Staff told us they discussed different issues in staff meetings, as part of their on-going development. For example, staff discussed how the provider's safeguarding policy helped to protect people and keep them safe.

The registered manager valued people's opinions and worked with them to make improvements to the service. They encouraged people to give feedback on how things were managed and to share their experiences of the service by completing surveys. The registered manager told us this helped them to, "Identify if things can be improved." We saw the most recent survey was completed in August 2018. There were two responses from people who used the service, [due to the small size of the service]. The results were mainly positive. A separate survey had been sent to care staff asking for their opinion of the service. We saw staff had made suggestions and the registered manager had responded and made changes, for example, increasing the length of some care calls.

There were systems in place to monitor and improve the quality of service. These included checks of the quality of people's care plans and medicine records, infection control and health and safety, by senior staff. Records showed actions were taken to make improvements to the service, following audits. For example, we saw changes were made to care plans to ensure they were up to date. However, the care plan audit had not identified some risk assessments were not in place. The registered manager acknowledged this and gave us their assurance the audit would be reviewed and care plans would be updated where required.

