

# Holistic Care Solutions Limited

## Unit 5 Red Lion

### Inspection report

Unit 5  
Red Lion Court, Alexandra Road  
Hounslow  
Middlesex  
TW3 1JS

Date of inspection visit:  
26 April 2019

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05 July 2019

Tel: 02034778090

### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service:

Unit 5 Red Lion is a domiciliary care agency providing care in people's homes. This is the only location of the provider Holistic Care Solutions Limited. The owner of the organisation was the registered manager. At the time of our inspection one person was receiving the regulated service of personal care.

### People's experience of using this service:

A relative spoke very positively about the care their family member received from the service. They found the care staff friendly and caring. We found that the service was personalised to the individual and training for care staff was thorough.

However, we did find that whilst most staff recruitment practices were robust the provider had not undertaken sufficient action to record and investigate gaps in staff employment history. We made a recommendation that the registered manager follows best recruitment practice.

We also found that whilst the care plan we reviewed was person centred and reasonably detailed there were a couple of inconsistencies that gave staff incorrect information and could pose a risk to the person receiving inappropriate care.

Both relatives and staff felt well supported and the service provided was monitored by the registered manager to ensure quality care was provided.

Medicines were administered in a safe manner and the registered manager checked records monthly to ensure they were correctly completed.

The registered manager met with the person and their relatives prior to offering a service to understand what was required and how they would like care to be given. Also, to identify risks to the person and to agree measures for staff to take to mitigate those risks. Consent of the person was obtained prior to care being provided.

Care plans contained details of the person's religious and cultural preferences and contained outcomes to support their future independence.

Rating at last inspection: This was the service first inspection since registering with the CQC on 21 March 2018.

Why we inspected: This was a planned inspection in line with our scheduling guidelines.

Follow up: We will continue to monitor notifications and information we receive about this agency. We will inspect again in line with our inspection scheduling unless there is information that supports bringing an

inspection forward.

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

## 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 not always safe

Details are in our Safe findings below

**Requires Improvement** ●

### 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 not always responsive

Details are in our Responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

**Requires Improvement** ●

# Unit 5 Red Lion

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

One inspector undertook this inspection.

#### Service and service type:

Unit 5 Red Lion is a domiciliary care agency that is registered to provide the regulated activity of personal care to younger and older adults who may have disabilities or dementia.

The provider organisation is owned by an individual who also manages the service and is registered with the Care Quality Commission. This means that they are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection:

We gave the service 48 hours' notice of the inspection visit because it is small, and the registered manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in. We visited the office location on the 26 April to see the registered manager and to review care records and policies and procedures.

#### What we did:

During the inspection we spoke with the registered manager. We reviewed the care records for one person using the service, the employment folders for two care workers, one of whom was on induction. We looked at the training records for the staff and records relating to the management of the service.

Following the inspection, we spoke with the relative of one person receiving care and a care worker.

# Is the service safe?

## Our findings

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

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed. Regulations may or may not have been met.

### Staffing and recruitment

- Prospective staff completed application forms and attended an interview to assess their aptitude for a caring role. The registered manager undertook recruitment checks that included proof of identity, criminal record checks and references. We saw that gaps in employment were not always fully explored and recorded. For example, there was a gap of one year in one staff employment service identified. A second staff member who was in the process of their induction training had completed an application form, attended an interview and had the appropriate criminal record checks but there was no employment history prior to 2017. Although, the registered manager told us they had verified with both staff verbally during interview the reasons for the gaps this had not been recorded and agreed as accurate by the staff. We brought this to the registered manager's attention who agreed to address this concern.

We recommend the provider seek and implement national guidance on safe recruitment practices.

- The registered manager assessed staffing need and matched individual staff with service users. They described that they had, "Staff in the pipeline," ready for when there were more service users. We saw for instance, that one care worker was in the process of their induction and had completed some of the provider's mandatory training following a successful interview. They would be ready to work with people in the near future.

### Systems and processes to safeguard people from the risk of abuse

- Staff were able to tell us how they would recognise signs of abuse and they knew what actions to take to report a safeguarding adult concern. Staff had received training in safeguarding adults. There was guidance for staff in people's care plans reminding them to check people for redness or bruising that might indicate abuse or neglect. The guidance stated that any marks must be recorded and reported to the registered manager.

- The registered manager told us how they monitored people's daily notes and liaised with staff and relatives to ensure all safeguarding concerns were identified and addressed. They said they would report concerns to the local authority and notify CQC. They explained how they would investigate and monitor any concerns, so they had an oversight of trends in the service.

### Assessing risk, safety monitoring and management

- The registered manager assessed risks to people. Risk assessments indicated if the risk to the person was low, medium or high. Risks identified included, risks associated with the environment, skin integrity, nutritional status, medicines and medical condition. When a risk was identified there was guidance for staff

to mitigate the risk of harm. There was for example, information provided about what actions staff should take should the person have an epileptic seizure.

#### Using medicines safely

- Staff received medicines training and the registered manager observed them to ensure they were competent in administering the medicines. One person was receiving support to take their medicines. We saw that medicines administration records (MARs) were completed appropriately without gaps or errors. The registered manager had checked the MARs each month from the start of service to the most recent month, (November 2018 through to March 2019) to ensure no mistakes had been made by staff. There was information for staff to state what medicines should be administered from a blister pack and when this should take place.

- We noted that the family occasionally gave the medicines usually administered by the staff. We were told by the registered manager and the care worker that they checked when they arrived at the person's home to confirm if the medicines had been given. We brought to the registered manager's attention it would be good practice if checking with the relative was written into medicines procedure as an action for staff to take to avoid the possibility of errors being made in the future.

#### Preventing and controlling infection

- A relative confirmed staff used disposable gloves and aprons when providing personal care. Staff received training in infection control and food hygiene to support them to understand the need for safe hygiene practices such as effective hand washing. The registered manager ensured there was a supply of personal protective equipment such as gloves and aprons, so staff could avoid the risk of cross contamination.

#### Learning lessons when things go wrong

- The registered manager told us that in the event a mistake was made, or something went wrong they understood that they had a duty of candour. They would take steps to address the matter immediately and be transparent in their actions. If an incident had taken place they would act to ensure the welfare of the person. For example, they would contact the GP and be honest with family about what had taken place. They would retrain staff if appropriate and discuss and share with the staff team learning from the incident.

# 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

□ 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

• □ A relative confirmed their family member was assessed prior to a service being offered. They told us, "Yes, [Registered manager] came before they started and assessed and gave us papers to sign." The registered manager told us that they met with people to establish what they required in terms of care and support and to understand how they wanted that support provided.

Staff support: induction, training, skills and experience

• □ A relative told us that their care worker was trained and experienced. They said, "You can tell when someone has experience of working with people who have a learning disability. This carer knows how to help them." Staff received a range of relevant training to support them to undertake their role. This included for example, moving and handling, health and safety, emergency first aid, equality and diversity, communication, safeguarding adults and The Mental Capacity Act 2005 (MCA).

• □ New staff shadowed the registered manager who also observed staff to ensure they were competent in areas such as moving and handling and medicines. The shadowing/ observation assessment form was graded red/ amber/ green. For example, red to show if the care worker was assessed as unsafe or amber that they required additional training or green that they were ready to go ahead without further support or training.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support

• □ The registered manager explained that the care staff were currently not providing meals for people, but they did support one person to eat their breakfast by supervising them. However, care plans did still contain a nutritional risk assessment when the service commenced and information for staff about healthy eating was provided. In addition, the person's preferences for drinks were provided. Daily notes referenced drinks provided and meals supervised.

• □ Staff had received additional training to understand and manage epileptic seizures. Information was provided in people's care records for staff reference when people had a specific health condition to further their understanding of how the condition might affect that person.

Staff working with other agencies to provide consistent, effective, timely care

• □ As part of the care plan agreement staff escorted the person one to one to their day activity and liaised with their college staff and the person's family to ensure a smooth transfer between home and college.

## 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.

- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. We found that the care plans had been signed to show consent to the care and support provided. This included, consent to undertake medicines administration, care provision and the sharing of confidential information when agreed circumstances were in place.

# 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

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

- A relative told us, "We are very happy with this carer, they do exactly the way I would do things. I have never been happier than with this agency." People's care contained reminders for staff to be, "respectful" and "polite" when working with people and their relatives.

- A care worker told us, "I have worked with this person a long time now. I build a friendly bond, so they feel safe with me. I speak with them, I'm always friendly so they see me as a friend. It is important to build a bond, so they are comfortable with you. Then they stay calm and feel they can speak with you." Staff had received communication training to support them to work effectively with people and their families.

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

- People's care plans contained information about how they communicated their needs and choices. The language they spoke and understood was stated. In addition, so was their facial expressions and body language. For example, should the person wish to interact with someone they will move their chair closer to them to signal this is what they wanted.

- People's care plans contained details of any sensory impairment and any equipment such as glasses that might be used to support the person to understand what was happening around them. The care plan contained some of the person's known preferences and some information about their diverse support needs. This included for example, that they liked both English food and food that met their cultural needs. Their religion was stated and who supported them to go to their place of worship was also in the care plan.

Respecting and promoting people's privacy, dignity and independence

- People's care records contained reminders for staff to support people's privacy and dignity. This was also stated throughout the training material staff received. One person's care plan described that their goal was to achieve greater independence. For example, to access their local community independently and to attend activities independently in the future. Staff described supporting the person to their college placement, so they could maintain their independence in terms of their education and to socialise with their peers.

# Is the service responsive?

## Our findings

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

People's needs were not always met. Regulations may or may not have been met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- A relative told us, "Yes there is a care plan...this carer, they do everything well. For [Person] they give their medicines, do their wash and dress them and escorts them." People had person centred plans that contained some background information and contained the person's preferences.

- We found that whilst most information in the person's care records was clear and informative there was some inconsistent information about what support was required to mobilise. For example, in the mobility guidance when describing how the person mobilised around their home it was stated they used crutches and reminded staff to check a walking frame's rubber feet were in good condition. However, we clarified with the registered manager that the person did not use these items. The registered manager agreed to amend this.

- The person's care records were also somewhat unclear at times. For example, it was stated the person liked loud music, but it also stated elsewhere in the records that loud music could trigger an epileptic seizure. The registered manager agreed that the care records was not always clear and consistent in the information provided to staff.

Improving care quality in response to complaints or concerns

- A relative confirmed that they would be able to raise a complaint if necessary and said they felt the registered manager would address any concerns. The registered manager had a code of conduct for the staff called the, "Dignity in care challenge," in this it stated, "Ensure people feel able to complain without fear of retribution." To support people to complain they had provided information for people and their family in their service user guide.

- The registered manager explained there had been no complaints about the service provided. They said they were, "Open to hear if we are lacking. We are happy to hear if there are any issues and we would address them." The manager had a staged complaints policy and procedure that contained an outcome form to capture what actions had been taken to address issues and concerns raised. They described to us how they would respond to a complaint, investigate and apologise, where necessary. They would address practice with staff and make necessary changes if they found faults with the service provided.

End of life care and support

- The registered manager confirmed that end of life care was not being provided currently. The registered manager was a nurse and had end of life nursing experience. They had ensured that the care worker, currently employed had received some online end of life and bereavement training. This was in preparation for prospective people should this be required in the future. They described to us how they would expect to

work with the GP and palliative care team to provide appropriate end of life 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]

□ Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

• □ The registered manager had audited the care plans and staff files and had an action plan that identified areas for development. We saw evidence of checks, for example, there were notes in the care plan where the registered manager had identified changes needed to be made. However, the checks and audits were not always effective because we did find some inconsistencies in the care plan we reviewed. In addition, although most staff recruitment checks were robustly carried out both staff personnel files we reviewed had gaps in their employment that was not explained and confirmed. As such, there were some shortfalls to be addressed before we could be assured that the service was well-led.

• □ Notwithstanding the above, feedback from a relative was very positive about the care they received. They said, "Personally this is the best agency so far ... with [Registered manager] it is really, really good, the carer knows what to do." The registered manager had audited medicines and was monitoring the care provided through spot checks and observations.

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

• □ The registered manager was also the owner of the company and was clear about their role. They wanted to provide good quality care for people living in the community and they were recruiting staff who they felt were caring. They demonstrated they were prepared to offer staff a good level of training and support to achieve this aim. They were able to tell us what actions they should take if there were concerns and for example, knew when they must by law notify the CQC of certain events. They talked about their duty of candour and expressed that they aimed to be open and transparent in their business.

• □ The agency was small and as such we were only able to speak with one staff member. We found them to be experienced and knowledgeable. They understood their role, and this was confirmed by the relative's feedback about their work.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

• □ The relative confirmed that the registered manager asked for feedback about the service provided. They told us, "Yes, [Registered manager] calls regularly, she always asks are there any problems?" We saw that spot checks and phone checks were taking place giving the relatives an opportunity to speak about the care their family member received. Telephone monitoring questions included, 'Does the carer arrive on time? /

stay the full time?' and 'Do you have details re how to complain?' Relatives were asked to rate the service received, their responses included, "Service is very Good." Feedback we received from the relative was positive. They said, "The manager is very helpful and very supportive."

- The staff member confirmed they were well supported. They said, "I like it very much, lovely [Registered manager] and agency, really good...yes absolutely I'm supported." The registered manager explained that they wanted staff to become part of the growth of the service and as they grew intended to have staff meetings where staff could contribute their ideas and involve them in developing the service.

#### Continuous learning and improving care

- The registered manager was a nurse by profession and described keeping their nursing training updated. They told us that they realised when working in hospitals that there was a need for good agencies in the community so people could leave hospital and be looked after in their own home. They had plans to develop the service and was considering employing a care co-ordinator as the business developed so they could concentrate on growing the business by working with the local authorities and health trusts.

#### Working in partnership with others

- The registered manager told us they were working with a consultant to develop the service's systems, and they gave advice and guidance. They also talked with other care agencies in their area and shared with them knowledge and experience.