

In Touch Care Services Limited

# Intouch Care Services Limited

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	<b>Requires Improvement</b> 
Is the service effective?	<b>Good</b> 
Is the service caring?	<b>Good</b> 
Is the service responsive?	<b>Good</b> 
Is the service well-led?	<b>Requires Improvement</b> 

# Summary of findings

## Overall summary

### About the service

InTouch Care Services Limited is a care at home service providing personal care for six people, some of whom were living with dementia and a physical disability. The service supports people living in their own homes.

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

Care records did not contain guidance for staff to follow to assist people with their medical equipment such as a nebuliser. Incidents and accidents had not always been recorded to allow the manager to identify themes or trends to enable them to reduce these. Audits were not detailed enough and did not identify the shortfalls we found during the inspection.

Staff knew how to safeguard people from abuse. Medicines were managed safely. Staff followed safe infection control practices. Staff had the necessary skills and training to support people safely. Staff treated people well.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff worked with other agencies to ensure people received joined up care. Staff received regular spot checks and appraisals. Staff felt supported by the registered manager.

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

### Rating at last inspection

This service was registered with us on 2 July 2020 and this is the first inspection.

### Why we inspected

This was a planned inspection as the service had not previously received a rating.

We have found evidence that the provider needs to make improvements.

You can see what action we have asked the provider to take at the end of this full report.

### Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified a breach in relation to the governance of the service.

Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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 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 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** 

# Intouch Care Services Limited

## **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

The 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 24 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 7 April 2022 and ended on 12 April 2022. We visited the location's office/service on 7 April 2022. Calls were made to people and staff on 8 and 11 April 2022. Feedback was given to the

registered manager on the 14 April 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 reviewed on-going monitoring such as information received. This information helps support our inspections. We used all this information to plan our inspection.

#### During the inspection

We spoke with one person and one relative about their experience of the service provided. We spoke with five staff members, including the registered manager, care-coordinator and three care workers. We looked at two staff files in relation to recruitment and staff supervision. We looked at four people's care records including medication records. We reviewed a variety of records including records relating to the management of the service.

# 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 requires improvement. This meant 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.

Assessing risk, safety monitoring and management; Preventing and controlling infection

- We found one person had a number of unwitnessed falls between visits which had not been recorded in the incident and accident log. This meant it was difficult for the registered manager to identify any trends or to reduce the risk this person. We discussed this with the registered manager who provided assurances they would record unwitnessed falls.
- We found one person's risk assessment had not been updated following several falls. We discussed this with the registered manager who assured us they would update the person's risk assessment.
- People's care records and risk assessments set out people's needs and risks to ensure staff knew how to support them.
- Staff followed safe infection control practices.

Staffing and recruitment

- Staff members had been transferred over from the previous provider to the current provider. We found two staff files did not contain suitable references and clear dates had not been provided in their employment history. We discussed recruitment records with the registered manager to ensure they understood safe recruitment practices when recruiting new members of staff.
- Staff received disclosure and barring checks. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- Care records required clearer information about people's health conditions and guidance for staff to follow to support people with their medical equipment. This meant there was a potential risk medical conditions may not be managed safely or that staff may use medical equipment incorrectly due to a lack of instructions. Audits of care records had not identified the lack of detailed information for staff to follow to ensure people received safe care and treatment.
- We found two people's care records did not contain a medication administration record (MAR) or body map to direct staff where to apply their prescribed creams. Staff we spoke to were aware where to apply people's creams. We discussed this with the registered manager who agreed to put the required documents in place to ensure people received consistent care.
- Staff received medication training and their competencies were assessed during regular spot checks.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People were protected from abuse by staff who knew how to safeguard people from abuse.
- Staff received safeguarding training and told us how they would escalate any concerns. One staff member told us, "I'd report safeguarding concerns back to the registered manager, if the registered manager didn't do anything it would be CQC and safeguarding".



# 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 for 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

- Staff told us they read people's care plans to help them to understand people's needs. A staff member told us, "If we take on a new service user, I will discuss this with my manager first. Then when I get to their home, I will read through the care plan to get the knowledge and as much information about them as I can".
- People's protected characteristics, as identified in the Equality Act 2010 were outlined in their care plans. This included gender, age, culture, religion, ethnicity and disability.

Staff support: induction, training, skills and experience

- Staff training was tailored to the needs of the people they supported. All staff had completed their Health and Social Care National Vocational Qualification level 3. The Level 3 Diploma in Adult Care is a qualification for learners who work within adult care settings. The qualification is for workers who have key responsibilities for delivery of care.
- Records evidenced that staff received regular supervisions and spot checks.
- We saw evidence that staff meetings took place. One staff member told us, "If we raise any issues, they will call a meeting."

Supporting people to eat and drink enough to maintain a balanced diet

- Staff supported people to eat and drink and maintain a balanced diet. A staff member told us, "I look after [person] who has diabetes, but [person] family handle nutrition. I'll only make [person] a drink and I make sure [person] has low sugar squash".
- People's care records outlined their support needs for eating and drinking so staff could meet these.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff worked with other agencies to ensure people received joined up care. The registered manager told us, "We work closely with another agency, we work with them five days a week, we both work as a team to ensure the person receives the best service".
- Care records demonstrated involvement from a range of healthcare professionals including district nurses, occupational therapists and chiropodists. This ensured people's health needs were monitored and met.
- People were supported to access healthcare services when required. People's care records outlined the support they needed with arranging healthcare appointments.

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 MCA 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.

- A relative told us staff seek consent before carrying out tasks.
- Staff understood the principles of the MCA and how to support people in their best interests. One staff member said, "Somebody else has to guide them with decisions, when they are not capable of making their own decisions. Like [person] I care for, [relative] has to make all their important decisions because they can't make them on their own".
- Care records contained information for staff in relation to people's decision making and capacity.

# 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 for 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

- People and relatives told us staff were kind and caring. One relative said, "Yes, they are kind and caring".
- Staff demonstrated they knew people well and explained how they meet people's needs. A relative told us, "They have all got to know [person] quite well".
- People's equality and diversity characteristics were recorded in their care plan and staff took these in to consideration when supporting people with their care needs.

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

- The registered manager had not gathered feedback from people or relatives about the care they received. However, people and their relatives were happy with the care they received. We spoke to one relative about their loved one's care, and if they were encouraged to express their views, the relative said, "No not really, I'm quite happy with it anyway". Following the inspection, the registered manager implemented quality questionnaires to encourage people to express their views about their care.
- People had ticked their care plans to say they agreed with the documents in place.

Respecting and promoting people's privacy, dignity and independence

- People and relatives told us staff respected their privacy and dignity. One relative told us, "They always communicate with [person] when carrying out tasks".
- We spoke to staff about how they promoted people's privacy, dignity and independence. A staff member told us, "We follow what they want and what they need. We don't try and say, no you can't have a wash today, we do what they want and what they need. We close curtains, we will close doors, we will cover their bits up".

# 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 for 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

- We discussed personalised care with the registered manager. The registered manager told us, "We ensure that is met within the care plan. Every staff member knows people's preferences and wishes. If it's a service user that only prefers females, it's in the care plan".
- People's care records contained information about their background, support network, preferences and interests.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their careers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- We discussed people's communication needs with staff. A staff member told us, "[Person] can sign, I'm picking up bits. I've signed up to a sign language course at college".
- People's communication needs were assessed and recorded as part of their care planning. We reviewed the care records for a person with a hearing impairment. Their care plan contained guidance for staff to follow to communicate with the person.

Improving care quality in response to complaints or concerns

- People and relatives told us they had not raised any complaints or concerns. A relative told us, "I'm more than happy with them, we've had company's before, and they've been the best one".
- There was an up to date complaints policy in place.

End of life care and support

- Staff had received training in end of life care. A staff member told us, "I look after somebody now who is on palliative care. I would listen to them and I would do whatever they wished me to do. I respect people, anything to make them comfortable, any little thing, just to give them that bit of security someone's there with them".
- Care plans did not outline people's end of life wishes. The registered manager told us, "We were supporting one person who was end of life but now is palliative care, they gave the person a time frame of six weeks, it's now gone nine months. We give staff end of life training which is the background knowledge of what to do in that situation". The registered manager told us they were in the process of updating care plans to ensure they were more person centred and included people's end of life wishes.

# 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 for 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; Continuous learning and improving care

- Care records required clearer information about people's health conditions and guidance for staff to follow to support people with their medical equipment. This meant there was a potential risk medical conditions may not be managed safely, or staff may use medical equipment incorrectly due to a lack of instructions. Audits of care records had not identified the lack of detailed information for staff to follow to ensure people received safe care and treatment.
- Care records did not contain body maps to guide staff where to apply people's prescribed creams. This meant there was a potential risk creams could be applied in the wrong place and not as prescribed. Medication audits had not identified the lack of detailed information for staff to follow to ensure creams were applied as prescribed.
- Unwitnessed falls had not been recorded in the incident and accident log. This meant opportunities to prevent reoccurrence and improve safety were missed.

We found no evidence people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Following the inspection, the registered manager sent us evidence they had sent quality questionnaires to people and relatives to collect their views about the service. This information had not been analysed for themes and trends, however, the information collected was positive and complimentary of the service.
- People and relatives we spoke to felt positive about their interactions with the registered manager. One relative said, "[Registered manager] is kind and caring".
- Staff told us they were supported by the registered manager and felt comfortable raising concerns. A staff member told us, "Yeah, they listen and take on board concerns, if I don't feel like they have, I'll ask again, and they say we have sorted it or were doing this."

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; Working in partnership with others

- The registered manager understood the duty of candour and their responsibility to be open and honest

when things go wrong.

- The registered manager was transparent and took on board feedback delivered during the inspection.
- The registered manager worked with external agencies to ensure people received joined-up care. The registered manager told us, "I've had to call the district nurses for [person] on a few occasions because they always send one nurse when [person] is a double call".

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>We found no evidence people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm.</p>