HomeTouch Care Limited

HomeTouch Care Ltd

Inspection report

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Date of inspection visit:
12 October 2022

Date of publication:
02 December 2022

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

About the service
HomeTouch Care Ltd is a domiciliary care agency that provides care and support to people in their own home. The service supports people who have dementia, mental health and physical disabilities, through a live-in care service. The service operates across a number of geographic areas across England.

HomeTouch Care Ltd provided two models of care. An Introductory care model where the service introduces people using the service to private carers. However, the service did not manage the carers and the support they provided. This aspect of the service was not regulated by CQC.

The second model of care was a service fully managed by HomeTouch Care Ltd and was regulated by the CQC. At the time of our visit there were 54 people receiving a regulated service, which means they were receiving support with personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

People's experience of using this service and what we found
People told us they were happy with the care and support they received because they felt safe and all their needs were met by kind and caring staff.

Risks to people's health and wellbeing were assessed and risks mitigated. On the day of the inspection visit we found some gaps in risk assessments. But by the time of writing this report, these had been addressed. The service reviewed their risk assessment document to incorporate environmental assessments, had expanded on these and so these identified and reduced any environmental risks to people and staff.

Care records were personalised and set out people's needs and how they liked to be supported, as well people's history and what was important to them.

Recruitment practices were safe and relevant checks had been completed before staff worked at the service. The service employed experienced staff for the live-in care role. Staff received initial training in key areas before beginning working with people. People received their medicines safely by suitably trained staff.

Staff underwent regular supervision and checks of the service they were providing. They understood the principles of the Mental Capacity Act 2005 and the importance of gaining consent from people. We found there were some gaps in mental capacity assessments, but these were addressed by the service at the time of writing this report.

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 and relatives told us that the service was well managed. The registered manager had oversight of staff performance. People and relatives knew how to raise concerns and complaints about the service. The managers dealt with received complaints promptly.

Since the last inspection the service had grown significantly. The management team were in the process of improving their quality assurance systems to ensure that the service provided was of good quality across all geographic areas they covered.

The management team were aware of their regulatory responsibilities, and had notified CQC and other stakeholders appropriately.

The service sought feedback about the service from people, relatives, staff and external professionals. Feedback from surveys as well as information gathered from quality audits complaints, accidents and incidents and safeguarding concerns, was used to introduce changes and improve the service provided.

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

Rating at last inspection
The last rating for this service was good, (published 19 November 2019).

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?

Good

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in well-led findings below.

HomeTouch Care Ltd

Detailed findings

Background to this 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 team included two inspectors and one Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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

Registered manager
The service had a manager registered with the Care Quality Commission. 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.

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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 we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 12 October and ended on 24 October 2022. We visited the location's office/service on 12 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.

During the inspection
We spoke with five members of the management team including the registered manager. We reviewed a range of records. This included four people's care records on the day. We looked at three recruitment files, as well as supervision and training records.

We spoke with nine relatives who gave feedback on the service. We talked to six members of care staff. We continued to seek clarification from the registered manager and provider to validate evidence found. We looked at training data, updated risk assessments and quality assurance records. We also reviewed policy documents.

We contacted external health and social care professionals working regularly with the service and we received feedback from three of them.

Good

Is the service safe?

Our findings

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

At the last inspection this service was rated good. At this inspection the rating has remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Risks to people's health and wellbeing had been assessed and reviewed.
- We saw risk assessments associated with people's specific health conditions, eating, personal care, and cognition.
- Risk assessments for individual people had been personalised and provided staff with information on how to minimise identified risks. We noted the level of detail about the risk mitigation practice varied across the files we looked at. We discussed this with members of the management team who were responsive to our feedback and this was addressed at the time of writing this report.

Using medicines safely

- Where agreed, staff supported people to receive their medicines.
- Care records contained information for those people for whom, support was given with medicines.
- Staff received training in medicines administration and their competencies had been assessed in line with best practice guidelines.
- Medicines Administration Records (MARs) were completed by staff each time medicines were given.
- The service had policies and procedures on the administration of medicines, which provided guidelines for staff.

Systems and processes to safeguard people from the risk of abuse

- Family members told us the service provided safe care. Comments from relatives included, "It works well and we feel she is safe" and "I do feel they are safe."
- Staff had received adult safeguarding training. They understood their responsibilities to record safety incidents, raise concerns and near misses to the management team.
- Staff understood the importance of whistleblowing and told us they would not hesitate in raising concerns if they had any worries about the care offered by colleagues.
- The registered manager investigated safeguarding concerns promptly. They referred appropriately to both CQC and local authorities to ensure action was taken and people were safe.

Staffing and recruitment

- The service provided live-in care services and people were supported by staff who had been safely recruited. Checks were completed to make sure new staff were suitable to work with people. Two references, including one from the most recent employer, and Disclosure and Barring Service (DBS) criminal record checks were obtained. DBS checks help providers make safer recruitment decisions.

● People and staff had access to an out of hours on call system staffed by the management team.
Relatives told us that they mostly had consistent staff providing a service. Comments included, "We have had three carers over the 18 months" and "We have had four carers over the 18 months." We were told, "HomeTouch Care Ltd sends in alternative carers to cover breaks and holidays."
● The service matched care staff with people. The final decision of care staff rested with the person and their family.
Preventing and controlling infection
● There were effective systems in place to reduce the risk and spread of infection. Staff had completed the relevant training.
● Staff had access to enough Personal Protective Equipment (PPE). Staff confirmed they always used their PPE. Relatives confirmed that care staff used PPE appropriately. Comments included, "PPE for personal care, yes" and "Use PPE? Yes."

Learning lessons when things go wrong
● Records were kept of accidents and incidents, and the registered manager understood how to use them as learning opportunities to try and prevent future occurrences.
● The registered manager showed us that following any incident or accident, a log was kept of actions taken, including actions to support staff. All learning or improvements were considered to prevent any re-occurrences, and this information shared with the staff team.

Good

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.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

● We found minor issues with mental capacity assessments as there was not always detailed guidance for staff, when supporting people with cognitive impairments. People were not restricted of their liberty, so there were no legal authorisations needed, or in place. However, we found examples where it was unclear whether people could safely leave the house without supervision. By the time of writing this report, the service had started updating mental capacity assessments to include sufficient detail in this and a number of other areas and had a programme to review the capacity of all people getting a service. This is discussed further in the well-led section of the report.
● Relatives confirmed that staff were mindful of gaining consent when providing care. One relative told us, "She always asks permission and explains what they are going to do." Another relative said, "Do they ask permission? Always."
● Staff had received training in the MCA, and could explain to us the importance of gaining consent and working with people to achieve that.
● Where family members had been legally appointed to make decisions on behalf of a relative, this was documented in the care records.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● People and their families were given the opportunity to be involved in the care planning process.
● Prior to a package of care being started, the service reviewed the referral and arranged to meet the person

and their family to ensure they can meet the person's needs.
● Initial assessments were individualised, detailed and appropriately completed, which then become support plans and risk assessments.
● People's personal history, cultural and religious needs and sexuality were recorded on documentation. People and their family members were asked about their routines, wishes and choices in the way they wished to be supported. The manager considered people's protected characteristics under the Equality Act.
● Staff were aware of equality and diversity issues, and the management team were aware of their obligations in this regard.
● People and their relatives could then review available care staff on the Home Touch Care Ltd staffportal. They could then discuss with the care co-ordinator, or registered manager, the suitability of specific care staff for the care package.

Staff support: induction, training, skills and experience
● Staff were suitably trained and supported in their role as live in carers.
● Relatives told us staff were, "Extremely good at their job. They know [person] she can have mood swings and they are good at changing the subject. We are so lucky having [carer name] and the other carers."
● Staff told us, "Yes, I do feel supported. I like this company. I feel more supported here than in another company" and "Yes, I am very happy with them. They put a lot of energy into carer and the customer's needs."
● Only experienced care staff were employed by the organisation. They were expected to complete mandatory training in all key areas, and specific training for any additional needs if the person required support in these areas.
● The provider, a dementia specialist, had developed an in-house dementia training module which was rolled out to care staff across the country, by a team of specially trained in-house staff. Care staff also had access to a clinical resource library including videos created by specialist staff at the service.
● Refresher training was provided by the care agency for managed packages of care.
● At the time of the office visit the organisation did not have a system to easily track staff training, but by the time of writing the report they had resolved this issue. This was important as the staff team was over 100.
● Staff received regular supervisions and spot checks of their direct work at people's homes. At the time of the office visit, staff and family members were made aware of when spot checks were taking place. The service said they would review this process to maximise the effectiveness of the spot check.

Supporting people to eat and drink enough to maintain a balanced diet
● There were numerous arrangements in place for supporting people with food, but where required, staff supported people to have sufficient food and drink.
● One relative told us they were happy with the food prepared and told us, "Now with fresh home cooked food, there is no need for the constipation pills."
● Care plans highlighted what people liked to eat and when, and staff prepared food in line with people's cultural preferences.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● Care plans highlighted people's health conditions, and relatives confirmed that staff understood the health needs of their family members. Comments included, "[Name] is very good with mum who has dementia" and "[Name] understands mum's Parkinson's and can vary and adapts her care around it."
● Live-in care staff and the management team ensured that any issues of concern were highlighted to external health professionals as needed.
● The registered manager ensured that they had sufficient information when taking on a care package. We

found one person who required the additional input of a dietician to ensure they received sufficient nutrition. This was addressed immediately by the registered manager.

● The service worked collaboratively with external health professionals to ensure people received care that met their needs.

Good

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.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. 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

- Relatives told us staff were respectful of their family member's cultural needs and were kind and caring.
- Comments included, "Kind and caring, always" and "My aunt is Christian and [care staff] is Muslim but speaks about the Christian faith with her and they sing carols together."
- Relatives gave us numerous examples of care staff providing personalised, sensitive care. One relative said, "Mum used to go to church, chooses not to now, but loved the singing so they sing together."
- Staff were able to tell us how they supported people in a kind and caring way and were sensitive to people's cultural and religious needs.
- Care plans included information about people, their personal history, important past events and people that were important to them. Care plans provided staff with information about people's diverse needs and the support people may need with these.

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

- Relatives confirmed they were involved, along with the people supported, to make decisions about the care provided. Also, that people were encouraged to be independent.
- Comments included, "Yes, we worked with them to make the care plan" and "The family were involved in the care plan."
- Another relative told us, "Privacy and dignity always, and yes, encouraged to be independent." We were also told that, "Mum likes to do things so [care staff] suggests she lays the table and as mum likes washing up she doesn't put everything in the dishwasher, but leaves some simple things for mom to wash up." This showed sensitivity in promoting independence and awareness, by staff, of the importance of feeling involved, and in control.
- Care plans provided information for staff on how to support people to have their choice, keep their independence as much as possible and be safe at the same time.
- Staff told us how they provided dignity to people. Comments included, "Dignity? I treat her like I would like to be treated." Another staff member told us, "Before I go to her in the morning, I use the walkie talkie. Are you happy for me to come in now? Then I knock on door and ask if I can come in."

Good

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question remained the same. 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; 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

● People and their relatives were in control of choosing the care staff and so they could ensure it was personalised to their needs. The service had developed detailed care plans with people and their relatives' and this outlined their needs, preferences and routines.
● Relatives told us care was reviewed. Comments included, "We did a review on Saturday. The lady who does the care plans popped in. She is going to be sending out a revised plan."
● People's personal histories and their previous occupations were detailed, so care staff could understand people's personal backgrounds, even if they could no longer tell their own life story.
● Staff took people outside of the house, either walking, by wheelchair, or by using the car. This enabled people to leave home, and if they chose, to visit other people or go to the shops.

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.
● Care plans included information on how to communicate with people, and staff communicated with people in a way people could understand.
● Where possible, people were linked with staff who could communicate in their chosen language.

Improving care quality in response to complaints or concerns
● The service had a complaints process in place, and records showed that complaints were dealt with in line with the policy.
● Relatives told us they rarely had to make a complaint, but when they had, it was dealt with promptly.

End of life care and support
● Care plans contained information on people's end of life wishes. Sometimes this was simply to refer to family members. End of life training was not a core training, but would be provided as required.
● Information about 'Do not attempt cardiopulmonary resuscitation' was clearly recorded when it had been discussed and agreed with a health professional.

Good

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.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- There was an extensive management structure in place at the service. This was important as the service had grown significantly in recent years. Records showed that management planning and oversight meetings took place regularly, and the service understood the importance of, and worked hard, to provide good quality care.
- There were existing auditing systems in place at the service, including medicines audits, care plan audits and spot checks. However, we found that some of these needed refinement to enable members of the senior management team to scrutinise the information effectively. This was important as the service had grown, and tasks were increasingly devolved to team members.
- Despite audits taking place, we found some areas in which improvements were needed at this inspection, in relation to mental capacity assessments and risk assessments. However, following the inspection visit, the service immediately made improvements in the auditing processes and schedules, and addressed shortfalls in risk assessments and mental capacity assessments.
- We found the registered manager and management team open and transparent, and willing to immediately address any areas highlighted at the inspection.
- The registered manager provided a very hands-on approach. They had developed good working relationships with external organisations, including CQC, to ensure notifications were received in line with regulatory requirements, and information shared appropriately with other organisations.

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

- Relatives spoke highly of the service. Feedback from the inspection phone calls, and from compliments kept by the service confirmed the good quality care offered by the service. Comments included, "I would unreservedly recommend HomeTouch and the lovely carer [name]" and "They provide all the care that is required in a friendly and efficient manner."
- Health and social care professionals told us, "The service is extremely well led and managed" and office staff "have always been professional and knowledgeable."
- The service maintained a 'patient experience' log which provided feedback from people using the service and where any issues were raised these were addressed and informed future planning.
- Family members told us of good outcomes for people who received the service. One relative told us her

relative had previously been in a care home for 10 months which she said, "was awful and that the difference in her [relative] since coming home, having a live-in care was remarkable." This view was reiterated by a number of family members we spoke with. Another relative said in their view, "It's much better and a more caring alternative to a care home."

● The management team highlighted examples of good outcomes for people. One person, who initially following the death of his partner, needed live-in care, progressed through support and confidence building, to no longer needing a 24 hour service. They remained supported in the community with reduced care, supported by visiting care professionals. Another person, who was at risk of malnutrition, gained weight as a result of sensitive and considerate support and care by the live-in care staff.

● Staff spoke highly of working for the service. We were told, "Yes. it's a very good job" and "Good communication. Yes, I feel very much supported in my role. They call me and check on how I am doing."

Continuous learning and improving care; Working in partnership with others

● The management team could evidence how they were continually learning and working to improve care. The action plan identified areas for the service to focus on in the coming 12 months. The quality audit policy and schedule was updated during the inspection process to clarify expectation for all staff to ensure good quality care was evidenced across the organisation.

● The service had developed innovative ways to support staff, who often worked at a distance, including commissioning training videos.

● The service worked alongside local domiciliary care agencies to support people if they required more than one care staff to safely provide personal care. This required effective and co-ordinated planning and support. The registered manager and their team realised the importance of working in conjunction with partners to provide the seamless service to people. The registered manager told us how they checked that care documentation for both organisations highlighted the same risks, needs and outcomes to work to. This was working well at the time of the inspection.

● Other stakeholders gave positive feedback on the service. Comments included, "Staff at HomeTouch have been very professional in their approach while dealing with us" and "We work together brilliantly when the sole focus is to support the client and family."