

Healing Touch Care Ltd

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Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Healing Touch Care Limited is a domiciliary care service providing personal care to people living in their own homes. The service provides both a visiting care service but also live in care. The service provides support to people living with dementia and older and younger adults with physical disabilities. Currently everyone using the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of our inspection there were 9 people receiving personal care.

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

We found some shortfalls in recruitment practices and we have made a recommendation about this. Staff understood how to protect people from abuse and people lived as safely as possible because staff assessed, monitored and managed risks. The service had enough staff to ensure people received a reliable and consistent service that met their needs. Medicines were managed safely. Staff used personal protective equipment effectively and safely. The service managed incidents affecting people's safety well.

Care plans had been co-produced with people and were holistic, but some had not always been updated in a timely manner when people's needs changed. People were supported by staff who had received an induction period which included the completion of the Care Certificate. This helped to prepare them for their role. There was a lack of records available to evidence shadowing, competency assessments and spot checks and we have made a recommendation about this. People's nutritional needs were met, and staff worked collaboratively with health and social care professionals to support people with their healthcare needs.

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 empowered people to make own decisions about their care and support and consent was sought in line with legislation.

Care was very person-centred and promoted people's dignity, privacy and human rights. People received kind and compassionate care from staff who understood their individual needs.

Care planning was focused on people's individual needs and preferences and provided information about the tasks staff needed to perform at each visit and how the person liked these to be completed. Staff understood the importance of developing a strong bond with those they supported. People's communication needs had been assessed and planned for. A complaints policy was in place although no complaints had been received. The registered manager understood the important of ensuring people had a comfortable and pain free death.

The registered manager had a clear vision for the direction of the service and a desire for people to have the

best quality care and achieve the best possible outcomes. They were clearly committed to their role and had a clear understanding of people's needs and of the service they managed. The care and support being provided helped to promote people's quality of life and to achieve good outcomes for people. The provider and registered manager encouraged an open and honest culture. The registered manager evaluated the quality of support and sought feedback from people and staff and used this to improve the service. The leadership team engaged with a number of local forums and organisations to develop their knowledge, improve care for people using their service and the wider health and social care system.

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

Rating at last inspection

This service was registered with us on 3 September 2020. The service was inspected in March 2022, but there was insufficient evidence to provide the service with a rating, therefore this is the first ratings inspection.

Why we inspected

This was a planned inspection as the service had not previously been rated.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Healing Touch Care 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 1 inspector and an 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.

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 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 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.

What we did before the inspection

We reviewed information we had received about the service since their registration with CQC and sought feedback from the local authority. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the

service, what the service does well and improvements they plan to make. We also sought feedback from the local authority. We used all of this information to plan our inspection.

During the inspection

We visited the provider's office where we spoke with the registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with 1 member of staff. Following the inspection, we spoke with 3 people using the service and another 5 people's relatives about their experience of the care provided. We also received feedback from 3 care staff and 3 health and social care professionals.

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 ratings inspection for this service. This key question has been rated good.

This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- People told us they were safe, for example, 1 person told us, "I'm really liking the support I get from the carers... They keep me safe all the time". Relatives were also confident their family member was safe with 1 saying, "[Person] feels very safe with them at their side".
- Risk assessments were in place to identify and mitigate risks associated with falls, moving and handling, medicines management and skin integrity. Assessments were also in place for risks associated with people's home environment.
- Whilst the registered manager had taken a range of actions in response to new risks such as referring people to the falls clinics and recommending monitoring equipment such as alarms mats, some risk assessments had not always been updated. When informed, the registered manager updated these promptly. This omission was mitigated by the fact that staff had a good understanding of people's identified risks and the action they needed to take to prevent or minimise those risks.

Staffing and recruitment

- Overall, recruitment processes promoted safety, including those for agency staff. However, 2 staff members did not have a complete employment history. We discussed this with the registered manager who ensured the required information was obtained and records updated.
- The service was currently providing a live in care service to 2 people. The care workers providing this care were either agency workers or self-employed carers but were still subject to recruitment checks undertaken by the provider and their performance was also monitored by the registered manager.
- People spoke positively about the consistency and reliability of the service. Comments included, "They do their very best to arrive on time...the carers are punctual except for odd occasions, but they ring me up and let me know" and "Oh yes they arrive on time and even stay longer sometimes". A relative told us, "I am happy with the same three cluster of carers, I feel the continuity is good".
- Staff told us their schedules were realistic and allowed them sufficient time to make sure people received their planned care without feeling rushed or visits being cut short.
- Staff provided support to the same group of people which helped them to build positive and trusting relationships with people and their families. For example, one staff member said, "Yes I see regular people apart from when we are training a new staff member or in crisis situations. Certain staff members go to certain clients to support, like a team".
- The provider was very clear they would only take new referrals if they had capacity within their team to accommodate people's needs whilst not compromising on safety or quality.

Systems and processes to safeguard people from the risk of abuse

- Staff received relevant training and knew how to protect people from harm and abuse. The systems within the service supported this.
- There had not been any safeguarding concerns raised, but staff were confident the registered manager would act upon any concerns raised. For example, 1 staff member said, "100 %, not even a single doubt in my mind".

Using medicines safely

- People and their relatives were happy with the support they received with their medicines. Comments included, "I think they handle their medication in a very safe manner" and "Yes, medication is given effectively, new prescriptions are requested in good time and the company keeps a close eye on what [Family member] takes".
- Staff were trained in the safe administration of medicines and were observed by the registered manager to ensure they were competent, but there was no formal process in place to record and maintain copies of the staff competencies.

We recommend that the registered manager implement a formal process for assessing and documenting medicines administration competency assessments in line with guidance from the National Institute for Health and Care Excellence.

- The level of assistance people needed with their medicines had been assessed and planned for. and protocols were in place to ensure 'as required' or PRN medicines were administered safely
- The electronic medicines administration records (eMARS) viewed, provided assurances medicines had been administered as prescribed.
- The eMAR system provided alerts should a person's planned medicines not be administered allowing the registered manager to take remedial action.

Preventing and controlling infection

- Staff had received infection control training and had access to personal protective equipment (PPE) to safely manage and control the prevention of infections. One relative told us, "They wear all the protective clothing and gloves which they change regularly".
- Staff had access to information and guidance around preventing and controlling infection. This included hand washing protocols.

Learning lessons when things go wrong

- Staff recognised incidents and reported them appropriately.
- The registered manager and provider had oversight of all incidents to ensure appropriate actions had been taken in response such as escalating concerns to the GP and making referrals to other healthcare professionals.
- A more robust system was needed to demonstrate how incidents and accidents were reviewed for themes and trends and to demonstrate how lessons learnt were shared with staff.

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 ratings inspection for this service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The registered manager completed an assessment of each person's needs prior to care starting. These were developed into holistic care plans which covered a range of areas.
- We did find some examples where care plans did not fully reflect best practice guidance, or, had not been updated in a timely manner when people's needs changed. In some cases, information had only been updated in the visit plans, we were concerned this reduced the accessibility of key information. This risk was mitigated due to there being a small staff team who knew people well. The registered manager has taken action to update people's records where this was necessary.
- Care plans had been co-produced with people and those important to them. This helped to ensure people got the support they needed and wanted.
- One relative told us, "We have a care plan and Healing Touch have been right on the ball and really took an interest in my relative at every stage of the process... They are really fantastic, they care for [Person] in every way imaginable, they meet every expectation in so many ways and I haven't got a bad word to say about them... I would describe the care as outstanding".
- Another relative told us, "I would highly recommend Healing Touch and feel that my [Family member] has had outstanding care, they are flexible, give good advice and communication is excellent.

Staff support: induction, training, skills and experience

- People were supported by staff who had received an induction period which included the completion of the Care Certificate. This helped to prepare them for their role.
- Staff and people confirmed shadowing opportunities were undertaken, but there was a lack of records available to evidence this. This was also the case for the programme of ongoing spot checks undertaken by the registered manager.

We recommend the registered manager put in place a robust system for documenting shadowing periods and spot checks in order to demonstrate how they were assured staff were competent and applied their training and best practice.

- There was a programme of refresher training in place, which included key topics such as first aid, moving and handling, medicines management, safeguarding and infection control. Completion rates of this training was good.
- Staff had all undertaken training in supporting people with a learning disability and /or who were autistic and also in caring for people with cerebral palsy.
- Staff had access to a handbook which contained guidance along with a range of policies and procedures

to help guide them.

- Staff received regular supervision, felt well supported and were positive about the training provided.
- Staff were encouraged and supported to take additional qualifications in health and social care to develop their skills and knowledge.

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

- Where this was part of their assessed needs, people were supported to eat and drink in their preferred way. One relative praised the support provided to their family member saying, "[Family member] carers always make sure she has a mixed diet of meats, fish, vegetables, fruit etc".
- Care plans gave personalised guidance on people's dietary requirements and preferences.

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

- The service worked collaboratively with health and social care professionals to support people with their healthcare needs. This included advocating for people to access specialist care and equipment. In 1 example seen staff had gone to great efforts to liaise with a clinic to learn how to care for an appliance needed by 1 person who had sustained a fracture.
- Staff monitored people's health and people told us staff recognised if they were unwell and took action to ensure their health and wellbeing. For example, 1 person told us how the registered manager had recognised their family member was unwell, had called an ambulance and stayed with them until the ambulance service arrived and admitted the person to hospital. They also said, "Several times when there has been a threat of a bed sore [Registered manager] has got in touch with the district nurses, I can't speak highly enough of them".
- Another relative told us, "I have received good advice from them regarding mental health help, assistance with walking aids, incontinence and other practical help in the home.

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.

- Records showed staff empowered people to make own decisions about their care and support.
- Care plans contained signed consent forms.
- The registered manager had judged everyone currently using the service had capacity to consent to the care and support being provided or had legally appointed health and welfare attorneys whom they ensured were involved in decisions about how the person's care and support was provided.

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 ratings inspection for this 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

- Each person, and all the relatives we spoke with, told us staff were kind, caring and compassionate, knew people well and were able to anticipate their needs. For example, 1 person told us, "I think the carers are very caring with a nice personality, they know how to talk to me". This person told us, how they "looked forward immensely" to the staff coming.
- Another person told us, "They [Care workers] have a good personality, they are very kind and considerate, I can put my 100% trust in them".
- A relative told us, "[Family member] feels comfortable and they are very gentle... they have two different carers and she likes them both very much and give her the support she needs and any extra requests within their means that they can do, for example curling their hair etc".
- Staff continued to speak about how they took the time to get to know the people they visited so they could develop a rapport with them.
- When assessing people's needs, staff ensured people's unique personal histories and cultural or spiritual beliefs were explored.

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

- Feedback from people and their relatives indicated there was a strong focus on people being empowered to make decisions about how they wanted their care and support to be provided. This ensured they retained choice and control over their care.
- The provider continued to carry out reviews with people to ensure they were happy with the care provided.

Respecting and promoting people's privacy, dignity and independence

- People continued to tell us they were treated with dignity, warmth and respect and the staff supporting them showed a genuine interest in their wellbeing and quality of life.
- For example, 1 relative said, "The carers treat [Person] with dignity and respect all the time...My relative has been given a choice for male or female carers, but she doesn't mind".
- Another family member said, "The carers are ever so friendly to both of us, they really put my relative at ease because she was reluctant to have carers in the first place, they are also very respectful and understanding to us".
- Staff understood the importance of encouraging people to stay as independent as possible and described how they assisted people to maintain this whilst also providing care safely. For example, 1 staff member said, "[Person], her left arm is better than her right arm and we encourage her put her arm through and push it through. We encourage independence, it's one of [registered managers] great attributes, she encourages

us to encourage them, it's really important".

Is the service responsive?

Our findings

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

This is the first ratings inspection for this 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

- Care planning was focussed on people's individual needs and preferences and informed the daily plans which provided information about the tasks staff needed to perform at each visit and how the person liked these to be completed. This was confirmed by 1 person who told us, "I'm happy with what is contained in the care plan and I feel I have my say in what I want put in it".

This helped to ensure staff knew people well and were able to tailor how they delivered the support.

- Staff understood the importance of developing a strong bond with those they supported and people and their relatives confirmed this, with 1 relative telling us, "My relative thinks [Carers name] is the best thing since sliced bread, they have gone beyond the call of duty, we have a very trusting relationship".

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 carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People had communication plans that described how people communicated and included guidance for staff on the best approaches to use to support effective communication.
- Information could be provided in different formats when required.

Improving care quality in response to complaints or concerns

- A complaints policy was in place allowing people and those important to them to be informed about how to raise concerns or complaints easily.

End of life care and support

- Nobody was receiving end of life care at the time of inspection.
- It was clear however, that the registered manager understood the important of ensuring people had a comfortable and pain free death and they and the staff team had at times stepped in at short notice to provide end of life care at weekends despite limited support being available from other professionals.
- Care plans included information about whether people had a 'Do not attempt cardiopulmonary resuscitation' (DNACPR) decision in place and the location of this within the home. However, in 1 example, seen, this information was incorrect. The registered manager has taken action to update this.

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 ratings inspection for this service. This key question has been rated Good. 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; Continuous learning and improving care

- The completeness or robustness of some records could be improved. For example, some care plans and risk assessments had not always been updated in a timely way following a change in people's needs or contained conflicting information. The registered manager has taken action to address this.
- Whilst there was evidence that these had taken place, formal records relating to staff inductions, competency assessments and spot checks were not being maintained.
- We have made recommendations relating to these areas in other parts of this report, but the concerns were mitigated by the fact the registered manager was very involved in the day to day delivery of care and frequently worked alongside the small staff team, providing mentorship and guidance.
- The registered manager continued to use a system of audits to monitor and assess the quality of the service provided and monthly management meetings were held where key issues such as staffing, training and people's needs were discussed.
- The registered manager had a clear vision for the direction of the service and a desire for people to have good quality care and achieve the best possible outcomes. They were clearly committed to their role and had a clear understanding of people's needs and of the service they managed.
- The registered manager met with a mentor on a monthly basis for peer support and supervision to help ensure their own skills and knowledge remained current.
- Staff spoke positively about the registered manager with one saying, "[Registered manager] is just encouraging, responsive, there is not anything you cannot go to her about, the feedback she gives is constructive, she does in a way that makes you understand how you can do it better, [Nominated individual] is the same, amazing nature, great with the service users, very approachable".

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The care and support being provided helped to promote people's quality of life and to achieve good outcomes for people.
- The registered manager fostered a culture within the service where staff told us they felt valued and where people's individuality was promoted. One staff member said, "Yes, very much [Feel valued]. The company is very supportive and considerate".
- People told us the service was effective and met their needs with 1 person telling us, "The management have been excellent, they have accommodated me straight away, they know what I'm about and exactly what support I need, I would definitely recommend Healing Touch Care Ltd, in terms of the quality of care,

It's a very excellent company with good standards".

- We received similar feedback from relatives. Comments included, "I would say we have an excellent relationship with the management, they are quick to step up and get involved when I need support as they have done a few times already, I'm so impressed over-all and can't think of any improvements needed, I would highly recommend Healing Touch Care Ltd".
- Other comments from relatives included, "Healing Touch Care Ltd, are very compassionate and show dedication to everything, I like how friendly and reliable the carers are and that sets the company apart from other companies".
- Professional feedback about the service and the outcomes it achieved for people were also very positive. For example, one professional said the service was, "Great at service delivery, identifying safeguarding, very good level of communication, high degree of flexibility and passionate about care work".

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider and registered manager encouraged an open and honest culture at the service and understood their responsibilities in line with the Duty of Candour.
- In response to a visit being late, the registered manager had investigated, apologised and given the affected person honest information about what happened and what remedial actions were being taken in response.

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

- The provider sought feedback from people and those important to them. In the most recent surveys, the feedback had all been positive.
- Staff stayed in regular touch with the office and registered manager via telephone, email and through a shared, secure messaging app. Staff meetings took place, and these provided a forum for staff and the leadership team to share important information and ideas, discuss concerns or best practice approaches.
- Staff told us they were encouraged to share their views, and these were listened to which helped to foster a positive culture within the service.

Working in partnership with others

- The leadership team and staff worked effectively with health and social care professionals to meet people's needs.
- One professional told us the registered manager was, "proactive, responsive, had good communication, good knowledge and insight to risk management". They told us how the registered manager had been "Very knowledgeable and competent" in managing a hospital discharge. They said, "[Registered manager has excellent communication and personable skills and was able to work alongside myself. . .to deliver the best outcome for this client at this time".
- The registered manager engaged in a number of local forums where they worked with other organisations to develop their knowledge, improve care for people using their service but also the wider health and social care system. They were also part of a local registered managers network which provided an opportunity to share learning and information aimed at developing the service.