

Touchstones Care Ltd

Touchstones

Inspection report

9-11 Shakespeare Road
Worthing
West Sussex
BN11 4AL

Date of inspection visit:
13 March 2017

Date of publication:
28 April 2017

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

The inspection took place on 13 March 2017 and was unannounced.

The last inspection took place in February 2016. As a result of this inspection, we found the provider in breach of a regulation relating to safe care and treatment and maintenance of the premises. We asked them to submit an action plan on how they would address this breach. An action plan was submitted by the provider which identified the steps that would be taken. At this inspection, we found that appropriate action had been taken and the regulation had been met. At the last inspection, we found there was no specific training for staff on mental health conditions. The provider/registered manager had developed the training on offer to staff. Training had been made available so that staff had access to mental health awareness training and associated conditions. As a result of steps that the provider had taken, the overall rating of this service has improved from Requires Improvement to Good.

Touchstones is registered to provide accommodation and care for up to 19 people with a range of mental health needs and conditions such as bi-polar disorder, schizophrenia and Korsakoff's Syndrome. At the time of our inspection, 17 people were living at the home. Touchstones is situated near to the town centre of Worthing, with easy access to the seafront and local transport connections. Communal areas at the home include a TV lounge, music and computer room, conservatory with television, garden and residents' kitchen. There is also a larger kitchen and dining area.

The provider is also the registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Risks to people were identified, assessed and managed appropriately. Risk assessments provided detailed information and guidance to staff on how to support people safely and mitigate any risks. Risk assessments relating to the premises and people's safety were also in place. People told us they felt safe living at Touchstones. Staff had been trained to recognise the signs of potential abuse and knew what action to take. They had received safeguarding training. There were sufficient staff on duty to ensure people's safety. Safe recruitments practices were followed. Medicines were ordered, stored, administered and disposed of safely.

Staff completed training in a range of areas in order to support people effectively. New staff followed the Care Certificate, a nationally recognised qualification. Staff were also encouraged to study for additional qualifications. They had regular supervision meetings and staff meetings were also organised. Staff understood the requirements relating to mental capacity legislation and put this into practice. No-one living at Touchstones was deprived of their liberty. People were supported to have sufficient to eat and drink and a varied menu offered people choices of what they would like to eat. Where people had been assessed as being at risk of malnourishment, advice and guidance had been sought from healthcare

professionals and put into practice. People had access to a range of healthcare professionals and services and staff supported people to attend their healthcare appointments if required.

People were supported by kind, caring and friendly staff. Their cultural and spiritual beliefs were acknowledged and provided for. People were encouraged to express their views and were involved in their care planning, which was regularly reviewed. People were treated with dignity and respect. Some people had recorded their wishes for their end of life care.

Care plans contained detailed information about people's care and support needs. Staff supported people in line with their assessed needs. Each person had an allocated keyworker who provided in-depth support and regular meetings took place. Care records contained information about people's past lives and personal histories. Whilst staff attempted to provide structured activities for people living at Touchstones, the majority of people were fairly independent and chose to follow their own interests and hobbies. Complaints were managed in line with the provider's policy.

People were involved in developing the service and their feedback was obtained through residents' meetings and through questionnaires. People were positive about the service they received and the home overall. Relatives' views were also sought. Good management was evident and the service was well run. Staff felt supported by management and that their views would be listened to and acted upon as appropriate. A range of systems was in place to audit all aspects of the service and to drive continuous improvement.

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.

Risks to people and risks associated with premises had been identified and assessed appropriately. There was clear guidance for staff on how to mitigate risks.

People felt safe living at Touchstones. Staff had been trained to recognise the signs of potential abuse and knew what action to take.

Staffing levels were sufficient to meet people's needs and safe recruitment practices were in place.

Medicines were managed safely.

Is the service effective?

Good ●

The service was effective.

Staff completed a range of training to understand how to meet people's needs and support them appropriately. They received regular supervision and attended staff meetings.

Consent to care and treatment was sought in line with legislation and guidance. Staff understood the requirements of the Mental Capacity Act (MCA) 2005 and put this into practice.

People were supported to have sufficient to eat and drink and were encouraged in a healthy lifestyle. They had access to a range of healthcare professionals and services.

Is the service caring?

Good ●

The service was caring.

People were supported by kind and caring staff. They were encouraged to make decisions about their care and were involved in reviewing their care plans.

People were treated with dignity and respect.

Is the service responsive?

Good ●

The service was responsive.

Care plans provided detailed information about people and guidance for staff on people's support needs.

A range of structured activities were available, but generally people chose to follow their own interests and led fairly independent lives.

Complaints were dealt with to the satisfaction of the complainant.

Is the service well-led?

Good ●

The service was well led.

People were involved in developing the service and they were asked for their feedback. Relatives were also asked for their views about the service.

Staff felt well supported by management and that their views were listened to.

A range of audits was in place to measure and monitor the service provided and to drive continuous improvement.

Touchstones

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service and to provide a rating for the service under the Care Act 2014.

The inspection took place on 13 March 2017 and was unannounced.

One inspector and an expert by experience undertook this inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience at this inspection had expertise in mental health.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. We checked the information that we held about the service and the service provider. This included previous inspection reports and statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We used all this information to decide which areas to focus on during our inspection.

We observed care and spoke with people and staff. We spent time looking at records including six care records, three staff files, medication administration record (MAR) sheets, staff rotas, the staff training plan, complaints and other records relating to the management of the service.

On the day of our inspection, we met with seven people living at the service. We chatted with people and observed them as they engaged with their day-to-day tasks and activities. We spoke with the provider/registered manager, the deputy manager and two support workers.

The service was last inspected on 2 February 2016.

Is the service safe?

Our findings

At the inspection in February 2016, we found the provider was in breach of a Regulation associated with safe care and treatment. We asked the provider to take action because risks to people had not always been identified and assessed appropriately, putting them at potential risk. In addition, measures had not been taken regarding the assessment of people's risk of falls from first floor windows, scalds from hot water and burns from radiators. There were also a number of areas of the premises that were in need of repair. Following the inspection, the provider/registered manager sent us an action plan which showed what steps would be taken to meet this regulation. At this inspection, we found that sufficient improvements had been made and that this regulation was met.

Staff encouraged people to be as independent as possible. One person said, "I go for a walk to town and get my own papers which staff encourage". Another person said, "I am self-sufficient and independent and staff support that". A third person told us, "I'm going to London tomorrow on my own and the staff have gone through with me potential scenarios of risk and challenges I may come across". People risks had been identified and assessed in a range of areas including accidental fire, medicines, cooking, attempted suicide, self-harm, challenging behaviour, falls, smoking, continence and trips out. Risk assessments were also in place relating to people's risks associated with specific mental health issues such as Korsakoff's Syndrome and the effects of alcohol on people's wellbeing. Each risk assessment identified the hazard, people at risk, outcome and any further action necessary to control the risk; these assessments provided clear guidance for staff on how to mitigate risks. For example, a risk assessment relating to challenging behaviour advised, 'Staff to walk away from situation. Ask her to go to room and calm down. Remove any objects that could cause harm'. Risk assessments were reviewed regularly, usually every couple of months and records confirmed this. People were involved in making decisions about their risks. In one care plan we read, '[Named person] has identified a range of risks he is prepared to take in order to live his chosen lifestyle'. Accidents and incidents were reported and any necessary action arising was taken.

Risk assessments relating to health and safety were in place, for communal areas in the home and relating to people's health and safety. For example, all knives were locked away so that only staff had access. In addition, radiator covers, window restrictors and water thermostats were all in place. Some refurbishment and repairs had been carried out so that maintenance issues relating to premises identified at the last inspection had been acted upon.

People living at Touchstones told us they felt safe. One person said, "I feel safe here. It's a very nice home. There used to be troublemakers here, but they have all gone now". They added, "I can go and speak to staff whenever I want and that makes me feel safe". Another person told us, "I feel much more safe here now than I did in the 1990s". Comments from other people included, "The staff and the building make me feel safe" and "I feel safe as we don't have to look after ourselves or worry about our bills". People appeared happy and contented when we talked with them and everyone said they would have no problem approaching staff if they needed to raise any concerns.

Staff had been trained to recognise the signs of potential abuse and knew what action to take if they had

any concerns. One staff member told us they would report any concerns to the local safeguarding authority, to the provider/registered manager and to the Commission. They gave examples of types of abuse such as financial, physical, racial, psychological and sexual. Another member of staff told us they would report any concerns to the management, the local safeguarding authority or to the police, as needed. Contact details and information for staff on how to raise a safeguarding concern were available in the administration office.

We asked people whether they thought there were sufficient numbers of staff on duty to keep them safe. The majority of people felt staffing levels were appropriate. One person told us there was enough staffing and that there was consistency of care as no agency staff were used. Regular staff would work any extra hours if needed to cover any staff absences. The same person said there was a "sleep-in care worker" at night and people said if they needed to talk with staff during the night, they could just knock on the staff member's door. Rotas confirmed that staffing levels were consistent in that on weekdays, the deputy manager, a senior support worker and two additional support workers were on duty. The provider/registered manager was also on duty at times during the week. At night, one sleeping member of staff was available and at weekends, two care staff were on duty. One member of staff told us, "There's always enough staff on duty and we're allocated tasks at the beginning of each shift".

Safe recruitment practices were in place. Staff files we checked showed that potential new staff had completed application forms, received a job specification, two references had been obtained to confirm their suitability and good character for the job role and checks made with the Disclosure and Barring Service (DBS). DBS checks help employers to make safer recruitment decisions and help prevent unsuitable staff from working with people in a care setting.

Medicines were managed so that people received them safely. Some people had been assessed as being able to self-medicate and their medicines were kept in their rooms in locked cupboards. Staff carried out random checks to monitor that people had taken their medicines as required. When people had finished a course of medicines, they would bring their empty blister packs down to the office so that staff could check them. One person's risk assessment stated, '[Named person] collects one week's worth of blister packs from office and signs for them'. Medicines were stored securely in the front office for people who required their medicines to be administered by staff. We observed one person being supported by staff as they had their blood sugar tested. Readings were taken so that the appropriate amount of insulin could be administered. Generally, Medication Administration Records (MAR) were completed appropriately and showed that people had taken their prescribed medicine. However, we observed that some staff had written 'X' to note that people administered their own medicine, rather than 'O' which is the usual code. We discussed this with the deputy manager, who told us they would remind staff of the appropriate format. A pharmacist had completed an annual audit on medicines management and a report dated 17 January 2017 had found no significant issues. All staff who were involved in caring for people had been trained to administer medicines and this was updated annually.

Is the service effective?

Our findings

We asked people whether they felt staff had the knowledge and skills they needed to support them effectively. One person said, "The staff are very intelligent" adding, "I know what to expect from them and they know what to expect from me". Another person said, "They do have the right training and skills to meet our needs. Staff get on the job training and they do not interfere in our lives". A third person said, "I feel that the staff are sufficiently trained to meet my needs". A fourth person commented, "The staff know how to talk to people".

We talked with staff about the training they had completed. The deputy manager had completed National Vocational Qualifications in health and social care at Level 2 and 3 and hoped to achieve more advanced qualifications in leadership and management. The provider/registered manager was qualified to deliver training to staff, for example, in first aid or moving and handling. Training included health and safety, food hygiene, infection control, fire, medication and safeguarding. In addition, training was available on mental health awareness and specific mental health conditions, diabetes awareness, mental capacity and risk assessments. The provider/registered manager told us, "Mental health training covers a lot, anxiety, depression, etc. It will cover most of the mental illness here". New staff completed an induction programme and studied for the Care Certificate, covering 15 standards of health and social care topics. These courses are work based awards that are achieved through assessment and training. To achieve these awards candidates must prove that they have the ability to carry out their job to the required standard. New staff were 'buddied up' with experienced staff whilst they learned about their job role. We looked at the staff training plan which showed that staff had completed training as required. The majority of training was on-line and staff had access to a computer to enable them to complete this training. One staff member talked about the training they had received relating to lone working, medication, diabetes and mental health awareness. They said, "It makes you understand, especially with bi-polar and schizophrenia, that is part of their illness, not just that they're being awkward". Staff were encouraged to study for additional health and social care qualifications.

Staff received supervision at least every couple of months and records confirmed this. For example, a supervision record dated 9 March 2017 for one member of staff showed what action was taken from the previous supervision, objectives, attendance, staff, residents, training, housekeeping, care plans, holidays and any personal issues. Actions that were required were clearly documented and were SMART (specific, measurable, achievable, realistic and time-bound). In addition, for staff who had been at Touchstones for a longer period of time, annual appraisals were completed. Staff meetings were organised every couple of months and minutes confirmed this. At the last meeting held in February 2017, items under discussion included, staffing, residents, care plans, mental capacity and medication.

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. Staff had completed training on the MCA. One staff member explained their understanding and

said, "That we should treat everyone as individuals. You don't make choices for people. You ask people their permission before you do anything". They talked about one person who, when they were feeling unwell, might find it difficult to make a decision. The staff member explained, "He doesn't really know what he wants sometimes, so I try and support him".

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). No-one living at Touchstones met the criteria of DoLS as people had capacity to understand and make decisions. Everyone was free to come and go as they pleased. The front door was open during the day and locked at night. People had their own front door keys. The deputy manager said, "Some people will just go to the shop then come home. One gentleman will always tell us when he's going out and sometimes stay out overnight". Advocates worked with people if needed, to support them in important decisions and to provide an independent voice. People had recorded their consent in relation to specific decisions, for example, to be allocated a specific sum of money each day to spend, with staff managing their finances generally. Closed circuit television (CCTV) cameras were in operation in some communal areas of the home and people were aware of this. However, their written consent had not been gained and we asked the deputy manager to arrange for these formal consents to be recorded. CCTV was used to ensure people stayed safe and that no unwanted visitors came into the home.

People were supported to have sufficient to eat and drink and to maintain a balanced diet. The majority of people liked the food on offer. One person said, "I do get asked what I want for dinner and get given two or three choices". Another person described the food as, "Basic" and, "There could be more choice". A third person told us, "I don't like the food, but I am a fussy eater", whereas a fourth person said, "I like the food here". We observed people having their lunch and there was a choice of food on offer. One person was eating meatballs in pitta bread, another person was having soup and a third person was eating a sandwich. Meals were prepared by staff who engaged with people over lunch. Drinks were freely available and fruit juice from hydration stations in the communal areas. Some people helped with food preparation and in cooking. The main meal of the day was served in the early evening as many people were out during the day. Menus were planned over a four to six weekly rolling cycle. Three options were available at lunchtime and a choice at the evening meal. Some people were vegetarians, so their choices were catered for. Other people, who were living with diabetes, had sugar-free desserts. Menus were discussed at residents' meetings.

People had been assessed, using a combination of height, weight and body mass index, to identify whether they were at risk of malnourishment. The provider had completed these assessments using the Malnutrition Universal Screening Tool (MUST), a tool designed specifically for this purpose. Some people had been referred to a dietician as they had lost weight over time. One person had fortified drinks during the day; their MUST had identified them as at high risk. Their care plan stated, 'Has two build-up drinks per day. Eats two main meals per day. Staff provide meals and monitor weight and food intake'. Their weight was recorded on a fortnightly basis.

People were supported to maintain good health and had access to healthcare services and support. A communications board in the administration office recorded people's healthcare appointments and whether staff were needed to support them. Some people regularly attended their local medical practice for blood tests. Care plans recorded information about people's access to healthcare professionals such as their GP, community psychiatric nurse, hospital consultant, social worker, dentist, optician and chiropodist. When people attended their appointments, any outcomes were recorded for staff to provide any support if needed. One person had indicated they wanted to give up smoking and had received advice on this. They also wished to lose weight and were being advised on their diet.

Is the service caring?

Our findings

Positive, caring relationships had been developed between people and staff. People told us that staff did not interfere in their lives as they could make their own choices; they gave an example that they could choose when they got up and when they went to bed. Everyone we spoke with said the staff cared about them. One person said, "Staff are always coming and saying if you want a chat and they ask how I am first thing in the morning. Staff are good at picking up if I am not all right". Another person said, "All the staff care, it is obvious from the way they behave". Other comments included, "They treat us nicely" and "Staff here are all very sweet. They are very helpful with our problems and don't keep us waiting". Another person said that some staff in the past had not been patient with them. They told us, "I did not want to get on the wrong side of them, but now the staff are more patient and understanding". We observed that staff had time to spend with people and that they genuinely cared about their wellbeing. Conversations we heard between staff and people were friendly, warm and supportive.

People were supported in any cultural or religious beliefs. One person said, "I am a Christian and I go to church which staff support". Another person said, "Staff support me for who I am and they respect my likes and dislikes".

People were encouraged to express their views and to be actively involved in making decisions about their care, treatment and support. People told us they were fully involved in making decisions. One person said, "I am very much involved in making decisions about my care". Care plans showed that people's care plans were reviewed every two months and that people were involved in this review. Each review was signed by the person and by staff to show their agreement. One person had expressed a wish to do some voluntary work which was being explored.

People were treated with dignity and respect. We observed staff knocked on people's doors before entering their rooms. Staff were very respectful when entering communal rooms, if people were sitting in there. No-one living at Touchstones required a high level of support with their personal care.

Some people had recorded their wishes for their end of life care and these were signed by the person. Details were provided on the kind of funeral they wanted and whether they wanted to be buried or cremated. These records were kept as part of people's care plans.

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. Care plans provided detailed information about people in a person-centred way. The essence of being person-centred is that it is individual to, and owned by, the person being supported. A person-centred approach to care focuses on the person's personal needs, wants, desires and goals so they become central to the care process. People's needs take priority. Care plans were reviewed monthly. Care plans included information about people's communication needs, health conditions (including mental health), diet and weight, oral health, personal hygiene, independent living, finances and family contacts. In one person's care plan we read an assessment relating to their independence and that an occupational therapist had been consulted. The aim of the assessment was, 'To establish client's function performance skills with the view to explore alternative placements to residential care as he would like to live independently in the community'. Staff were actively supporting this person in their goal to live independently and had been in contact with the local housing department.

Each person was allocated with a staff member who was their keyworker. A member of staff told us about their keyworking and that they tried to promote the person they were supporting to be more independent. Staff were carefully matched with people. The staff member explained, "They notice who gets on with who. Some residents get on well with some members of staff and vice versa". When asked about the role of being a keyworker, the staff member said, "We go into more depth and have individual chats with people. We talk about healthcare appointments and whether people would like us to attend, but only if they wanted". Keyworkers met with people regularly and formal discussions took place at least monthly. One person said, "Staff go through my care plans with me". Another person said, "Staff go through our care plans, say what is in it and then we sign it". A third person said, "It's not all a one-way process. It's a two-way process and geared around residents".

Care records included information about people's personal histories in a document entitled, 'My life so far ...'. There was information on people's early years, their working life, being an adult, their family, thoughts about being retired if they were able to work, how they saw themselves now and any family members, friends or other people they would like to maintain contact with. These documents were signed by people. A member of staff told us, "We have days when people have their ups and downs. Some residents can be challenging and can upset other residents. We do know when people are unwell and we observe their body language". It was evident from our observations that staff knew people well and how to provide them with personalised care and support.

Staff at the home had attempted to provide structured activities for people, however, the majority of people led fairly independent lives. We were told by staff, "We have an activities board, but generally people aren't interested. The same couple of people join in. People have their own individual interests". A group walk was on offer for people every Friday morning, but staff told us that people were rarely interested in participating. One person confirmed that activities were on offer and said, "Yes, they are. They go down to the café three or four times a week, but it's not really me, I don't do that sort of thing". Another person said, "The staff try and offer activities, but most people aren't interested. I have so much to do, I don't get

involved". A third person said, "We do bowling, go to Highdown, sometimes I'm interested, sometimes I'm not". A fourth person told us, "The staff allow me to do my own hobbies. I study geometrics and mathematics".

Complaints were managed satisfactorily. We checked the provider's complaints policy which showed that complaints would be responded to and investigated fully within 28 days. Two complaints had been received recently which were from people living at Touchstones and were about noise levels and other people watching certain television channels. These internal complaints had been discussed with people and rectified to their satisfaction. We saw a book in the hall area entitled, 'Cheers, moans and groans. You said, we said', but no comments had been recorded in it by people.

We asked people how they might make a complaint and who they would talk with. One person said, "Yes, I would feel comfortable in raising a complaint and I would feel it would be taken seriously". Another person said, "They have a complaint book you can write in if you don't want to talk to staff and staff check this every week". They added, "I would go to whoever is around, but if the complaint was about a member of staff, then I would see whoever was in charge". Everyone we spoke with said they felt their complaint would be taken seriously by staff.

Is the service well-led?

Our findings

People were actively involved in developing the service. Residents' meetings were held every two to three months and records confirmed this. The last meeting held in January 2017 showed that actions from the previous meeting had been discussed: people's toiletries, cleaning schedule, washing, toilets, activities and food. Some people helped with housekeeping chores, which was their choice. We asked people about the residents' meeting. One person said, "Yes, we do have them, but I can't remember how often. I can't remember what happens from one day to the next!" Another person, when asked about life at Touchstones, said, "It's much better now that the management stopped people drinking alcohol in the house". A third person said, "Yes we do have residents' meetings and things are resolved". If people did not attend meetings, then keyworkers would discuss the minutes later with people. People were also asked for their feedback more formally through completion of satisfaction questionnaires. The most recent survey was completed in March 2017 and people were asked for their feedback on a wide range of areas including the home, their care planning, staff, relationships, activities and interests, for example. Overall people were complimentary and satisfied with the service they received. Relatives were also asked for their feedback and the last responses were from November 2016. One relative stated, 'We always find the staff helpful and interested in the welfare of our daughter and others'.

Good management and leadership were evident. The provider/registered manager took an active part in the running of the home. Staff confirmed they felt well supported. One staff member said, "[Named provider/registered manager] has taught me what I know. If I had anything I wasn't sure about, she would help me". They added, "It's a nice place and a good atmosphere. The staff are lovely and there's a good management team". Another member of staff referred to management being, "As good as gold. They're always constantly looking at ways to improve. They're always open to ideas". When asked about the culture of the home, this staff member said, "A safe, caring environment which promotes independent living for them if they're capable. It is a happy home and it works really well".

A range of systems was in place to monitor and measure the service provided and to drive continuous improvement. Audits had been completed in areas such as maintenance, premises, care records, medication, staff training and fire safety. Electrical testing (Portable Appliance Testing) had been completed and tests for Legionella in the water supply. The provider/registered manager showed us their annual development plan which included proposed improvements at Touchstones, in the environment and for people living at the home. The provider/registered manager told us, "We run it as a home and we care and I'm proud of that. We work very hard and we try and keep it as a home, not an institution". They added that they felt a challenge was, "Keeping everything consistent, paperwork and evidence". The deputy manager said, "I love it. It's the only job I've ever had. I just enjoy it, helping the residents. I like caring for people".