

Touchheart Healthcare Ltd

# Touchheart Healthcare Worcester Office

## 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

Touchheart Healthcare is a domiciliary care service providing personal care to people within their own home. At the time of the inspection, 24 people were using the service. At this inspection, the service was providing care for older people and people with dementia. Not everyone using the service received a regulated activity. 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.

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

All the people we spoke with gave positive feedback about the service, staff, and management. People spoken with were complimentary of the support they received from the staff. People told us they were able to contact the office when needed and felt that the office staff were very good.

The provider understood people's care needs well, including external support when this was required. The provider worked with other healthcare professionals to ensure people received additional support when needed.

People were encouraged to make choices about their care and given the support to do so.

People and relatives were involved in their care and supported in making decisions about their care. Care was person-centred.

People's medicines were safely managed.

When things went wrong, the provider learned lessons and developed improved systems to keep people using the service safe.

### Rating at the last inspection

The provider was registered with the Care Quality Commission on 7 September 2020, and this is the first inspection.

### Why we inspected

This is the first inspection of this service since the provider registered with CQC.

## 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 caring findings below

Good ●

### Is the service responsive?

The service was responsive  
Details are in responsive finding below

Good ●

### Is the service well-led?

The service was well led  
Details are in our well- findings below

Good ●

# Touchheart Healthcare Worcester Office

## **Detailed findings**

## Background to this inspection

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#### 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.

#### 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 for compliance with regulations. At the time of our inspection, a registered manager was in post.

#### Inspection team

One Inspector carried out this inspection.

#### Notice of inspection

We gave the service 72 hours' notice of the inspection. This was because it is a small service, and we needed to be sure that the provider or registered manager would be in the office to support the inspection. Inspection activity started on 07 June with a visit to the office address. Following this, we continued the

inspection with telephone calls to staff, relatives and people using the service, the inspection ended on 13 June 2023

What we did before the inspection, we reviewed the information we had received about the service. The provider was not asked to complete a provider information return prior to this inspection. This is information the providers are required to send us with key information about the service, what they do well and improvements they plan to make. We use this information to plan our inspection.

During the inspection

We spoke with 5 staff and 9 people using the service. We reviewed 4 people's care plans and risk assessments. We reviewed health documents for people. Compliance documents were also reviewed. These included medicine audits, staff competency assessments, training records, recruitment files, team meetings, complaints, concerns, and compliments.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from abuse.

- The provider had a safeguarding policy and procedures which staff followed. The manager and staff told us, safeguarding referrals would be made if concerns were identified. There were effective procedures in place to support staff and keep people safe.
- People spoken with during the inspection told us they felt very safe with the staff who supported them. One person told us, "I feel I am in capable hands, and know if things were not right, they would report it to the office."
- Relatives and people using the service gave positive feedback. One person told us, "I have had support from another agency before; I have to say the staff are wonderful, and I feel very safe with them; I did not feel the same with the other agency. I would highly recommend this agency as they listen to you."

Assessing risk, safety monitoring and management

- People's risks were assessed and regularly reviewed. The registered manager ensured risk assessment information was included in people's care plans, to provide a guide to staff on how to keep people safe. Records we saw confirmed this.
- Staff were aware of any health conditions that might impact on people's safety and knew what actions to take to mitigate the risk. Risks were managed with an explanation of the control measure in place to keep people safe.
- Staff had completed training and knew how to support people safely. One staff member told us they knew what to do, they read the care plan.
- The registered manager had systems and processes in place to identify, analyse and respond to trends relating to identified risk.

Staffing and recruitment

- Safe recruitment processes were in place, and recruitment checks were conducted before staff were appointed.
- Pre-employment checks were completed on prospective staff to ensure they were suitable to support people. Disclosure and Barring Service (DBS) checks were obtained before staff started work. These checks provide information about convictions and cautions held on the Police National Computer. This information helps employers make safer recruitment decisions. We sampled 5 staff files and found that appropriate checks were completed.
- People were supported by a consistent team of staff who knew the person's needs. People were matched with staff with the skills and experience to meet their care needs.
- There were systems to plan and monitor people's care visits. Where calls were unavoidably delayed due to unforeseen circumstances, there were processes in place to communicate this to people promptly.

- People using the service and relatives told us, "We have the same staff, which is good."

#### Preventing and controlling infection

- The provider had policies and procedures for infection prevention and control. People told us that staff always wore appropriate personal protective equipment, to prevent cross-infection. People told us that staff always wear gloves and aprons and wash their hands. The staff we spoke with confirmed this.

#### Learning lessons when things go wrong.

- Accidents and incidents were recorded and investigated to reduce risk of recurrence. There was a process in place to share learning.

#### Using medicine safely

- People's medicines were managed safely. Medicines administration records showed people received their medicines as prescribed. Staff had received training in supporting people with their medication. The manager also completed competence checks to ensure that staff supported people safely.

# Is the service effective?

## Our findings

Effective -this means we looked for evidence that people's care, treatment, and support achieve good outcomes and promote a good quality of life based on the best available evidence. This is the first inspection of this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good.

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

- The manager told us, "Assessments are always completed with people prior to starting the service to ensure people's care needs can be met." Assessments formed the basis of people's care plans.
- People's assessed needs were completed with the individual to enable them to inform the provider of their likes, dislikes, and preferences.
- Care plans were reviewed to ensure continuity of care was provided.
- People we spoke with confirmed staff always consulted with them to ensure care was provided the way they wanted.
- One person told us, "No two days are the same, and staff will always ask me what I want; I cannot fault the staff at all; they are so kind and respect me as an individual."

Staff support induction, training, skills, and experience.

- Staff are supported through induction, training, and supervision. This included completing an induction in line with the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in health and social care.
- Records showed that staff also completed training in relation to people's care needs and mandatory training to ensure staff had the skills to meet people's needs, staff spoken with confirmed this.

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

- People told us that staff supported them with their meals when needed. One person told us, "They are lovely staff if I want something they will make it for me."
- Staff told us where they help people prepare food; the person is always asked what they would like, consulted."

Ensuring consent to care and treatment in line with law and guidance.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The (MCA) requires that people make their own decisions and can do so when needed. When they lack the mental capacity to make decisions, any made on their behalf must be in their best interest and at least restricted.

People can only be deprived of their liberty to receive care and treatment when this is in their best interest 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.

- The provider was working within the principles of the (MCA)



People were supported to make their own decision, and staff sought their consent before providing care.

- The registered manager understood their responsibility under the MCA, and staff had been provided with information and training.
- Staff told us they always seek permission from the people they support. People using the service confirmed this.
- Staff were working with other agencies to provide consistent, effective, timely care, supporting people to live healthier lives and access healthcare services and support.
- People's health care needs were recorded with guidance for staff about how to meet people's needs. The staff took appropriate action when people felt unwell and sought medical advice as required.
- Care records recorded staff collaborating with other professionals to achieve positive outcomes for people using the service, for example, physiotherapist therapists, when required.
- Risk assessments were in place that detailed the person's condition and actions staff needed to take in the event of concerns.

# Is the service caring?

## Our findings

**Caring** This is the first inspection of this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect and involved as partners in their care.

**Ensuring people are well treated and supported, respecting equality and diversity.**

- All the people we spoke to with gave positive comments about the service agency and the staff. One person told us, "They turn up on time with a pleasant smile." Another person said, "The staff are really lovely and very caring." Other comments included. "I am incredibly happy with the service. I have no concerns." And "The staff are so dedicated and very kind."
- People and relatives told us staff they treated them as equals, and with kindness and respect. Records showed people participated in planning their care where possible. Records included people's choices so staff could support them. People told us that the team respected their wishes.
- All the people we spoke with told us they participated in their care; they made decisions which were respected by staff and the organisation. People told us they were happy with the care. One person told us, "They are like family."
- The manager told us, "For carers, we encourage diversity. We have an open application system that encourages people from diverse and cultural backgrounds. For example, we ensure to educate carers to be respectful of all specific cultural needs. We promote and encourage all staff to respect the cultural needs of each other." The recruitment practice reflected the diversity of the staff employed

**Respecting and promoting people's privacy, dignity, and independence**

- All the people we spoke with told us that staff always maintained their privacy. One person told us, "Whoever comes, they respect me and make my dignity too. I am comfortable and have the privacy I ask for; she [the carer] is super."
- Staff and people using the service told us that before any care is completed, permission is always asked.
- The manager told us, "All staff are trained and educated on the needs of the service user. There are risk assessments to ensure staff have the information about any risks to the person. We also conduct spot checks to monitor carers on the job and ensure they are working with the prescribed procedures and code of conduct. All actions contrary to the approved mode are investigated, and the necessary disciplinary action is taken."

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

- People spoken with told us that they were involved in their care. Staff told us they promoted people's privacy, dignity, and independence. People told us that staff would ask what was needed and ensure that privacy was always maintained.

# Is the service responsive?

## Our findings

Responsive - this means we looked for evidence that the service met people's needs. This is the first inspection of this newly registered service. This key question has been rated good,

Planning personalised care ensures people have choice and control over their needs and preferences.

- The provider told us that all people using the service had an assessment of their needs before they started to use the service to ensure people's care needs could be met. People engaged in their care plans to ensure their preferences and choices were included. We saw that the care record had involved the person, and a clear care plan was set to enable staff to support people safely.
- People were supported by consistent staff who knew them well. People told us that the manager and staff were open and that any concerns were investigated. One person told us, "I can speak freely to all the staff. They are so kind." Another person said, "The company itself is very responsive. I would not change the agency."

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; or in some circumstances, their carers get information in a way they can understand it. It also says that people must get the support they need in relation to communication.
- People's care plans contained details of how people communicated.
- Two people told us they do not always understand the staff as their English is not always clear in what they mean. Where people have difficulty understanding staff, alternative arrangements were made. For example, changing the staff so the person was able to understand the staff who were supporting them. Information was available for staff and people using the service in other languages if needed.

Supporting people to develop and maintain relationships to avoid social isolation, support to follow interests and take part in activities that are social and culturally relevant to them.

- People were supported to maintain relationships with family and friends. Staff used Information about people's social history, culture, religion, and interests to better understand the people they supported.

End-of-life support

- Staff cared for people at the end of their lives and supported them to stay home if that was their wish. Staff were supported by district nurses and other health care professionals. All staff had completed training in end-of-life care.
- The manager told us, "We keep their carers as consistent as possible when people are nearing the end of life, so the carers are familiar with their needs and ensure their wishes are being met. We also document all their wishes in the care plan for carers to follow them stringently" and "We educate staff to be empathetic and kind to people using the service and treat them with complete respect and patience."

Improving care quality in response to complaints

- The provider had a complaints system that was used when needed.
- The provider told us, "During the initial risk assessment, people using the service are given the complaints procedure, so if they want to make a complaint, they have the information to do so; forms are in people's homes. People using the service are encouraged to report to the office any concerns they have. The office and out-of-office numbers are boldly printed on the cover page of the people's folders. Service users are provided these and encouraged to contact the office any time of the day to express their concerns."
- Complaints and concerns were reviewed and investigated as necessary by the registered manager and used to improve the service.
- People using the service and the relatives we spoke with confirmed that any concerns or complaints were addressed, and action was taken to prevent re-occurrence.

# Is the service well-led?

## Our findings

Our findings - Is the service well-led? = Good

Well-led this- means we looked for evidence that the service leadership, management, and governance assured high-quality, person-centred care, supported learning and innovations, and promoted an open, fair culture. This is the first inspection of this newly registered service. This fundamental 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.

Promoting a positive culture that is person-centred, open, inclusive, and empowering achieves good outcomes for people. Working in partnership with others.

- The manager and staff regularly reviewed people's care needs so they were able to recognise when people's needs changed. The manager worked with other healthcare professionals to ensure continuous care.
- The service work to provide a person-centred approach to the care delivered. How the provider understands and acts on the duty of candour is their legal responsibility to be open and honest with people when something goes wrong.
- The registered manager told us, the duty of candour is a legal requirement care provider, or staff members must follow when things go wrong with care and treatment, including informing people about the incident and providing proper support, truthful information, and apology when things go wrong. Carers are always advised to call the office to report concerns as honestly as possible to the appropriate manager.

Managers and staff are clear about their roles and understand quality performance, risk and regulatory requirements, continuous learning, improving care and working in partnership with others.

- The manager maintained a clear audit schedule to ensure people received a good service and. action was taken If required.

Staff and managers were clear about their roles in recording and reporting.

- Staff followed the provider's policies and procedures. The registered manager told us about the procedures used to monitor the quality of the service, ensuring the manager had oversight of the service provided.

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

- The registered manager engaged with people using the service, for their views about the services and any areas that could improve. One person told us, "Staff and the office always make sure I am happy they telephone me to check I have what I need.