

Mrs Debra Carlton

A Caring Touch

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

A Caring Touch is a small community service that provides care and support to people of all ages, in their own homes. The service provides help with people's personal and social care needs in Truro and the surrounding area.

The service mainly provides care and support for people in visits at key times of the day to help people get up in the morning, go to bed at night and give support with meals. This includes supporting people with dementia care needs.

At the time of our inspection 19 people were receiving a service. These services were funded either privately or through Cornwall Council.

There was a registered manager in post. 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. The registered manager was also the owner and provider of the service and is referred to as the provider in this report.

We carried out this announced inspection on 26 July 2016. We told the provider four days before that we would be carrying out this inspection. This is in line with the current methodology for inspection of domiciliary care agencies, to ensure the provider would be present at the office of the service at the time of the inspection. The service has not been inspected before at its current location.

Information regarding people's specific care and support needs including any risks were mostly communicated verbally to the care staff by the provider. The provider did not always record, in people's care files, all the information staff needed to care and support people safely.

Care plans contained information about people's past history and their current care and support needs. However, the care plans did not always contain sufficient information to direct and inform staff on how to meet those needs in accordance with the individual's preferences and choices.

Risks to people and staff had been identified. For example, environmental and moving and handling risks. However, such risks had not been fully recorded once assessed and staff were not provided with written guidance on how to reduce the specific risks to people and themselves.

A Caring Touch held policies and procedures that had not always been updated to take account of changes in practice. Information provided in some policies was not accurate.

Recruitment processes were not robust. Two staff, who had been working for the service for several months, did not have appropriate references that had been taken up by the provider before they commenced

working alone in people's homes. Induction training and support provided to new staff was not recorded.

A supervision policy held by the service, stated staff would receive recorded supervision every three months, with an appraisal every year. Staff told us they felt well supported but did not receive formally recorded support in line with this policy.

People told us they had not had any missed visits and were very happy with the service they received. However, the provider did not have a process for monitoring when people received their scheduled visits. The provider was reliant on the person, their family, friends or neighbours to raise a concern if a visit had been missed or was late.

Staff had not received recent training in how to recognise and report abuse. The service did not have an accurate up to date safeguarding policy and procedure available for staff to refer to. Staff were not clear about how to report any concerns they may have outside of the service. However, staff were confident that any allegations made to the provider would be fully investigated to help ensure people were protected.

The service provided care and support to people who were living with dementia. The provider had an understanding of the Mental Capacity Act 2005(MCA). The provider was clear on how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. People's capacity to make decisions for themselves was assessed in their care files. However, there was no MCA policy or guidance available for staff to refer to. Not all staff had been provided with training and updates on this legislation.

A Caring Touch did not have a regularly recorded quality assurance system in place to make sure that any areas for improvement were identified and addressed. However, the provider visited all the people who used the service regularly and spoke with them informally about their views and experiences. People told us that they had not had any cause to raise a concern but if they did they were confident it would be addressed quickly.

There were sufficient numbers of suitably qualified staff to meet the needs of people who used the service. The service was flexible and responded to people's changing needs. People we spoke with told us they felt safe using the service and told us, "I feel perfectly safe and trust them (staff)," and "I am happy with the service I get."

People were confident that staff could meet their individual needs and told us, "The staff know what they are doing," and "I am confident with my carers they are very reassuring." Relatives told us, "We are totally satisfied with the standard of care provided" and "They (staff) are very accommodating and receptive to the needs of (the person)."

Staff were knowledgeable about the people they cared for and knew how to recognise if people's needs changed. Staff were aware of people's preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service. Staff were kind and compassionate and treated people with dignity and respect. People and their relatives spoke well of staff, comments included, "They (staff) are lovely, very friendly and supportive of both of us," and "They always ring us if there are any delays or changes, very good."

Staff told us there was good communication with the provider of the service. Staff comments included, "I can always speak with (the provider) at any time" and "I feel very well supported."

A healthcare professional who worked with the service in the community told us, "My views are very positive, we get on very well, the staff and manager are very helpful. The care they provide for the person I know has been very successful."

We found breaches of the regulations of the Health and Social Care Act 2008 (Regulated Activities) 2014. You can see the action we have told the owner to take at the end of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not entirely safe. Identified risks were not always recorded in people's care files and staff were not given written guidance on how to reduce those risks.

Recruitment processes were not entirely safe. Staff were allowed to work alone in people's homes before appropriate references had been taken up.

There were sufficient numbers of staff to meet the needs of people who used the service.

Requires Improvement ●

Is the service effective?

The service was not entirely effective. Staff did not receive recorded supervision and appraisal in line with the policy held by the service.

Staff had not received regular training and updates to help ensure they were up to date with current practices.

The provider was clear on the Mental Capacity Act 2005 and how to help ensure people's rights were protected.

Requires Improvement ●

Is the service caring?

The service was caring. People who used the service, relatives and healthcare professionals were positive about the service and the way staff treated the people they supported.

Staff were kind and compassionate and treated people with dignity and respect. Staff respected people's wishes and provided care and support in line with those wishes.

Good ●

Is the service responsive?

The service was responsive. People received care and support which was responsive to their changing needs. The service was flexible in how it provided support to people.

People were able to make choices and have control over the care and support they received.

Good ●

People knew how to make a complaint and were confident if they raised any concerns these would be listened to.

Is the service well-led?

The service was not entirely well-led. There were no effective quality assurance monitoring systems in place to make sure that any areas for improvement were identified and addressed.

Policies and procedures required reviewing and updating to ensure they contained accurate information for staff.

People, their families, staff and healthcare professionals were positive about the provider and found them to be approachable and supportive

Requires Improvement 

A Caring Touch

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 checked 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 26 July 2016. The inspection was carried out by one adult social care inspector. We gave the provider notice of the inspection in accordance with our current methodology for the inspection of domiciliary care agencies.

Before the inspection we reviewed the information we held about the service. This included past reports and notifications. A notification is information about important events which the service is required to send us by law. 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 improvements they plan to make.

During the inspection we went to the provider's office and spoke with the registered manager who was also the provider. We looked at four records relating to the care of individuals, three staff recruitment files, staff training records and records relating to the running of the service.

Prior to the inspection visit we spoke with nine people and their families who received a service from A Caring Touch on the telephone. We spoke with five care staff. Following the inspection visit we spoke with two families of people that received a service and a healthcare professional on the telephone.

Is the service safe?

Our findings

Risks to people using the service and to the staff supporting them were identified by the provider or senior carers at the first assessment of the person's needs and their home. However, such risks were not always formally recorded and addressed. People's individual care records did not detail the action staff should take to minimise the chance of harm occurring to people or staff. For example, staff were not provided with written guidance about to support a person who required moving and handling equipment to be moved safely. One care file stated the person was a risk of getting sore skin. There was no guidance for staff on how to address this risk. The provider told us of times when risks such as trailing electric cables and cluttered furniture had been moved in people's homes to reduce risks, but this was not recorded. Staff were informed verbally of any potential risks prior to them going to someone's home for the first time but this was not recorded in the person's files for staff to refer to.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

People were not always protected from the risk of abuse because staff had not received recent training to help them identify possible signs of abuse. Staff were confident of the action to take within the service, if they had any concerns or suspected abuse was taking place. However, staff were not aware that the local authority were the lead organisation for investigating safeguarding concerns in the County. The provider did not hold a current policy for safeguarding adults and was not clear on the current procedures for reporting any concerns to the local authority.

This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Recruitment systems were not robust. Two new members of staff, who had been working for the service for several months, had not had appropriate references taken up by the provider before commencing working alone in people's homes. All staff had Disclosure and Barring System (DBS) checks. However, other staff previously recruited did have satisfactory references in their files. The provider told us they had attempted to obtain the references from the two new staff members previous place of work, but had not followed them up when they did not arrive. The provider contacted the relevant referees following this inspection and confirmed to us that the necessary checks had been made and were now in place.

The provider had a system in place for reporting any incidents or accidents that had taken place. We were told there had been only one incident reported and we saw this had been recorded appropriately.

There were sufficient numbers of staff available to keep people safe. The number of staff were determined by the number of people using the service and their needs. At the time of the inspection the service was fully staffed. Staff told us they did not feel under pressure or stressed when carrying out their visits, as they were given sufficient time to provide care and support for each person before travelling to the next visit.

The service produced a staff roster each week to record details of the times people required their visits and

what staff were allocated to go to each visit. The provider told us the rosters remained mostly the same unless a member of staff was unwell or on leave. Staff told us they had regular runs of work and if travel time was needed this was allocated on their rota. People confirmed they were always told which member of staff would be visiting them and if any changes were required they were advised in advance.

People and their families told us they felt safe being supported by the service. Comments included, "I feel perfectly safe and trust them (staff)," and "I am happy with the service I get."

People told us their visits were mostly at the agreed times. Comments included, "They are pretty good on timings, they always let us know if they have been held up" and "There is no rushing and I have never been missed at all."

The provider was on call outside of office hours and carried details of the roster, telephone numbers of people using the service and staff with them. This meant they could answer any queries if people phoned to check details of their visits or if duties need to be re-arranged due to staff sickness. People had telephone numbers for the service so they could ring at any time should they have a query. People told us phones were always answered, inside and outside of office hours.

Care records detailed whether people needed assistance with their medicines. The service had a medicine policy which gave staff clear instructions about how to assist people who needed prompting with their medicines. Daily records completed by staff detailed what support had been given to people with their medicines.

Is the service effective?

Our findings

New employees were required to go through an induction, which included a period of working alongside more experienced staff until such a time as the worker felt confident to work alone. However, there were no records of two new staff members induction in their files. The provider confirmed this had not been recorded. The service had begun to enrol new staff with the Care Certificate but this had been done very recently after several months of working for the service. The Care Certificate is a framework which replaced the Common Induction Standards with effect from 1 April 2015. It is designed to help ensure care staff that are new to working in care have initial training that gives them an adequate understanding of good working practice within the care sector. It is required to be completed within the first 12 weeks of their employment.

Staff who were new to the service confirmed they had done shadowing shifts with more experienced staff until they felt comfortable working independently. They told us the provider had shown them how to use specific equipment and meet people's needs. Staff also confirmed they had been accompanied to people's homes for the first visit to be introduced to them before visiting them alone. However, two staff who had worked for the service for several months did not have records of any training or competency assessments in their files. This meant the provider had checked competency levels but had not formally recorded that the new staff were able to carry out their role competently and safely, before they worked alone with people.

This contributed to the breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

The provider did not have a system to make sure staff received relevant training and refresher training was kept up to date. The provider confirmed that most staff training required updating but there were plans for this to take place. Staff files did not contain certificated evidence of the training they had completed in the past. This meant it was not possible to establish what training had been done by staff and when.

Staff confirmed that any training they had done in the past had been classroom based and had been good. E-learning packages were not used. Some staff told us they had done some training in the past but most could not recall when they last attended any training. One member of staff told us they had not done any training since they joined the service some years ago.

Staff supported some people at mealtimes to have food and drink of their choice. Staff were required to prepare meals and simple snacks as requested. However, staff had not all received training in food safety and safe food handling practices. The service supported some people with their medicines. However, not all staff had received training in the safe administration of medicines. This meant staff were not supported to keep their knowledge and skills updated in line with current best practice.

A Caring Touch held a Supervision Policy which stated, "All staff to meet with supervisors every three months.the results of the supervision programme are recorded on form TD03.staff to have annual appraisals." Supervision is a process which gives staff an opportunity to discuss their performance and identify any further training they required. Whilst staff reported regular contact with the provider they did

not receive recorded formal supervision every three months. There were no supervision records in staff files. Appraisals had been recently carried out for two staff. This meant the service was not following their own policy.

This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

People told us, "The staff know what they are doing," and "I am confident with my carers they are very reassuring." Relatives comments were positive about the effective care provided by staff.

Staff told us they asked people for their consent before delivering care or treatment and they respected people's choice to refuse treatment. People we spoke with confirmed staff asked for their agreement before they provided any care or support and respected their wishes to sometimes decline certain care. Care records showed that some people signed to give their consent to the care and support provided. Families confirmed that staff always checked with their family members before providing care.

The provider had an understanding of the Mental Capacity Act 2005 (MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. The MCA provides a legal framework for acting, and making decisions, on behalf of individuals who lack mental capacity to make particular decisions for themselves. Care records showed the service recorded whether people had the capacity to make decisions about their care. Staff applied the principles of the MCA in the way they cared for people and told us they always assumed people had mental capacity to make their own decisions. However, not all the staff had received training on this legislation.

The service provided support to a small number of people who all had either families, neighbours or friends who were able to assist them to access their healthcare needs such as appointments. The staff at the service were only occasionally asked to support people in this way. However, health and social care professionals were positive about the way staff supported people's health and social care needs with advice from them. Staff sought advice and guidance appropriately from healthcare professionals.

Is the service caring?

Our findings

People received care, as much as possible, from the same care worker or team of care workers. People and their relatives told us they were happy with all of the staff and got on well with them. People were very complimentary about the care staff and told us, "They (staff) are brilliant, thoughtful and caring," and "We always have a good chat, they should me pictures of their families, I love all that."

People told us staff always treated them respectfully and asked them how they wanted their care and support to be provided. Staff were kind and caring and had a good knowledge and understanding of the people they supported. Staff had regular visits to the same people, which meant they knew people and their needs well.

Staff respected people's wishes and provided care and support in line with those wishes. People told us staff always checked if they needed any other help before they left. For people who had limited ability to move around their home staff ensured they had everything they needed within reach before they left. For example, drinks and snacks, and telephones to call for assistance in an emergency.

Some people who used the service lived with a relative who was their unpaid carer. We found staff were respectful of the relative's role as the main carer. Relatives told us that staff always asked how they were coping and supported them with practical and emotional support where they could. The service recognised that supporting the family carer was important in helping people to continue to be cared for in their own home. One relative told us, "They (staff) are lovely, very friendly and supportive of both of us," "They (staff) are very accommodating and receptive to the needs of (the person)" and "They always ring us if there are any delays or changes, they are really very good."

People knew about their care plans and the provider regularly asked about their care and support needs so their care plan could be updated as needs changed. One person told us, "They (staff) always write in my file every day, and the staff refer to it regularly in case it changes, I can read it anytime and I do."

Is the service responsive?

Our findings

People received care from staff who knew them well, and were able to meet their needs. People and their relatives spoke well of staff, comments included, "It (the service) is first class," and "Very good indeed." A healthcare professional who worked with the service in the community told us, "My views are very positive, we get on very well, the staff and manager are very helpful. The care they provide for the person I know has been very successful."

Before people started using the service the provider visited them to assess their needs and discuss how the service could meet their wishes and expectations. From these assessments care plans were developed, with the person, who was asked how they would like their care and support to be provided.

Care plans contained details about each person's specific needs. For example, their personal care, moving and handling and dietary needs. However, care plans did not always give staff guidance and direction about how to provide individualised care and support that met people's needs and wishes. For example, where a person required a shower each day, there was no direction for staff about how much support the person needed for this task to be carried out safely. Staff told us that they initially took directions from the person as to how much assistance they required. People confirmed that their care needs were always met by the care staff and that they would do any additional care and support that was asked of them. People confirmed their dignity and privacy were protected by staff during personal care. The provider assured us that they would take immediate action to ensure the care plans contained sufficient information to direct staff on how to meet individuals specific needs.

Details of the daily care and support provided for people were recorded by staff in daily notes. People's care plans also included information about their medical history, past lives and interests. This gave staff useful information about people backgrounds to help them understand the individual's current care needs. Staff told us they were aware of people's preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service. Care plans were reviewed to take account of people's changing needs.

The service was flexible and responded to people's needs. Comments included, "If I need extra help sometimes they are very flexible and nothing is a problem," and "I can't find any fault at all, I have regular carers and the manager comes as well sometimes too. I get everything I need done"

People said they would not hesitate in speaking with staff if they had any concerns. People told us they had not had any reason to complain. Details of how to make a complaint were in the service user pack in people's homes. However, the complaints policy held at the service office was out of date and did not contain accurate contact details for people to raise their concerns with outside agencies should they wish to. The provider assured us they would address this immediately. People told us they knew how to raise a concern if they needed to but told us issues would usually be resolved informally. The provider told us they had not received any complaints.

One person told us they had raised an issue about a particular care worker. They had asked the manager if they would not send a particular worker to them again as they did not get on with them. This was acted upon and they never had that care worker visit them again. The provider respected these requests and arranged permanent replacements.

Is the service well-led?

Our findings

People told us they had not had any missed visits and were very happy with the service they received. However, the provider did not have a robust process for monitoring when people received their scheduled visits. The provider told us they were reliant on the person, their family, friends or neighbours to raise a concern if a visit had been missed or was late. Daily records completed by care staff were returned to the office regularly. However, there were no checks or audits of these records to ensure that people received their scheduled visits and that care staff stayed for the agreed time at the person's home.

The provider monitored the quality of the service provided by regularly speaking with people to ensure they were happy with the service they received. This was not recorded. We were told that a survey had been carried out to seek the views and experiences of people using the service a year ago. However, the responses to this survey were not available and no audit of the responses had been carried out. This meant that the provider was not effectively identifying areas that may require improvement and action was not taken to improve the quality of the service provided. The provider told us that a new survey was due to go out imminently.

A Caring Touch held policies and procedures on a variety of issues such as safeguarding adults, supervision of staff and complaints. However, most of these were in need of review and updating. This meant staff were not provided with up to date accurate information on these subjects.

The outcome of some people's needs assessments carried out by the provider, indicated that further assessments should be carried out. For example, if a care needs assessment answered 'Yes' to questions about falls and equipment needed for moving and handling, it stated that a moving and handling assessment should be completed. This was not done in the four care plans we reviewed. We asked the provider for evidence of any person who had a moving and handling assessment but this was information not provided to us. The assessments had not been carried out. This meant that the service was not following its own guidance when assessing people's needs and not providing information and guidance for staff when meeting those needs.

The provider was also the registered manager and had overall responsibility for the day to day running of the service. They worked full-time in the service, working closely with the care staff in the day to day managing of the service and visiting people providing care in their homes. The provider and the senior care staff carried out observations of staff working practices during care visits and completed spot checks at specific visits. However, such observations and checks were not recorded in staff files.

This meant the provider did not have effective systems and processes such as regular audits in place to robustly monitor the service provided. Staff support such as supervision and induction was not always recorded. Training was not always updated and recorded effectively. Risks to the people who used the service were not always managed well. Records relating to people who used the service were not always accurate and complete. The provider was not always up to date on current best practice such as safeguarding adults processes and guidance for staff was not always accurate.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014

The service had effective systems to manage staff rosters and identify what capacity they had to take on new care packages. This meant that the service only took on new work if they knew there were the right staff available to meet people's needs.

People told us they saw the provider regularly when they visited them and provided their care and support when necessary. People said the provider and all the staff were approachable, friendly and responded quickly to any issues that arose.

Staff told us there was good communication with the management of the service. Staff said of management, "I can always ring (the provider) anytime and I get a response and the issue gets sorted" and "We don't have staff meetings as such we meet up in the course of our work at people's homes and (the provider) sends us text messages for anything important that needs to be passed on."

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Care and treatment must be provided in a safe way for service users. The registered person must assess the risks to the health and safety of service users receiving the care or treatment, and do all that is reasonably practicable to mitigate any such risks. The registered person must ensure that persons providing care or treatment to service users have the qualifications, competence, skills and experience to do so safely.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>Systems and processes must be established and operated effectively to prevent abuse of service users. Staff must be aware of their individual responsibilities to prevent, identify and report abuse when providing care and treatment. Information about current procedures and guidance should be accessible to people who use the service and to staff.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered person must assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the</p>

experience of service users in receiving those services.)

The service must seek and act on feedback from relevant persons and other persons on the services provided in the carrying on of the regulated activity, for the purposes of continually evaluating and improving such services.

Regulated activity

Personal care

Regulation

Regulation 18 HSCA RA Regulations 2014 Staffing

Persons employed by the service provider in the provision of a regulated activity must receive such appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform