

Touchsky Limited

Touchsky Care Home

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

The inspection took place on the 16 November 2016 and was unannounced. This was the service's first inspection and there were no previous breaches of the regulations.

The service provides 24 hour accommodation and support to nine people with mental health needs. People had individual bedrooms with a sink, bathroom facilities were shared.

The service had a 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.

The registered manager had training on the day of the inspection, we were fully supported on the inspection by the deputy manager.

People said they felt safe at the service. Staff kept people safe by observing them while in the service and in the community. Appropriate risk assessments were in place to mitigate risks faced by people. Staff knew how to escalate potential abuse within the service or to outside agencies.

Medicines procedures were followed by staff and medicines were handled safely. All staff demonstrated safe practices when administering and recording medicines.

People were supported by staff that had been recruited safely as relevant checks had been completed before staff worked at the service.

People made choices about how they wanted to be cared for and staff listened to them which meant care was personalised.

Staff received regular training and support at the service and could approach management if they had further queries or concerns.

People were not restricted in their movements in the service or within the community. Where people needed support to travel to unfamiliar areas staff would accompany them. Staff understood their responsibilities under the Mental Capacity Act (MCA) and they helped people to make decisions and sought people's consent.

Food was prepared by staff and people could prepare meals with staff support. People enjoyed the food offered and were also able to choose alternatives if they wanted. People were encouraged to maintain a healthy diet and weight and staff listened to the guidance provided by health professionals.

People were cared for by kind compassionate staff who spent time listening and taking people to activities they enjoyed in the community. People's end of life wishes were discussed with people and these had been respected and documented in their care plans.

Management was available to support staff and people and positive interactions were seen between everyone at the service. The atmosphere at the service was calm and organised. The service maintained clear records and carried out audits to check the quality of the service.

We have made one recommendation about displaying feedback from relative's surveys.

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.

People were protected from the risks of abuse as staff knew how to identify it and who to inform for investigation.

Risk assessments were in place and helped to minimise risks to people in the service and in the community.

Medicines were handled safely and staff who administered medicines were trained to do this correctly.

Safe recruitment practices were followed and relevant checks completed.

Is the service effective?

Good ●

The service was effective.

People received care from staff who had the knowledge and skills to deliver care.

Staff were supported with training and received regular supervision and an annual appraisal.

Staff understood the principles of the MCA and people's consent was sought before delivering different aspects of their care.

People received nutritious healthy food and staff were aware of specialist diets to follow to ensure people's health and weight was maintained.

Is the service caring?

Good ●

The service was caring.

Staff spoke to people in a polite manner, were kind and compassionate and spent time getting to know people's likes and dislikes.

People's privacy and dignity was respected during personal care or when people wanted time in their rooms.

People's end of life wishes were respected at the service.

Is the service responsive?

Good ●

The service was responsive.

People's needs and preferences were listened to in the care planning process. Relatives were involved and asked to give their views to ensure care met people's needs.

People took part in a range of activities of their choosing to ensure involvement in the community and to maintain social ties.

Complaints information was on clear display and people knew how to make a complaint.

Is the service well-led?

Good ●

The service was well led.

People, their relatives and staff spoke positively about the management of the service.

The registered manager and deputy had an open door policy and were available to support people and staff at the service.

There were good systems in place for monitoring the quality of the service.

Touchsky Care Home

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.

This inspection took place on 16 November 2016 and was unannounced.

The inspection was carried out by one inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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 improvements they planned to make. We reviewed the information we held about the service and contacted the local authority contract monitoring team.

We spoke to the deputy manager, four people who lived in the home, two care staff, cleaner and a relative.

We reviewed records relating to the management of the service including policies and procedures and quality assurance documentation including monthly audits and health and safety checks. We also looked at staff rotas, training records, supervisions, appraisals and three staff recruitment files.

Is the service safe?

Our findings

People told us they felt safe at the service. One person said, "Yeah I do. The surroundings, the people, I was lucky to get this place. I kept falling down in the hospital." This person told us they had not fallen since being at the service. Another person when asked if they felt safe said, "Yes."

People told us their bedrooms were safe and they were able to lock their bedroom doors if they chose to and some people liked to have it open during the night. One person said, "I lock the door at night, not during the day." A relative told us their family member was kept safe at the service.

Staff explained they kept people safe as they observed them all the time. People who were in the service during the day received hourly checks to see how they were. One staff member said, "They [people] are kept safe as they have us carers to give support and look after their needs, i.e. for example medical care and protect them from hazards."

People at the service told us there were enough staff to support them. Observations showed there were enough staff to meet people's needs. Records showed that all shifts were covered by support staff.

People who went out for the day had what they were wearing recorded by staff in the event they did not return. The service also recorded the time people went out and if someone had not returned by 8 p.m. they would invoke the missing person procedure. The deputy manager advised that people had mobiles and could call the service if they were running late. This meant people's independence was considered while maintaining their safety.

People were protected from the risks of abuse as staff knew how to identify the different types of abuse and how to report it. Staff had been trained in safeguarding adults and the service had a safeguarding policy to follow. One member of staff said, "I would raise it (safeguarding) to my supervisor to make him aware there was a situation." The same member of staff said, "If my manager was not responding I would whistleblow, inform social services."

Staff had been trained in the safe administration of medicines. Medicines were stored, managed and administered safely. Medicines were kept in a locked cupboard and with keys held by the deputy and registered managers. People's medicines were supplied by the pharmacy in blister packs with the time they needed to be taken clearly marked. People received their medicines on time and we observed the lunchtime medicine round. The deputy manager administered medicine in accordance with the medicine policy, as they checked the medicine name against the person who was to receive it and they asked people for consent to give them medicine. People were asked where they would like to receive their medicines, a glass of water was made available and two staff were present for safe administration, one to administer the other as a witness. One person said, "Oh yeah" when asked if they received their medicines on time. People knew they had to take medicines and told us that staff explained why they had to take it.

People had been prescribed medicines on an 'as required' (PRN) basis. PRN medicines were administered by staff when people needed them and the service had protocols to follow. Records showed that the deputy

and registered manager had to sign off that it was appropriate to give people this medicine. Records confirmed some people received regular medicines via a health clinic. Records confirmed people received these medicines on time.

The registered manager performed spot checks to ensure medicines had been administered and that there were no gaps on medication administration records (MARS). This meant records supported the safe administration of medicines.

People had risk assessments in the service. These were reviewed every three months and covered a range of areas to protect people which included going out into the community and smoking in bedrooms. We reviewed the smoking risk assessment and the service had put smoke alarms in people's bedrooms to protect from the risk of harm.

Staff were recruited in a safe way. Staff had two interviews and were required to provide two references, copies of training and qualifications, proof of identification and complete a disclosure and barring service check (DBS) to ensure they were of suitable character to work with people in the care setting. Records confirmed that this information had been provided.

Infection control was managed as the service had their own cleaner and we observed that separate mops were used to prevent the risk of cross contamination. Records confirmed daily cleaning checklists were performed by staff to clean the fridge and freezer and temperature checks of the water were performed to ensure it was of a safe temperature. Staff encouraged good hygiene with people and that hands should be washed before food was prepared. All people at the service had been given the flu jab in preparation for the winter to protect them from the illness.

Is the service effective?

Our findings

People told us staff knew how to support them. One person said, "Yeah, they organise a taxi for me." A relative told us staff were good at their job and believed staff at the service had the skills to look after their family member. They said, "Yes I do, I do think they go over and above and if there is ever anything about [person] I need to be aware of they ring me."

People were supported by staff with the skills and knowledge to perform their roles as the service provided appropriate training and support to their staff. Staff recruited had level two and some had level three health and social care qualifications. Records showed that staff completed mandatory training in health and safety, food hygiene, infection control and safeguarding. Specialist training was also provided in mental health, diabetes, incontinence care and behaviour needs.

Staff felt supported in their roles. The deputy manager explained that staff received a three week induction and further support from existing staff. One member of staff said, "After my induction I felt confident, as after induction I was getting coaching." Records showed staff received supervision every two months and an annual appraisal. The deputy manager carried out daily observations to check staff performance. The deputy said, "If I see something I immediately I tell staff or bring it up during supervision, for example lateness."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

The deputy manager explained that nobody at the service was subject to a DoLS as they were able to leave when they wanted and were not under constant supervision. Staff would accompany some people to areas they were not familiar with as people feared they would get lost.

People were asked for their consent before tasks were carried out and gave consent to care. For example staff would ask what food people would like to eat before each meal and to administer medicines.

People liked the food they were given. One person said, "Yeah, food is nice." A relative told us the food was good at the service. We observed lunchtime, people ate where they wanted. Some people sat in the communal dining room and other people ate in their bedrooms. People's choice of food was respected and one person said, "If you ask for certain food that request is granted." A member of staff said, "We have a menu on a weekly basis. People can ask for specific food and are free to eat out."

People with diabetes were supported to eat healthy balanced meals and on the advice of a dietician more vegetables were given. The deputy manager explained that while they encouraged healthy eating within the service it was people's choice what they ate when outside. However due to people's diabetes the service monitored people's feet every week and records confirmed this. People were also weighed at the service and had the BMI checked to ensure they were of a healthy weight.

Staff supported people to attend health appointments which included the GP and occupational therapist and records confirmed that staff recorded pre booked appointments and the outcome of those appointments.

Is the service caring?

Our findings

People were supported by staff who were kind to them. People spoke positively about the staff at the service and said they were very nice and got on with everyone. One person said, "[Staff] is a good friend, she took me out shopping the other day." Another person said, "Yeah, they [staff] are nice" and "The people, it's nice, no fidgeting no nothing, people get on." A relative we spoke with told us staff treated their family member with kindness and compassion and that they were able to share their views with the service so staff knew how to care for their family member.

Observations showed staff interacted kindly with people at the service, supporting people and offering to make them cups of tea and coffee. Each person had a keyworker who worked directly with them and staff would speak to them about their interests and get to know their likes and dislikes. Staff demonstrated they knew all the people at the service, the deputy manager said, "[Person] likes clocks." We saw in this person's bedroom that they had a number of clocks.

Staff took the time to listen to people at the service by sitting and talking with them as much as possible and by taking them into the community to do activities they wanted. One person said, "I talk with [deputy manager] a lot, quite a lot, he understands me, knows where I am coming from."

Staff explained they observed people to see how they were feeling and would notice if someone was upset or angry. One member of staff said, "If [person] is upset, I'd talk to them calmly, try to understand what they were upset about, give them comfort so they would be ok".

People's privacy and dignity was respected at the service. We observed staff knock on people's door and wait for a response before entering. Staff respected people's private time alone time and we observed people spend time in their rooms. One person said, "Yeah, if I want privacy I go to my room, have TV and radio, [staff] don't stop me going to bedroom." For people who required support during personal care staff explained they ensured doors and curtains were closed. People also expressed a preference for the member of staff they wanted to receive personal care and this was respected by the service.

The deputy manager displayed caring behaviour and explained how they had supported someone to purchase footwear after they had been discharged from hospital without any. The deputy manager said, "We had to act and gave [person] some money so they could purchase some slippers and shoes. I also noticed he needed a haircut and shave so I took him to the barbers."

The deputy manager also told us how they had supported someone to attend a relative's funeral and stayed with them to provide comfort to them.

People were supported to maintain friendships inside and outside of the service.

In people's care plans, arrangements had been put in place when people were at the end of their life. Records showed that people's preference of funeral, preferred reading and flowers had been documented. Staff reviewed people's end of life plans twice a year.

Is the service responsive?

Our findings

People were supported by staff who knew and understood their personal needs. One person said, "Staff have got my backing, I trust them."

Each person had their own care plan which provided historical life information about the person and information on the type of support that was needed in all areas of their daily life as well as how that support should be provided taking into account people's individual personal preferences.

Records showed that people had care plans for physical wellbeing, mobility, nutrition, oral hygiene, foot care, communication and medication. Staff explained they knew people's individual routines and how to respond to people for example one member of staff said, "We have a resident who has a routine to go to the shop, we have to manage our time to provide to their needs, if not they might get agitated."

People received an assessment of needs before being offered a place at the service and people had to complete a six week trial placement to see how they settled in with the other people in the service then a six month review was completed to determine how the placement was progressing for people. One person said, "This is the best home I've seen, the [registered manager] came to see me in hospital and did assessment." Another person said, "[Registered manager] asked if I could climb stairs and I said yes, so she accepted me here, I would still be in hospital."

Records showed people and their relatives, where appropriate, were involved in the assessment process. Questions were asked to ensure care was delivered as people wanted and needed it. The deputy manager said, "If it's not personalised it's not care." People's needs were reviewed every year and care plans were reviewed more frequently if people's needs had changed. One relative explained they had been invited to reviews and were asked to give feedback on their relatives care plan.

People knew they had a care plan and that staff saw them regularly to review this. Each person had their own key worker and a member of staff said, "We have regular meetings with people but staff can be approached at any time." One person said of their care plan update, "It has been done [care plan], yes I have seen it, and what I said was noted."

The service held regular house meetings to seek people's views, records confirmed these took place every week. One person said, "We have meetings" This was an opportunity to discuss issues such as making choices about their care, activities and how people felt emotionally at the service. Where people had gone out when the meeting took place the deputy manager said, "We tell them what was discussed."

People took part in a number of activities in the community which included going shopping, visiting the salon to receive manicures and pedicures, cinema, the pub and park. During the summertime people visited Southend on Sea. Where people wanted to stay at home they could participate in the in house sing song and scrabble.

The service had a complaints procedure that clearly set out the procedure the service would follow should

they receive a complaint from someone living at the service or their relative. People when asked told us they had not made any complaints and a relative we spoke to said, "No I have never had to make a complaint."

Is the service well-led?

Our findings

The service had a registered manager who was supported by a deputy manager. People living at the service and their relatives knew who the management team were. One person said, "[Deputy Manager] is in charge." Another person said "Yeah, she's helpful [Registered manager]. A relative said, "I have her number [registered manager] I can contact her easily."

Staff at the service found management at the service very supportive and available to speak to if they needed advice. The deputy manager said, "[Registered manager] is fantastic, 100% feel supported, she's very transparent we don't hide anything, all teamwork her." A member of staff said of the management, "Yeah, [registered manager] is supportive, listens to our concerns."

Staff commented that the atmosphere of the service was calm and quiet and we observed people were calm within the service. Staff and the deputy manager were positive about the work they did for people. The deputy manager was always available in the home and staff commented that they could always reach the deputy or registered manager as they were visible.

Records confirmed the staff team met every three months for formal team meetings. However staff met at handovers twice a day in the morning and night shift to discuss people and inform staff of any important changes they need to be aware of and how people enjoyed their day. One member of staff said, "Important information we log, like if medicines not given we tell staff to try again."

During our inspection, the deputy manager provided a range of records and documents relating to people's care and the running of the service. The deputy was able to produce these quickly and observations confirmed that all records securely stored. All records were up to date and well maintained.

Records confirmed audits were carried out on the premises in the form of health and safety checks, care plans and monthly medicines audit. Records showed once the audit had been completed the registered manager signed completion along with confirmation that everything was in order or needed follow up action. The local authority also visited the service in October 2016 to perform a monitoring visit to see how the service was being managed. Results from the last visit showed the service was performing well.

The service sent out surveys to relatives once a year to seek their feedback on the quality of the service. However records did not show what the service had done with the responses after the survey. Staff surveys were built into people's supervisions and management asked staff how the service was performing.

We recommend the service follows best practice on how to show the feedback from relative's surveys.