

In Touch Care Services Limited

# Intouch Care Services Limited

## 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?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

About the service: InTouch Care Services Limited is a domiciliary care agency. They provide personal care and support to children and younger adults with disabilities and older people living in their own homes in the Walsall area. At the time of our visit there were six people receiving the service.

People's experience of using this service: At this inspection we found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These related to person-centred care, safe care and treatment and governance.

The service did not consistently mitigate risks. People's risk assessments did not consistently cover all potential areas of risk, such as bed rails, and managing behaviour. We looked at the systems in place for medicines management and found they were not always effective.

People felt safe in the care of staff members and were happy with staffing levels. However, they told us staff did not always arrive on time and staffing was not always consistent. We asked the manager to explore this issue and to look at systems to improve staffing.

Care plans did not reflect people's preferences or routines in all cases.

Systems were in place to ensure that staff received appropriate supervision to support them in their roles. However, training records were not up to date and some specialist training could not be verified. Checks made on the ongoing competency of staff had lapsed from May 2018. We received feedback that some relatives had concerns over the competency of staff to support people effectively.

The provider's systems and processes in place to monitor and audit had not identified the areas for improvement found. Records management needed improvements regarding medicines, risk assessments, care plans, staff records and quality monitoring of the service. People and staff members were asked their views via regular surveys.

The provider had appropriate systems in place to support staff to raise any safeguarding concerns. Staff had access to appropriate personal protective equipment (PPE) to help prevent the spread of infection.

People were supported to eat meals of their choosing and were supported to access healthcare professionals when necessary.

People told us care staff were caring and kind. Some people told us that timekeeping was an issue and also the consistency of staff that arrived to support people.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk).

Rating at last inspection: At the last inspection the service was rated good (report published July 2016).

Why we inspected: This was a planned inspection based on the rating at the last inspection.

Follow up: We will monitor all intelligence received about the service to inform the assessment of the risk profile of the service and to ensure the next planned inspection is scheduled accordingly.

More information is in the detailed findings below.

## 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 always safe.

Details are in our Safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our Effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was not always caring.

Details are in our Caring findings below.

**Requires Improvement** ●

### Is the service responsive?

The service was not always responsive.

Details are in our Responsive findings below

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our Well-Led findings below.

**Requires Improvement** ●

# Intouch Care Services Limited

## **Detailed findings**

### Background to this inspection

The inspection: We carried out this inspection under Section 60 of the Health and Social Care Act 2008 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.'

Inspection team: One inspector carried out this inspection.

Service and service type: InTouch Care Services Limited is a domiciliary care agency which provides personal care to children and adults living in their own homes. Not everyone using Intouch Care Services Limited receives a regulated activity; CQC only inspects the service being received by children and young people provided with 'personal care'; help with tasks related to personal hygiene and eating. For people the provider helps with tasks related to personal hygiene and eating, we also consider any wider social care provided.

The service had a manager registered with the Care Quality Commission who had left recently. The provider was in the process applying to become the registered manager and their application had been accepted by the Commission. This means that they are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: This inspection was announced so that we could meet with the provider at the office location.

What we did: Before inspection we reviewed information, we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse; and we sought feedback from the local authority and professionals who work with the service. We assessed the information we require providers to send us at least once annually to give some key information about the

service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

We spoke with six relatives of people who used the service via telephone interview. We spoke with four members of staff including the manager and three care workers. We received written feedback from two commissioners of the service.

We reviewed a range of records. This included three people's care records. We looked at multiple records relating to the management of the service and a variety of policies and procedures developed and implemented by the provider.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

Requires improvement: People were generally safe and protected from avoidable harm but continued and sustained improvement was needed. Some regulations were not met.

Assessing risk, safety monitoring and management.

- Risks arising out of people's health and care needs did not contain enough detail to ensure the service could keep people safe. Assessments were in place but did not cover all known risks that were described in care records. People's care records stated they were at risk, for example of absconding, and displaying behaviour that may challenge. There were no corresponding risk assessments to assist staff to work with people to reduce these potential issues.
- Environmental risk assessments for people, for example using equipment, had also not been completed. One person was nursed in bed and there was no risk assessment in place for the use of restrictive bedrails which could cause entrapment. Immediately following our visit, the manager visited this person and assessed and recorded this risk.

This meant people were at risk of not receiving safe care as the service had not taken action to record and mitigate risks. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Safe care and treatment.

Using medicines safely.

- People did not have medicine care plans in place that contained the information needed to fully support them. One young person had their medicines administered through a Percutaneous Enteral Gastrostomy (PEG). A PEG is medical procedure in which a tube (PEG tube) is passed into a person's stomach to provide a means of feeding or taking medicines. There was no list of medicines the person was currently taking in their plan of care in the office location and no care plan or risk assessment about how staff should support this task safely. Staff we spoke with told us they followed the clear guidance and instruction provided by the young person's parent as their main carer. The manager stated they would action this straight away.
- Care plans for 'as required' medicines were not completed and not recorded on people's medicine administration records. One young person had a rescue remedy for if they had a seizure. There was no guidance for when or how staff should administer this safely. Again, the manager stated they would ensure this was put in place straight away.
- Seven out of 13 care staff were out of date with medicines training and medicine competency checks had not been recorded as completed since May 2018. The manager told us they had scheduled medicines training for this week with those staff members overdue and they would assess the competency of those staff supporting people with a PEG.

This meant people were at risk of not receiving their medicines safely. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Safe care and treatment.

Systems and processes to safeguard people from the risk of abuse.

- People were safeguarded from abuse. Staff received safeguarding training and said, "I would report to my line manager and to Social Services," and "I'd safeguard any issue straight away."

Staffing and recruitment.

- The manager monitored staffing levels to ensure there were enough staff working to keep people safe. Staffing levels were based on the assessed level of support people needed. Absence through sickness or planned leave was monitored and staff arranged to cover it.
- We received mixed feedback about the timeliness of staff, some people told us lateness was a problem. One relative said, "We are concerned at times about timekeeping." Another person told us, "Sometimes they change the timings and don't always tell us."
- Most staff said there were enough staff to provide safe support. One member of staff told us, "We are short at the moment but we are recruiting."
- The provider's recruitment process minimised the risk of unsuitable staff being employed. Employment history and written references were sought and Disclosure and Barring Service checks carried out.

Preventing and controlling infection.

- Staff followed infection control practices and used personal protective equipment (PPE) to help prevent the spread of healthcare related infections. Some people told us that staff did not always wear uniform. We confirmed with the manager that some families had requested staff wear their normal clothes. We asked the manager to clarify that those families were an exception and that staff would be expected to wear uniform or a dress code. The manager told us that immediately following the inspection, they held a staff meeting where they reiterated that all staff bar those with an exception, should wear their uniform.

Learning lessons when things go wrong.

- Accidents and incidents were monitored to see if lessons could be learned and improvements made to help keep people safe.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Some regulations were not met.

Staff skills, knowledge and experience.

- Not all staff training was up to date. Some records also did not show that staff members were trained to carry out particular techniques like supporting people with catheter bag changes. The manager showed us they had a training plan and training had been planned on the day of our visit. The manager assured us that mandatory training for all staff would be addressed.
- Staff received support through supervision. Competency checks had lapsed and the manager confirmed this and told us they would plan this in going forward. Records could be improved to ensure discussions regarding staff performance were documented.

Records regarding staff were not complete and detailed in relation to their training and support. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (regulated Activities) 2014.

Supporting people to eat and drink enough with choice in a balanced diet.

- There was a lack of detail recorded about people's likes and dislikes in relation to food prepared by staff members. Care plans were not personalised as to how people wanted to be supported where staff had a role to prepare food.
- Where people had a very specific dietary plan, such as having food administered via a feeding tube directly into the stomach, there were no guidelines in place for staff to follow. The manager agreed to put guidelines in place straight away.

Records were not complete and detailed in relation to each person using the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (regulated Activities) 2014.

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

- We saw people had their needs assessed prior to using the service.
- The pre-admission assessment looked at how people's needs could be met. This reviewed people's health and social care needs, and included information from people, relatives and other professionals involved in their care. Assessments would benefit from having more information within about how people wanted their care and support to be provided. They were reviewed but did not have updates to people's needs reflected clearly. We saw for one person that their initial assessment did not state they had epilepsy. An assessment from the healthcare professional stated they had epilepsy. We saw on a home support duties form in red pen "[Name] has a history of seizures, medical attention is to be sought immediately." and the manager told us they had recently written this when they became aware of this fact. There was no guidance for what form the person's epilepsy took and what measures staff should take to keep them safe.

Records were not complete and detailed in relation to each person using the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (regulated Activities) 2014.

Staff working with other agencies to provide consistent, effective, timely care.

- We saw evidence of staff working with external health and childcare professionals such as child protection officers and district nurses.
- One relative we spoke with said, "We have regular meetings with everyone involved from lots of services so we all know what's going on."

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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. Applications must be made to the Court of Protection when people over the age of 18 live in their own homes. We checked whether the service was working within the principles of the MCA.

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- We could not find evidence of consent for one person who was using bed rails. Care records did not easily identify if someone had their capacity assessed to make their own decisions. The manager stated they would address the issue with bedrails straight away with the person and update their records.
- No one using the service was subject to any restriction of their liberty under the Court of Protection, in line with MCA legislation.

Records did not clearly identify if consent to care had been sought. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

People did not always feel well-supported, cared for or treated with dignity and respect. Regulations may or may not have been met.

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

- We received concerns from several relatives and from a service commissioner regarding carers being late and inconsistent carers arriving to provide care which had an impact on the quality of care people experienced. The manager stated this had happened several months ago and they had met with the families concerned to discuss their concerns. The manager told us they would ensure that issues relating to timekeeping and staff deployment were addressed through staff meetings and recruitment in the near future.

Ensuring people are well treated and supported; equality and diversity.

- Relatives spoke positively about the support their family members received from staff. Comments included, "The staff are lovely," and "Staff do their very best."
- We heard examples of kind and supportive interactions between people and the staff supporting them.
- Staff generally knew people well, and told us about things of interest and importance to them. However, care records did not reflect people's preferences or give a picture of people's current lifestyle and interests.
- People were supported to maintain relationships and social networks of importance to them.

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

- People were offered options and supported to make choices over their lives at the service. Staff told us how they supported people to make choices in their everyday lives.
- Regular surveys were undertaken with which people could give feedback on the service.
- People were supported to access advocacy services. Advocates help to ensure that people's views and preferences are heard.

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

- Staff knew how to maintain the privacy and dignity of the people. They understood that this was a key part of their role. One staff member told us, "I make sure that no-one is exposed. If someone is use the loo I ask them to shout and tell me when they are ready so they have their privacy."
- Staff supported people to be independent. One staff told us, "It's about supporting people to do things for themselves and not taking over."

## Is the service responsive?

### Our findings

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

People's needs were not always met. Some regulations were not met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- Care plans were in place but they did not provide guidance to ensure that consistent care was provided that met all people's needs. We saw for one person under the section about how a person communicated it just stated "non-verbal". There were prompts to record how the person may use gestures, body language or behaviour to communicate but these were left blank.
- They did not provide clear guidance to staff on how to meet assessed needs, for example supporting people to maintain good catheter care or how to support a young person with behaviour they may display. For example, one person had a known history of absconding from the family home and this would risk their personal safety. There was no guidance for staff to follow to help the person transition from home to their transport which was a key risk time and also no guidance to follow if the person did run away and place themselves in immediate danger.
- Information and guidance was not available about people's goals and outcomes and how to support the person to achieve them. In two files we viewed the document titled 'Support Needs and how to support me' were blank. This document had prompts to complete such as 'My personal care support - This is why I need support, this is what I can do for myself and this is what I need you to help me with.' Both people whose files we viewed had substantial personal care needs. This meant staff did not have guidance on how people wished to be supported with their care and support needs.

Records were not complete and detailed in relation to each person using the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (regulated Activities) 2014.

Improving care quality in response to complaints or concerns.

- Relatives told us they knew how to complain if they needed to. One relative we spoke with said, "We have had four or five meetings with them and went through the issues we have had and they have addressed them."
- Systems were in place for any concerns, complaints, or compliments to be acknowledged. The provider had a clear policy, which detailed how any complaints would be investigated and responded to.
- The manager had an open-door policy and engaged with people and their relatives to address any concerns straight away.

End of life care and support.

- No one using the service was receiving end of life care.
- End of life care plans were not in place for all people. They did not always record person-centred information of what people's wishes were for their end of life care.

We recommend the provider reviews end of life care plans in line with current best practice guidelines.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations were not met.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility.

- Improvements were required to some aspects of care provision to ensure people received person-centred care that met all of their identified needs.
- The manager understood the duty of candour responsibility, a set of expectations about being open and transparent when things go wrong. No incidents had met the criteria for duty of candour.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements.

- There had been some management changes at the service recently with the registered manager leaving. The provider had taken over the management role and was in the process of applying to be registered with the Care Quality Commission. They stated they were not up to date in relation to care records, as their previous role had been of a largely administrative nature. We saw they were keen to address the areas for improvement we identified.
- The quality assurance system in place was not effective, as issues identified at inspection had not been highlighted in completed audits. Senior staff had reviewed daily notes on a monthly basis, and this had not identified the areas of deficit we found in care plans and risk assessments.

Continuous learning and improving care; working in partnership with others.

- There was a programme of staff training to ensure staff were skilled and competent, however this did not cover all areas of care and support that the service was providing. We had feedback from a service commissioner that one family felt "unconfident" that all staff had the required skills and competence to carry out care and the family had to step in and assist care staff on occasions.
- Spot checks to assess the competency of staff had lapsed formally since May 2018. We discussed this with the manager, who acknowledged they had lapsed.
- The provider communicated effectively with a range of health social care professionals and we were told that service commissioners were working with the service to address issues that had been raised with them.

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

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

- Staff members said they were supported. They were positive about the manager and all said the manager

was approachable and they were listened to.

- Staff meetings had not been regularly held since April 2018. One staff member mentioned that although they felt supported by management, that "meetings might help with communication."
- People were consulted on an individual basis via surveys. Relatives we spoke with said they could contact the office, although we noted that areas for improvement from some relatives were raised via a service commissioner rather than with the service. This may mean the service needs to promote how they are open to listening to any concerns people or their families may have.

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>The provider had not fully assessed the risks to the health and safety of service users; and do all that is reasonably practicable to mitigate any such risks.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to maintain securely an accurate, complete and contemporaneous record in respect of each person supported. An effective system was not fully in place to enable the provider to assess, monitor and mitigate risk and ensure improvements were carried out in a timely manner.</p>