

Healing Touch Care Ltd

Healing Touch Care Limited

Inspection report

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Ratings

Overall rating for this service

Insufficient evidence to rate

Is the service safe?

Insufficient evidence to rate

Is the service effective?

Insufficient evidence to rate

Is the service caring?

Insufficient evidence to rate

Is the service responsive?

Insufficient evidence to rate

Is the service well-led?

Insufficient evidence to rate

Summary of findings

Overall summary

About the service

Healing Touch Care Limited is a domiciliary care provider. At the time of this inspection one person received personal care support from the service. The service supported older people within their own homes.

Not everyone who used the service received personal care. 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 this service and what we found

People told us they felt safe. Staff understood and followed guidance to enable them to recognise and address any safeguarding concerns about people.

Relevant recruitment checks were conducted before staff started working at the service to make sure they were of good character and had the necessary skills. However, employment gaps needed to be explored more.

There were plans in place for foreseeable emergencies. Risks concerned with people's health care and the environment were assessed and reduced as far as was practicable.

People were supported to take their medicines safely. Staff were provided with training and checked to ensure they were following correct procedures.

Staff had the skills and qualities to deliver effective care and staff were supported by the training offered. People were supported with their nutritional needs when required.

People were treated with kindness and compassion. Staff were able to identify and discuss the importance of maintaining people's respect and privacy at all times.

Staff felt supported by the registered manager and could visit the office to discuss any concerns. Staff were supported by training and supervisions.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible, and in their best interests. Policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 03 September 2020 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

We have not reviewed the rating as we have insufficient evidence for all of the key question at this inspection.

Insufficient evidence to rate

Is the service effective?

We have not reviewed the rating as we have insufficient evidence for all of the key question at this inspection.

Insufficient evidence to rate

Is the service caring?

We have not reviewed the rating as we have insufficient evidence for all of the key question at this inspection.

Insufficient evidence to rate

Is the service responsive?

We have not reviewed the rating as we have insufficient evidence for all of the key question at this inspection.

Insufficient evidence to rate

Is the service well-led?

We have not reviewed the rating as we have insufficient evidence for all of the key question at this inspection.

Insufficient evidence to rate

Healing Touch Care 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 (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.

Inspection team

The inspection was completed 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.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 24 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 09 March 2022 and ended on 17 March 2022. We visited the location's office on 09 March 2022.

What we did before the inspection

We reviewed the information we had received about the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with one person who used the service. We spoke with three members of staff, this included the nominated individual, the registered manager and a care support worker. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed a range of records. This included one person's care record and medicines records. We looked at one staff file in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We received feedback from three professionals who regularly visit the service.

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 for this newly registered service. This key question has not been rated as it is a new service and we have insufficient evidence to rate the service.

Staffing and recruitment

- There were sufficient numbers of care staff deployed to meet people's needs. Staffing levels were determined by the number of people receiving care and support and their needs. At the time of inspection, the service only had one person receiving care and one staff member to provide the care. We spoke to staff and the registered manager about back up plans if the staff member was absent. We were given assurance that a staff recruitment agency was in place to provide cover if required. The service was starting to grow and as a result where in the process of recruiting new staff members.
- Recruitment processes were followed that meant staff were checked for suitability before being employed by the service. Staff records included an application form, two written references and a check with the Disclosure and Barring Service (DBS). Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. However, for one staff member not quite a full employment history had been obtained. We discussed this with the registered manager who updated records straight away.

Using medicines safely

- At the time of inspection the service was providing care for one person and assisted them to apply topical creams. Guidance was provided for staff on where to apply and what the topical creams were for.
- Staff had received training in the safe handling of medicines. Records showed that staff had received an assessment of their competency to administer medicines in line with best practice guidance.
- The service supported people to take their medicines safely. The service kept a record of people's medicines using an electronic monitoring system where staff could update people's medicine administration records (MAR) on each visit. However, we saw that one record had a missed signature which we spoke with the registered manager about.

Systems and processes to safeguard people from the risk of abuse

- We spoke to one person and they told us they felt safe when having care from the service and were happy with staff.
- Staff knew how to recognise abuse and protect people from the risk of abuse and had received training to keep people safe from harm.
- Safeguarding policies and procedures were in place to protect people from abuse and avoidable harm.
- The registered manager told us how they had encouraged staff to all download an IT application through the local authority for safeguarding. This has a guide of what to do if you observe a safeguarding incident with telephone numbers and the safeguarding policy.

Assessing risk, safety monitoring and management

- Assessments were undertaken to assess any risks to people and to the care staff who supported them. The service used an online system which held live information to support staff with the latest assessments. A professional told us, "In relation to risk management from what I have observed and the discussions I have had with [registered managers name], she is managing the risks associated with not only the staff and clients but also the business as a whole".
- Staff had a high degree of understanding of people's needs. People's care and support was provided in line with their care plans.
- A business continuity plan was in place and described how people would continue to receive a service despite events such as bad weather.

Preventing and controlling infection

- We spoke with one person who confirmed staff wore personal protective equipment (PPE) and carried out safe practices of care.
- Staff had a good understanding of infection control procedures.
- Staff had received training and were observed carrying out good hygiene practice and checks were carried out regularly to ensure people were safe and staff knowledge was maintained.

Learning lessons when things go wrong

- Records were in place to record and maintain details of accidents and incidents that might occur. There had been no incidents so far but the registered manager told and showed us systems were in place to ensure they would be reviewed to ensure that appropriate action would be put in place to reduce any on-going risk, and to debrief the staff involved.

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.

This is the first inspection for this newly registered service. This key question has not been rated as it is a new service and we have insufficient evidence to rate the service.

Staff support: induction, training, skills and experience

- Professionals we spoke with felt staff were well trained. One professional told us, "I have provided guidance, mentoring, and training to [registered managers name] and her staff team over the past few years. I have worked in partnership when creating a training package that is fit for purpose. I believe that [registered managers name] is diligent in her endeavours to ensure her staff team has all the qualities to deliver an excellent level of care and support and where she feels this may not be the case she offers close supervision, mentoring, and support alongside training".
- People were supported by staff who had completed a wide range of training to develop the skills and knowledge they needed to meet people's needs and to understand their roles and responsibilities.
- New staff completed an induction programme before working on their own. Arrangements were in place for staff who were new to care to complete 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 the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme. A professional told us, "[Registered manager name] recognises the importance of training new members of her team and her staff complete the Rapid Induction Care Certificate as part of their induction within the organisation. I have been very happy with the level of engagement and understanding from [registered managers name] team".
- Records showed staff had received effective supervision. Supervisions provide an opportunity for managers to meet with staff, feedback on their performance, identify any concerns, offer support, assurances and learning opportunities to help them develop.

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

- People told us they were happy with the care provided.
- People received care and support which met their needs. When people moved to the service, they and their families, where appropriate, were involved in assessing, planning and agreeing the care and support they received.

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

- People were supported at mealtimes to access food and drink of their choice.
- The support people received varied depending on their individual circumstances. Some people lived with family members who prepared meals. In other cases, staff members reheated meals and ensured they were accessible to people.
- Care plans contained information about specific food preferences and were suitably detailed about the support people needed with their nutritional needs.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were supported to access healthcare services. Records showed the service had assisted people to access services and maintain good health.

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 MCA 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 to receive care and treatment when this is in their best interests 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.

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff showed an understanding of the MCA. Staff were aware people were able to change their minds about care and had the right to refuse care at any point. People told us they had been involved in discussions about their care planning.
- One professional told us, "I believe [registered managers name] and her staff take into account individuals' mental capacity in relation to choices and are more than aware of the need for individuals to be deemed as having capacity unless otherwise proven via assessment. The organisation from my observations applies and requests consent to the care and treatment of individuals as well as in relation to the sharing of information".

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.

This is the first inspection for this newly registered service. This key question has not been rated as it is a new service and we have insufficient evidence to rate the service.

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

- People told us that they received kind and compassionate care. One person told us, [Staff members name] was kind and caring and that he was happy with the care and support he was receiving from the service.
- A professional told us, "I believe from the many conversations I have had with [registered managers name] that she has high ethical standards and expects the same from her staff members; this is reflected in how Healing Touch Care Ltd is run".
- Staff had built up positive relationships with people. Staff spoke about their work with passion and spoke about people warmly. Where people were assigned regular care workers, they had been able to develop positive relationships with them.

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

- People were involved in their care and were enabled to make choices for themselves and staff ensured they had the information they needed.
- Staff demonstrated a detailed knowledge of people as individuals and knew their personal likes and dislikes.

Respecting and promoting people's privacy, dignity and independence

- People told us they were treated with respect and dignity and talking to staff and the registered manager this came across strongly.
- People were encouraged to be as independent as possible. Care staff knew the level of support each person needed and what aspects of their care they could do themselves. They were aware that people's independence was paramount and described how they assisted people to maintain this whilst also providing care safely.
- Records showed care plans were in place which detailed people's independence and informed staff of the importance of ensuring dignity at all times.

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 for this newly registered service. This key question has not been rated as it is a new service and we have insufficient evidence to rate the service.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received individualised care which met their needs. Care plans provided information about how people wished to receive care and support. These identified key areas of needs, such as, personal care, daily living activities, meal preparation and health issues.
- A professional told us, "I have been impressed by how even though [registered managers name] reported having one client, she seemed to have organised their care planning in a way that feels like the service would be a service that I'd feel confident to signpost to anyone who lived in her catchment area".

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, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- We spoke to the registered manager about how they ensured information was accessible for all people using the service. They told us that no one at the service requires information in an accessible format but would adapt when required.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure in place, which detailed the timeframes within which complaints would be acknowledged and investigated. This was included in information provided to people when they started to receive a service.
- Records showed no complaints had been received. We saw many compliments about the service provided displayed in the office. One person told us, "I would feel confident, but the occasion has never arisen when I have had to complain."

End of life care and support

- When we visited the service, nobody was receiving end of life care.
- The service provided staff with training on end of life care.

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.

This is the first inspection for this newly registered service. This key question has not been rated as it is a new service and we have insufficient evidence to rate the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People we spoke with were happy with the support they received from the service. We asked one person if the service could be improved. They told us, "I can't think of anything. For what they do they are very good."
- Professionals felt the service was well led. One professional told us, "I believe her service will keep improving because of her [registered managers name] forward thinking and steadfastness".
- People received person-centred support and care delivery ensured people were enabled to maintain skills and independence

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Professionals we spoke with felt the registered manager was a good role model. One professional told us, "[Registered managers name] is a learner on a Leadership Programme, Lead to Succeed, and I am the trainer. [Registered managers name] has enrolled on the programme to enhance her leadership skills and I am impressed with her level of engagement, knowledge and personal values regarding care". Another professional said, "Something that comes out very strongly from [registered managers name] values and how she feels about the people she supports both clients and staff".
- The registered manager used a system of audits to monitor and assess the quality of the service provided. These included medicines, care plans, first aid, training, accidents and incidents, dignity, hand hygiene infection control and health and safety. Where issues were identified, remedial action was taken.
- Staff we spoke with felt supported by the registered manager and found them approachable and fair.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The provider carried out reviews with people using the service to ensure they were happy with the care provided. These were either completed by telephone or visiting people in their own homes.
- The provider sought feedback from people or their families through the use of a quality assurance survey. This was sent out annually seeking their views. The feedback from the latest quality assurance survey to people in August 2021 was positive. A relatives survey from September 2021 was also positive, comments included, 'absolutely superb in a class of its own', am very satisfied with the care provided by healing touch staff'.
- The provider held meetings with staff to discuss any concerns. These informed staff of any updates on people's health, and training opportunities. Records showed the last meeting in February 2022 included updates on COVID.

- The service worked in partnership with others. One professional told us, "Whilst I have not visited Healing Touch Care Ltd and therefore not observed regarding the Key Lines of Enquiry (KLOE's) I can however, comment on Well Led regarding [registered managers name] positive performance and well informed contributions during the leadership programme. She certainly adds value to the group of registered managers and deputy managers and clearly understands the importance of person centred care. During our discussions and activities within the group, [registered managers name] effortlessly conveys a genuinely caring approach towards her clients and her team".
- Throughout the inspection it was evident that the leadership team were all extremely passionate about their role and took ownership of ensuring improvements were continually made to the quality and safety of the care provided.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- There was an open and transparent culture in the service.
- The provider was aware to notify CQC of all significant events and was aware of their responsibilities in line with the requirements of the provider's registration.
- The provider had appropriate policies in place as well as a policy on Duty of Candour to ensure staff acted in an open and transparent way in relation to care and treatment when people came to harm.