

Servicescale Limited

inTouch Home Care

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service: inTouch Home Care is a domiciliary service that was providing personal care to 80 people living in their own homes at the time of the inspection.

People's experience of using this service:

People were supported by staff who knew how to recognise potential abuse and who they should report any concerns to.

People's care considered their risks and reduced the risk of harm. Staff met people's social and care needs when expected.

Staff were trained to meet people's needs and acted promptly to refer people to healthcare professionals when required.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this.

People enjoyed positive relationships with the staff team and were treated with kindness and respect. People's independence was promoted by staff who encouraged them.

People's needs and routines were known and supported by staff who ensured these were met and respected. People knew how to complain if needed, and were confident any comments or concerns were listened and acted on.

People and staff were happy with the way the service was led and managed and the provider worked well with external professionals to ensure people's needs were met.

Service management and leadership was consistent and areas for improvements were identified. The registered manager gathered people's views and experiences and made any necessary improvements.

We found the service met the characteristics of a "Good" rating.

Rating at last inspection: Good (Report published on 16 November 2016)

Why we inspected: This inspection was a scheduled inspection based on previous rating.

Follow up: We will continue to monitor the service and will inspect within 30 months of the report being published.

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

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

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

inTouch Home Care

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was completed by one inspector and an expert by experience with their area of expertise in people receiving home care services. 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. It provides a service to older adults, younger disabled adults and children.

Not everyone using inTouch Home Care the receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

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 visit. Inspection site visit activity started on 30 April 2019 and ended on 1 May 2019. We visited the office location on 30 April 2019 to see the registered manager and office staff; and to review care records and policies and procedures.

What we did:

Prior to the 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 alleged abuse and serious

injuries. 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.

During the inspection, we spoke with seven people and six relatives to ask about their experience of the care provided. We spoke with six members of care staff, one care coordinator, the recruitment and training officer the care manager and the registered manager.

We reviewed a range of records. This included four people's care records and their medication records and three care staff recruitment files. Records were reviewed, in relation to training and supervision of staff, the management of the home 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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People told us they were safe and the staff took steps to support people to keep them safe. One person told us, "The carers chat away to me and I feel quite safe with them."
- People were supported to understand how to keep safe and to raise their concerns.
- The provider had reported abuse to the local authority and CQC when it had been identified.

Assessing risk, safety monitoring and management

- People were positive about how their risk or potential risks were managed and the steps they needed to take to minimise their risks. For example, associated risks with physical or emotional needs. One relative told us, "There are two carers that come in for mobility problems and they [care staff] can use the rotunda safely."
- Staff knew the type and level of assistance each person required to maintain their safety.

Staffing and recruitment

- People had staff available to them when needed and agreed. People had asked for improved consistency of care staff and accurate time of calls at the weekend. The registered manager was aware of this issue and was progressing with recruitment of staff to improve the service offered.
- People's hours of care were reviewed by the registered manager to ensure there were enough staff to meet people's care needs.
- Staff told us and files we looked at demonstrated, checks had been made to ensure they were suitable to work with vulnerable adults.

Using medicines safely

- Medicines systems were organised and people were receiving their medicines when they should. The provider was following safe protocols for the administration of medicines.

Preventing and controlling infection

- Staff told us they observed and practiced good food hygiene and ensured people's homes were cleaned to help reduce the risk of infection. Staff told us there was personal protective items such as gloves for them to use.

Learning lessons when things go wrong

- Staff had completed reports where a person had been involved in an incident or accident and reported to the management team so they could be reviewed.
- The registered manager looked at how or why the incident occurred and whether a referral to other health

professionals was needed. The registered manager took learning from any untoward incidents, and records showed people's risks had been updated in their care plans.

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

Good: People's outcomes were consistently good, and people's feedback confirmed this.

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

- People had shared their needs and choices with the management team.
- The manager completed an assessment of people's care needs to assure themselves they could provide the care needed.

Staff support: induction, training, skills and experience

- People told us staff understood their care needs well and could provide the care they wanted and needed. One relative told us, "They are well trained to look after my [relative name]."
- Staff received an induction when starting work and training courses had been completed, which helped them understand people's needs. One person told us, "It's a very good service they are well trained the girls. I can't fault them."
- Staff were supported in their role with structured routine staff meetings and individual discussions with supervisors to talk about their responsibilities and the care of people.

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

- People were supported to access food and drinks in line with their needs and choices. One person told us, "They [care staff] attend to all my needs and make my meals and give me drinks."

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

- We spoke with people about the support they received to access health. One person told us when staff had seen changes in their physical health, they had encouraged and supported them to seek medical assistance.

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.
- Where people were unable to make decisions for themselves, mental capacity assessments had been completed. Where necessary, decisions were made on behalf of people in consultation with relatives and appropriate others in people's best interests.

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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

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

- People received kind and compassionate care and staff had developed positive relationships with people. One person told us, "The girls are very nice and will do anything that I ask them to do. I like them."
- People's well-being and happiness was promoted. The risk to some people of experiencing social isolation was recognised by staff and addressed where it could be. One relative told us, "They have a laugh and a joke [person] really likes them."

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

- People were supported to express their views and were actively involved in decisions about their care.
- The service engaged with people through regular reviews of their care and asked for people's feedback through surveys and questionnaires. One person told us, "I find them excellent and they are kind and make me feel very happy."
- People's preferences and routines were known and supported. For example, their preferred daily routines were flexibly supported and their choices listened to by staff.

Respecting and promoting people's privacy, dignity and independence

- People's differences were respected and they were supported to maintain their identity and personal appearance in accordance with their own wishes. One person told us, "They use nice warm flannels to wash me and cover me with towels and they treat me with dignity and respect."
- Staff understood equality, diversity and human rights issues, and staff were aware of the provider's anti-discrimination policy.
- People's confidentiality continued to be respected. Staff had a good understanding of the need to ensure people's confidentiality was maintained.
- People's private information remained secure. Care documentation was held confidentially and systems and processes protected people's private information.

Is the service responsive?

Our findings

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

Good: ☐ People's needs were met through good organisation and delivery.

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

- The service identified people's information and communication needs by assessing them. Staff understood the Accessible Information Standard. People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others. We saw evidence that the identified information and communication needs were met for individuals.
- People were involved in planning their care and where appropriate, relatives and advocates were consulted. Care plans were formally reviewed every six months, and the provider also undertook quality assurance visits.
- People said they had support plans in their homes and these included risk assessments which identified how the risks in their care and support were minimised.
- People's care plans were personalised and reflected people's needs and choices. For example, one person's care plan was detailed in respect of their background and staff were aware of the person's history.
- Care plans were detailed and informative and reviewed if there had been a change in someone's care needs. Care staff confirmed they were kept updated to any changes and records were detailed and reflected current care needs.
- Care staff knew each person well and understood the exact care and support they needed.
- Staff told us they recorded and reported any changes in people's needs to management who listened and then followed up any concerns immediately.

Improving care quality in response to complaints or concerns

- People told us they had seen information about the service's complaints policy and were very clear about who they would talk with if they had any problems or difficulties.
- Where people needed to raise concerns, the provider remained responsive. The provider's complaints procedure was available for people and their relatives to view. There had been no recent formal complaints in relation to care and support.

End of life care and support

- Staff had a good understanding of what care and support people might need as they were approaching the end of their life. Where required, end of life support plans were created which gave people the opportunity to express their preferences.

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

Good: ☐ The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The management team focused on people's happiness, health and wellbeing and these were at the forefront of the support given.
- People expressed satisfaction with the leadership and said the service was managed well.
- The provider and registered manager were committed to providing a person-centred service for people.
- There was a strong framework of accountability to monitor performance and risk, leading to the delivery of demonstrable quality improvements to the service. The provider and managers saw this as a key responsibility.

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

- Continuous improvement was underpinned by a range of audits in place which focused on positive outcomes for people. Any identified improvements were put into place in a timely way to improve people's quality of life.
- The registered manager and provider spent time with staff and people who used the service. The provider and registered manager used their comprehensive knowledge of people's needs when planning further development of care.
- The management team together delivered care which was compassionate and inclusive. Staff were committed to this and told us how they learned together, reflected on situations and demonstrated accounts of how this improved people's care.
- Staff told us learning from concerns and incidents contributed to continuous improvement. Involving people in decisions following incidents.

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

- The views of people who used the service were used to as quality monitoring and assurance arrangements.
- People said they were consulted in the way their care and support was delivered.
- The providers constantly communicated with staff directly, attended meetings with them and took an interest in them as an individual.