HomeTouch Care Limited

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Inspection report

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Date of inspection visit:
24 October 2019

Date of publication:
19 November 2019

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
Hometouch is a domiciliary care agency that provides care and support to younger and older people in their own home. People receiving a service included those with dementia, mental health, physical disabilities and learning disabilities. Hometouch provided two models of care. An Introductory care model where the service introduced people using the service to private carers. However, the service did not manage the carers and the support they provided. This aspect of the service was not regulated by CQC. The second regulatory model was a service fully managed by Hometouch and was regulated by the CQC. At the time of our visit there were 12 people receiving a regulated service. All 12 people were receiving 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
Hometouch provided safe care. Staff received training in safeguarding people and there were safe recruitment procedures in place to protect people from unsuitable staff. There were enough care staff deployed to support people. People received their medicines safely by suitably trained staff. Risks related to people's health conditions and providing care had been assessed. Staff were provided with guidelines on how to minimise identified risks.

People's health and care needs had been assessed before the service started. The information was then used to formulate person centred care plans for each person. Care plans included information about people's care needs and preferences as well people's history and what was important to them. At the time of our inspection, the service was implementing a new electronic care planning online platform. The aim was to enable staff, the managers and when agreed family members to have prompt access to up to date information about people's care.

Staff received training and were undergoing regular checks and supervision. This was to help staff provide safe and effective care to people that met people's needs. Staff supported people to live a healthy life. People were provided with sufficient and nutritious food and drink. Staff ensured external health professionals had been notified when people's health needs changed, or their health suddenly deteriorated.

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; the policies and systems in the service supported this practice.

People and relatives described staff as kind and caring. They told us staff protected people's dignity and privacy. External professionals thought staff were professional and supported people with consideration to people's needs and wishes. Staff spoke kindly about people. They told us empowering people to have the choices and following people's wishes was important to them.

People and relatives knew how to raise concerns and complaints about the service. The managers dealt with received complaints promptly.

The service was well managed. There were clear polices and procedures guiding staff on what their roles and responsibilities were. The management team were aware of their regulatory responsibilities. These had been met according to the standard required by the Regulations.

Stakeholders spoke positively about the management team and support they offered. People and relatives thought the managers were approachable, easily accessible and helpful when issues arose. Staff felt listened to and supported by the managers. External professionals praised the managers and staff for their professionalism and empathetic approach to the care offered to people.

The service sought feedback about the service from people, relatives, staff and external professionals. Feedback from surveys as well as information gathered from quality audits complaints, accidents and incidents and safeguarding concerns, was used to introduce changes and improve the service provided.

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 28 February 2018 and this is the first inspection.

Why we inspected - This was a planned inspection.

Follow up - We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

HomeTouch Care Ltd

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 Care Act 2014.

Inspection team
The inspection team included one inspector and one 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.

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 48 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.

What we did before the inspection
Before the inspection we looked at information we held about the service. This information included any statutory notifications that the provider had sent to the CQC. Statutory notifications include information about important events which the provider is required to send us by law. We contacted members of the staff team and we received feedback from four care staff. We spoke with two people who used the service and seven relatives. We used all of this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service

and made the judgements in this report.

During the inspection
We spoke with four members of the management team including the provider who was also the registered manager and Nominated Individual for the service, the lead nurse, the head of recruitment and compliance and the service's manager. 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 three people's care records and medication records. We looked at four staff files in relation to recruitment and staff supervision. We looked at 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 spoke with two professionals who regularly visit the service. We contacted external health and social care professionals working regularly with the service and we received feedback from two of them.

Good

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 been rated good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- Where agreed, staff supported people to receive their medicines. A family member said, "My relative is a lot healthier in terms of going out, eating and drinking and taking medication properly."
- Staff received training in medicines administration and their competencies had been assessed by the lead nurse. There was a medicines management policy in place to provide staff with further information on how to manage medicines safely.
- The level of support, information about what medicines were prescribed to people and relevant risk assessments had been included in people's care files.
- Where people received medicines in a covert way (without their knowledge), this had been discussed and agreed by external health professionals. Therefore, we were assured this had been done in people's best interest and with respect to their human rights.
- Staff recorded medicines administration on medicine administration records (MARs). On a small number of MARs information about medicines was not recorded as per current guidelines and there were few gaps in recording of medicines administration. The lead nurse was aware of these issues and acted to ensure this was addressed. Additionally, at the time of our visit the service was implementing a new online care management system. It allowed the lead nurse to update and monitor information about medicines easily and without delay. Therefore, we were assured there was a process in place to ensure staff had relevant information on what medicines to give to people.
- We saw that not all files included protocols for administration of PRN (as required) medicines. The lead nurse explained these had been kept in people's homes. Additionally, the service was in the process of transferring information about PRN medicines to the new online system. This would ensure staff had clear guidelines on when to give people PRN medicines.

Systems and processes to safeguard people from the risk of abuse

- Family members thought the service provided safe care. One family member said, "I have no doubts about my relative's safety. I am much happier about her safety and wellbeing than I was before."
- Staff received training in safeguarding children and adults. The service had a safeguarding policy and procedure in place to guide staff on what action to take if they thought somebody was at risk of harm. Staff understood how to recognise abuse. One staff member told us, "I do feel that people are safeguarded from abuse. We work together with people, their families and the Local Authorities. We are enabling people to live safely and free from abuse and neglect."
- The registered manager investigated safeguarding concerns promptly. They worked alongside local authorities to ensure action was taken and people were safe.

Assessing risk, safety monitoring and management

● Risks to people's health and wellbeing had been assessed and reviewed.
● We saw risk assessments associated with people's specific health conditions, eating, personal care, behaviour that may challenge the service, the environment people lived in and visiting the community were in place.
● Risk assessments for individual people had been personalised and provided staff with information on how to minimise identified risks. We noted the level of detail about the risk mitigation practice varied across the files we looked at. We discussed this with members of the management team who were responsive to our feedback and said this would be addressed.

Staffing and recruitment
● The service provided live in services. The service aimed to provide people with a small team of staff who would support them on a two week on and off basis unless otherwise agreed. Consequently, people were supported by the same staff who they were familiar with. Family members said, "A big plus point is good continuity, and they do a good handover" and "We have had four different carers previously. Someone is now doing [number] of weeks and my relative is much calmer."
● When possible people and staff were matched based on specific criteria. These included staff specific skills, languages spoken, interests and staff availability. People could choose which staff supported them and we noted this had been done with respect to the human rights both of people who used the service and staff members. For example, staff would not be turned down for work based on their protected characteristics such as race and sexuality.
● The service had a safe recruitment procedure in place to ensure people were protected from unsuitable staff. Each new employee was required to have at least one year of experience in a care setting. The recruitment checks undertaken included, two references from the previous employer and proof of identity. Criminal record checks had been carried out and they were up to date for all staff.

Preventing and controlling infection
● Staff received training in infection control and food hygiene. The service had an infection control policy and procedure to further guide staff on how to avoid infection.
● The service provided care staff with personal protective equipment (PPE) such as gloves, aprons and wipes. This helped to protect people and staff from health or safety risks when providing care.

Learning lessons when things go wrong
● Accidents and incidents were recorded and monitored for patterns or trends. Action had been taken to respond to accidents and incidents and to reduce the risk of them reoccurring.
● Accidents and incidents were categorised according to seriousness and were regularly reviewed and analysed by the managers. When needed, recommendations were made for staff to ensure people received safe care.

Good

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 been rated good. This meant 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's health and care needs had been assessed before the service started providing support. The information gathered was used to inform people's individual care plans. People and families were involved in care planning and reviewing process. One family member said, "We have a care plan and risk assessments worked out with the service. It is very collaborative and its reviewed regularly."

●The service was using an online system to record and share all information about people. At the time of our inspection the provider was in the process of improving and implementing a new electronic care planning online platform. The system was designed to allow information about people's changing needs to be updated immediately and with no delay. This meant staff, the managers and when agreed family members could have access to up to date information about people's care needs and how to best support them.

Staff support: induction, training, skills and experience

● Staff received training and support to help them to support people safely and effectively. People and relatives thought staff had sufficient skills and experience to support people. One family member said, "Staff are well trained, they know what they are doing and are monitored."

● New staff received an induction that included mandatory training and an introduction to the service. All staff received yearly mandatory training which was a mixture of online and classroom courses. These included safeguarding children and adults, moving and handling, the Mental Capacity Act 2005 (MCA), safe administration of medicines, managing behaviour that could challenge. The provider was in the process of arranging The Care Certificate training for staff who required it. The Care Certificate includes a set of standards that staff should abide by in their daily working life when providing care and support to people.

● Staff received regular supervisions and spot checks of their direct work at people's homes. Staff confirmed they were supported through regular training, supervision and observations. One member of staff told us, "I meet with a senior manager for supervision and I receive a lot of support and training online and in the classroom."

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

● Staff supported people to have sufficient food and drink and people were provided with a diet that met their needs. A family member told us, "Staff do some cooking and they make what my relative likes. He has difficulties with chewing, so they adapt food to make it softer" and "They are brave about cooking, trying new things, and my relative is eating and drinking well."

● Care plans included information about people's nutritional needs and requirements and dietary likes and dislikes. Staff prepared food in line with people's cultural preferences.

● Care plans had guidance for staff on their responsibilities in preparing meals for people. Staff were provided with information on what people's eating and drinking habits were, for example when they liked to have their food. This helped to ensure people received food they liked and at the times they needed it.

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

● People received effective care that met their current needs. Staff ensured people had access to health professionals when needed. One family member said, "If my relative is not well, the carer is self-motivated and decision making is good. When she thought my relative was unwell she told the District Nurse who told the GP."

● Care plans prompted staff to made observations on people's health and wellbeing. Staff were reminded to notify people's relatives, the service and health professionals if any changes to people's health had been noted.

● The service worked collaboratively with external health professionals to ensure people received care that met their needs. This included GPs, mental health practitioners, district nurses and others. When needed the service's representatives attended meetings with health professionals. This helped to ensure people were supported and that staff had up to date information about people's health and care needs.

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.

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.

● The service had a Mental Capacity Act 2005 policy and staff received training on the principles of the act.

● Where people did not have capacity, this had been reflected in their care plans. Staff were provided with information on how people's health conditions affected their capacity and how staff could support people to stay as independent as possible. One staff member told us about a person whose capacity was reduced, and this affected their memory. Staff and professionals involved this person in making the decision about their medicines being administered by staff. This was to ensure the person took their medicines as required.

● The service ensured any decisions made on behalf of people had been made in their best interest. Where people did not have the capacity, the service liaised with other professionals and people's representatives to determine what care people needed.

● Where family members were involved in making decision about people's care, the service ensured that these family members had been legally appointed to do so.

Good

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 been rated good. This meant 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 and relatives spoke positively about staff who supported people. One person told us, "The carer looks after me very well". One relative said, "I like the way staff and my relative interact. My relative has had [a number of] carers, all different, all good."
- Staff spoke kindly about people. They understood the importance of personalised care that placed people at the centre of the care provided. One staff member said, "As no two people are the same so are their care needs. The service makes certain that people are offered person centred care which is according to their wishes and that we are meeting their needs."
- Care plans included information about people, their personal history, important past events and people that were important to them. Care plans provided staff with information about people's diverse needs and the support people may need with these.
- Staff provided support in respect to people's culture, religion and chosen ways of being. One staff member told us, "At Hometouch we respect other people's ways of life, cultures, race and religion. We are there to provide a service and to care for our clients regardless of their lifestyles."

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

- Relatives told us staff were respectful towards people's wishes, involved them in making decisions about people's care and helped to stay independent. One relative said, "Carers stand back and let [my relative] feel they are still running the house." Another relative said, "They have helped him get more independent, making his own tea for example."
- Care plans guided staff on how to support people to have their choice, keep independence as much as possible and be safe at the same time. For example, for one person who liked to wander, staff were instructed to allow the person to do it, however, to stay close until the person needed staff support.
- Staff helped people to have their say and participate in decisions about their care. One staff member told us how they involved a person in making decision about a specific aspect of care. The staff said, "We were openly discussing this matter, the pros and cons of handing the responsibility to me as a carer. The person agreed that it was best for them." Another staff member said, "I normally ask people, what they want, what they like and how."

Respecting and promoting people's privacy, dignity and independence

- Staff ensured people's privacy, dignity and independence where protected when providing personal care. A relative said, "They treat my relative with respect and dignity."
- Care plans described specific tasks around personal care. This included a description of what people were able to do themselves and what they needed support with. Care plans reminded staff to protect people's

privacy and dignity when providing personal care.

● Staff knew how to ensure people's privacy and dignity when providing personal care and how to promote people's independence. One staff member said, "I encourage people to be more independent and I use my sense of humour, so they are more relaxed."

Good

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 been rated good. This meant people's needs were met through good organisation and delivery.

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

- People received personalised care that met their needs. Each person had an individualised care plan which was co-created with people and where appropriate their relatives. Family members said, "My relative has a care plan. They discussed it with me first and talked to me as well to see what was needed."
- People and relatives thought staff knew people's needs well and provided support in line with these needs. One person told us, "My carer is friendly. She [helps me to access the community] and helps me to get back into the armchair. She helps me to go to bed and get up". One family member said, "Carers know when [my relative] is sleepy and when she wants to chat. Carers talk to her when she is in the mood."
- Care plans provided staff with information about people's care needs and personal preference about how they would like the care to be provided. Care plans also included information about who people were, what they liked to do and what was important to them.
- Staff knew what people's needs were. They told us they ensured they provided people with enough choice and control over the support they received. Their comments included, "I talk with my client and listen to what they have to say. I let them know I'm there for them and I am happy to help with anything they need" and, "I empower people to make choices about their care. I provide people with as much information as I can and support them to make informed choices."

Meeting people's communication needs
Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information about how people communicated was included in the initial assessment and care plan to ensure staff had access to this information. We noted the level of information about people's communication needs differed across the files. We discussed this with members of the management team who were responsive to our feedback and said this would be addressed.
- Staff communicated with people in a way people could understand. This had been assessed during spot checks of staff direct work with people. In one example, we saw that staff tried to speak to people in their native language when supporting them.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff supported people to have access to the community so people could enjoy doing things they liked

and avoid social isolation. A family member told us, "[My relative] can't do a great deal or walk well but he goes out for short walks. The carer encourages him to go out" and, "My relative likes to go out. Staff takes her to the local shop, Church on Sundays and to the cinema." Another family member said, "They cook for my relative and my relative also has done some cooking as they involve her. They walk her into town. They get on well."

● Staff support contributed to positive changes to people's life. One staff member said, "One person was house bound, and some premises adaptations were needed to allow the person to go out. We got in touch with external professionals and the necessary adjustments have been done." Another staff member said, "One person was not going out to the community. The service's management arranged that we take the person shopping and to the local community centre."

Improving care quality in response to complaints or concerns

● People and their relatives were provided with information on how to make a complaint. It was included in the service's handbook given to people and relatives at the beginning of the service.

● We reviewed the concerns and complaints records and saw these had been investigated and responded to appropriately. Relatives thought the complaints had been dealt with promptly and to their satisfaction. They said, following a complaint, the registered manager had contacted them to apologise that the situation occurred.

End of life care and support

● End of life wishes had been discussed with people at the point of the initial assessment. The service had end of life policy and suitable processes in place to ensure staff would support people in a dignified and sensitive way.

● Information about people's end of life wishes had been reflected in documents formulated by external professionals, for example, do not resuscitate (DNAR) or advanced care plans. However, it had not always been included in people's care plans. We discussed this with the management team during our visit. They told us the service was in the process of arranging further end of life training for staff and further developing their care plans to ensure end of life information was included. We saw this was reflected in the service's quality improvement plan.

Good

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 been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People and family members spoke positively about the service. They knew the management team and thought managers were approachable and supportive. Some of their comments included, "This service is empathetic and supportive. The managers listen and understand. They are excellent" and "I look for empathy as well as skill level and that is what Hometouch are working towards."
- Staff were happy to work for the service and they thought it was well led. They told us, "Hometouch is a very conscientious agency who genuinely care for their clients and carers" and "The service is well managed. They are very supportive."
- Staff felt supported by their managers and their colleagues. One staff member told us, "I meet other colleagues when I attend group training and we exchange ideas, share information and we learn a lot from each other. This is very much encouraged and supported by managers."

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

- The registered manager understood their responsibility under the duty of candour. They said, "It is about being open and transparent and not cover up issues. It is about having clarity when to report incidents and protect whistle-blowers if things go wrong."
- The service worked with the local authority and other stakeholders to investigate concerns raised with the service. Relatives told us, members of the management team had contacted them to apologise when things went wrong.

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

- There was a clear managerial structure in place and managers we spoke with understood what they were responsible and accountable for.
- The regulatory requirements had been met. There was a registered manager in post. Statutory notifications about important events had been submitted to the CQC as required by the law.
- Staff knew what was expected from them. The provider had a range of policies and procedures to guide staff about their roles and responsibilities as care staff. These had been available to staff in a carer handbook given to staff during the induction process.
- The provider had systems in place to monitor the service provided to people. This included a range of audits (medicines and care plans), information trackers (training and supervision matrix) staff spot checks

and frequent communication with people who used the service and their relatives.

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

● Systems were in place to obtain feedback from people and their relatives. This included regular phone contact with people and relatives, and regular observations of staff's direct work combined with feedback about staff by people and relatives.

● The service had carried out three separate surveys, running from May to October 2019. The surveys asked people and relatives, staff and external professionals about their opinion about Hometouch. The overall outcomes showed that stakeholders were happy with the service provided by Hometouch.

● Staff felt involved in the service development and they thought their voice had been heard by the managers. One staff member told us, "Changes are discussed and made and we all get involved. We get consulted, for instance we shared our views on the weekly work schedule and the access to our online system."

Continuous learning and improving care

● The service aimed to continuously learn and review its practice. This was done through internal checks and audits and through an independent, external auditor employed by the service. Based on the outcomes of the audits the provider formulated a quality improvement plan. The plan included main points around the provider's goals and objectives for development of the service.

● Accident and incidents, safeguarding concerns and complaints had been monitored by the management team. Action was taken for example, additional staff training, to ensure similar concerns had not reoccurred.

Working in partnership with others

● People achieved good outcomes because the relationships between the service and external professionals were effective. External professionals told us, "Hometouch includes us in all discussions with client and family on how to best meet the client's needs." and "We are holding a meeting together soon to take the current care plan [for a person] forward."

● External professionals spoke positively about the service provided by Hometouch. One professional told us, "Neither myself or my team have any concerns whatsoever in how Hometouch is run. From the moment we started communicating with this team they have been nothing but professional, empathic and hugely supportive to all clients they have supported."