

Touchstones Care Ltd

Touchstones

Inspection report

9-11 Shakespeare Road
Worthing
West Sussex
BN11 4AL

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19 November 2019

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Ratings

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|---------------------------------|--------|
| 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

Touchstones is a residential care home providing personal care to 15 people aged 18 and over. At the time of the inspection 14 people were living there.

People's experience of using this service and what we found

People were being supported by kind and caring staff who knew their needs well. Staff were well trained and recruited safely. There were sufficient numbers of staff to meet people's needs.

People's needs were fully assessed, and their care plans regularly reviewed with their keyworker. People had full access to other health and social care services and received support to use them. Individual needs, preferences and choices were respected and supported, and people were able to live the life they chose.

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's medicines were managed safely. People who were able to manage their own medicines were supported to do so. People told us they felt very safe living at Touchstones. There were policies and processes in place to protect people from abuse and staff had a good knowledge of the safeguarding process.

There were systems in place to monitor the quality and effectiveness of the service being delivered. A development plan was made annually to address areas for improvement. Feedback was sought from people, their relatives and staff on how the service was doing and where they could improve.

Strong partnerships had been made with local community services and health practitioners.

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

Rating at last inspection

The last rating for this service was good (published 28 April 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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.

Touchstones

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 was carried out by two inspectors.

Service and service type

Touchstones is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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.

This inspection was unannounced.

What we did before the 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. We checked notifications sent to us by the provider. Notifications are information about important events the service is required to send to us by law.

We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service and two relatives about their experience of the care

provided. We spoke with five members of staff including the deputy manager.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at three staff files 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 contacted two professionals who regularly visit the service but did not receive feedback.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at Touchstones.
- There were systems in place to keep people safe. Staff we spoke with knew how to identify safeguarding concerns and act on them to protect people. Safeguarding processes were followed appropriately.
- Staff told us they had received safeguarding training and we confirmed this from training records. Regular updates and news from the local safeguarding adult partnership were discussed at team meetings to increase knowledge.
- Management knew their responsibility to report any concerns to the relevant authorities and to notify us.

Assessing risk, safety monitoring and management

- Systems were in place to protect people from identified risks.
- Risks were assessed, and risk management plans developed and reviewed regularly. The risk management plans gave guidance to staff on how to minimise the identified risk and the actions to take.
- Environmental risks had been assessed and recently reviewed. These included, amongst others, legionella tests for water, water temperatures, fire safety checks and building maintenance.
- People were supported with positive risk taking to maintain their independence. For example, one person wanted to travel to London alone to attend an appointment. Guidance was in place for the person and staff to follow, should they become lost or anxious. The person successfully attended their appointment independently which increased their confidence.

Staffing and recruitment

- People were being supported by staff who had been recruited safely. The required recruitment checks had been carried out prior to employment starting. These included, previous employment references, identity check and a Disclosure and Barring Service (DBS) check. DBS checks help employers make safer recruitment decisions.
- The service had sufficient numbers of staff on duty to meet the needs of people being supported. There was continuity of staff to provide familiarity and knowledge of meeting people's needs. An on-call service ensured staff had access to support and management advice.

Using medicines safely

- Medicines were managed safely.
- Medicines administration records had been completed accurately. Where people had prescribed 'as required' medicines, there were protocols in place detailing when they should be administered.
- Some people were supported to manage their own medicines, where this was safe for them to do so and if

they chose to self-manage. People had lockable storage in their room and staff undertook random checks to monitor that people had taken the medicines as required.

- A pharmacist completed an annual audit, staff were all trained in medicines administration and had annual refresher training.

Preventing and controlling infection

- All areas of the home were clean and smelt fresh. The kitchen and bathrooms were hygienic.
- Staff had access to personal protective equipment and had received training in infection control processes and practice.
- The service had guidance for staff in kitchen safety and food hygiene, general infection control and effective hand washing techniques.
- One member of staff was the infection control champion who led on quality and information dissemination.

Learning lessons when things go wrong

- All accidents and incidents were recorded and analysed to check for themes, trends and how to prevent a reoccurrence.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 needs were assessed and regularly reviewed with their key worker. Assessments were comprehensive, with needs and outcomes identified.
- A priority of support was promoting people's independence. Assessments identified areas of care where people were independent. Encouragement to maintain skills and participate in their own care and decision making was promoted.
- Oral hygiene was assessed, and people were encouraged to attend the dentist. One person had not attended the dentist for several years., They were supported to gain confidence and reduce anxiety to do so and as a result, received successful treatment and healthy oral hygiene.

Staff support: induction, training, skills and experience

- Staff had received the provider's mandatory training in key areas such as safeguarding, medicines administration and equality and diversity. Training was refreshed annually or bi-annually.
- Staff received informal support as well as formal one to one supervision sessions regularly throughout the year. They received an annual appraisal of their performance.
- New staff followed an induction programme with a one-month probationary period. Staff new to care followed training aligned to the care certificate. The care certificate is a nationally recognised set of standards. Staff also had observational checks of their practice.
- Staff had key working responsibilities. This meant they worked closely with individuals and their families. They had a good understanding of what was expected from this role.
- Staff told us they were satisfied with their training and development. They said they were skilled for their role and were regularly updated with professional practice and guidelines.

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

- People told us they enjoyed their meals and were fully involved in choosing a menu, and in some cases helping to prepare meals for others in the home.
- We saw varied and nutritious meals being prepared with choice available for people's preference.
- People helped themselves to drinks from a juice dispenser throughout the day. Staff and people ate in the kitchen/dining area and engaged in light conversation together.

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

- People were supported to access community services for their health and social care needs. This included

the local authority mental health team, occupational therapy, GP and dentist.

- One person had been supported to have specialist medical care and treatment to follow their transgender transition process. This included finding local support groups to attend, and accessing the appropriate health pathways.

Adapting service, design, decoration to meet people's

- The service had a home maintenance plan in place which had identified some areas for repairs and improvements.
- People had their own rooms decorated and furnished to their own tastes.
- Touchstones was homely and communal areas were well used including the large rear garden and smoking area.

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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

- No-one living at Touchstones lacked the capacity to make the decision to live there to receive care and treatment, therefore no DoLS were required.
- Staff had received training in mental capacity and were aware and knowledgeable of the Act.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- Care plans contained detailed information about people's life history, background, family and close relationships and leisure interests. One person said, "On the whole I am happy here, I couldn't survive without this place." Another person said, "I can go out when I want, the staff help me to clean my room and do my laundry, they are all kind and caring."
- People were being supported by staff who knew them well and respected their individual rights and promoted their independence.
- People were able to lead their own lives within a safe, kind and enabling environment. One relative told us they were, "Over the moon with the placement, it has been a godsend. Staff are lovely. Very happy with everything. [My relative] is able to make their own choices and live how [they] want."
- We saw kind and caring interaction between staff and people. People were comfortable and relaxed around staff, and able to approach them for help.
- Staff and people spoke to each other using preferred names in a friendly and calm manner. Staff were able to sit and chat and spend time with people.

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

- People were encouraged to be involved in their care. This included, planning, making changes from reviews and making their own decisions.
- People had information about other support services made available to them. The communal notice board was full of health and social care information, including flu, sepsis, stroke and anxiety. In addition, there was information about how people could make a complaint.
- People's likes and dislikes were well known by the staff team.

Respecting and promoting people's privacy, dignity and independence

- Touchstones had a calm and homely feel and staff described it as 'one big family'.
- People were treated with dignity and respect. Staff gained consent and permission from the person before entering their room or managing any task, such as administering medicines.
- People's personal records and information were kept confidential and secure.
- People had a front door key and a lock on their room door. Staff told us they wanted it to be 'a home from home'. One staff member said, "We encourage independence, we encourage people to do things for themselves."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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's care plans were person centred and included areas of independent care and where their choices and decisions had been respected.
- Care plans contained details of people's life histories which enabled staff to have a deeper understanding of their needs. It also meant staff were able to engage with people and easily converse and build relationships.
- One person was supported to re-gain the skills to live independently in the community, another was supported to live the lifestyle of their choice on a daily basis.
- Care plans were regularly updated as people's needs changed, or they made new decisions about their care and life style.
- Care plans were regularly reviewed with the person's keyworker. People had full involvement in the assessment of their care needs, planning, creation and review of their care plan.

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.

- The service met the Accessible Information Standard. Staff communicated with people in ways they could fully understand.

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

- People were supported to maintain relationships which were important to them.
- People told us there were things to do if they wanted to be involved. However, there was no pressure to join in. Different activities included, craft, cooking and baking and going out to socialise in the local community. People were satisfied with the level of interests available to them.

Improving care quality in response to complaints or concerns

- The service had a complaints policy in place which was available for people and their relatives. No formal complaints had been received.
- People could note concerns in a 'You say, we say' book for complaints and compliments.
- People told us they could raise any concerns directly with the staff or managers.

- There was guidance on the notice board for people and an easy read version of how to make a complaint.

End of life care and support

- No-one living at the service was receiving palliative or end of life care at the time of our inspection.
- Care plans contained details of people's last wishes. This was discussed with people at the most appropriate time for the person such as a review with their key worker.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- The ethos of the service was promoting inclusivity and independence. People's rights and choices were well documented and promoted by staff.
- There was good management and leadership which enabled a positive culture amongst staff.
- Staff told us they were well supported. The management team were very present within the service and formed part of the regular staff team.
- Staff were proud of the care they provided and the opportunities for people which led to good outcomes.

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

- There was a staff structure in place which was supportive. Staff were key workers for people which enabled good working and caring relationships.
- People and staff told us the service was well managed and people were living the life they wanted to live.
- There were a range of systems in place to monitor and measure the service provided to people. These included regular audits and quality assurance checks.
- Key areas such as staff competency and practice of others, safe medicine administration and food and hand hygiene were discussed at staff supervision sessions.

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

- People, their relatives and staff were asked for regular feedback. Resident meetings notes showed where people's ideas and preferences were voiced. The most recent staff satisfaction survey was positive with all staff stating they would recommend the service as a good place to work. All staff stated Touchstones was a good place for care and would recommend it for friends or relatives.

Continuous learning and improving care; 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 service created an annual development plan, based on feedback from people, relatives and staff and the outcome of audits.
- Management told us they were 'always learning'. The management team kept up to date with good practice and there was a strong emphasis on individual learning.

- The management team were fully aware of their responsibilities under the duty of candour.

Working in partnership with others

- The service worked closely with their health and social care colleagues. They had good relationships with the local authority mental health teams, GP's and community services.