

Touching Hearts Care Ltd

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Inspection report

Heath End House
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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

Touching Hearts Care Ltd is a domiciliary care agency providing personal care to one person in their own home at the time of the inspection.

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 felt they were safe and well supported by the service. Individual risks were assessed, and staff were aware of these. There had been no incidents, but a system was set up to review events and accidents should they occur. Medicines were managed well, and staff knew how to report any concerns about a person's safety or welfare. People told us staff were reliable.

Staff received relevant training for their role and people felt they had the right knowledge and skills. Staff felt very supported by the management team. People told us staff respected their preferences and choices. People were asked for give their consent before receiving support and the principles of the Mental Capacity Act were followed.

People and their relatives told us staff were kind and caring and respected their homes. Staff enjoyed working for the service and told us the culture was to ensure care was person centred. They preferred working for this provider to their previous roles. Care plans included information needed to support people safely and in accordance with their wishes and preferences. These were reviewed regularly.

People, their relatives and staff were asked for their views about the service and felt listened to. There were robust monitoring processes in place to help ensure a good standard of service. Quality assurance systems were set up to identify any areas that needed further development.

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.

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 09/11/2020 and this is the first inspection.

Why we inspected

This was a planned inspection based on the registration date.

This was an 'inspection using remote technology'. This means we did not visit the office location and instead used technology such as electronic file sharing to gather information, and video and phone calls to engage with people using the service as part of this performance review and assessment.

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.

Touching Hearts Ltd

Detailed findings

Background to this inspection

The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

Inspection team

The inspection was carried out by one inspector.

Service and service type

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

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

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.

Inspection activity started on 19/5/22 and ended on 26/5/22.

What we did before inspection

We reviewed information we had received about the service since their registration. We used this information to plan our inspection. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

We spoke with one person who used the service and one relative about their experience of the care provided. We spoke with one member of staff and the registered manager.

We reviewed a range of records. This included one person's care 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. We sought clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

This performance review and assessment was carried out without a visit to the location's office. We used technology such as video calls to enable us to engage with people using the service and staff, and electronic file sharing to enable us to review documentation.

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.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe receiving support from the service.
- There had been no safeguarding incidents but there was a system in place to ensure they were reported to us and to the local authority safeguarding team should this occur.
- Staff were aware what abuse might look like and knew how to report any concerns they had within the service or externally. Staff told us they could raise any concerns with the management team.

Assessing risk, safety monitoring and management

- People and their relatives told us staff worked safely.
- People's individual risks were assessed. These were to be reviewed and updated should there be an incident, for example a fall, or change in needs.
- Staff told us that the management team was regularly checking they were working safely.

Staffing and recruitment

- People and their relatives told there were enough staff available to meet their needs. People and relatives told us their live-in carer was reliable and if ever cover needed to be arranged it was done swiftly. A relative told us the registered manager arranged for the staff member to stay longer which was reassuring. One staff member told us the registered manager was prepared to enable them to arrange cover if this was needed. They said, "It's not nice for people having change so I am happy to cover for longer if needed."
- The service had a robust recruitment process which included appropriate checks to help ensure staff were suitable to work in a care setting. Criminal record checks and references were sought before staff started working with people.

Using medicines safely

- Staff were trained to support people with their medicines safely. The management team ensured staff completed competency assessments.
- The management team carried out spot checks and audits to help ensure medicines were managed safely.

Preventing and controlling infection

- People were protected from the risk of infection because staff had been trained in infection control. The provider ensured they followed current national infection prevention and control guidance.
- Staff told us they had access to a regular supply of PPE. They were clear on what was needed to promote good infection prevention and control. They told us they ensured visitors to the house followed good infection

control practices.

Learning lessons when things go wrong

- The provider had systems in place to help ensure learning from events, incidents or accidents that may occur.
- The learning from these events would be shared with staff during training, meetings and electronic messaging. One staff member said, "[Registered manager] is very good, very supportive always in touch, keeping me informed."

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 needs were assessed before they were supported by the service. Assessments included people's individual needs, risks and preferences.
- People and their relatives told us the service was well prepared to meet their needs.
- The registered manager remained in contact with people and their relatives to ensure the planned care package was working well.

Staff support: induction, training, skills and experience

- People and their relatives told us staff were well trained and knowledgeable for their role. One relative said, "[Staff member] is excellent, I cannot praise them enough. They are sympathetic and empathetic."
- Staff received training in areas relevant to their role. This included moving and handling, safeguarding people from abuse, health and safety and first aid.
- Staff received regular supervision and competency checks to help ensure that they had a clear understanding of their role and they worked in the required way. Staff told us they felt supported.
- New staff had a full induction. This included training, shadowing experienced staff members and reading the care plans of people they would be supporting, as well as getting to know them. One staff member said, "I had two weeks training and started with another staff member, so they shared everything. It was the best training I've ever had."

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

- People and their relatives said staff supported them well with eating and drinking when needed. One person said, "[Staff member] has adapted their cooking style to the way I like it."
- People's dietary needs and preferences were documented in their care plans and staff knew how to support people safely and appropriately.

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

- Staff supported people to access health or social care professionals as needed.
- Staff all knew what to do if a person became unwell or needed additional support. One staff member said, "I would speak to my client as she is able to tell me what they need or speak to my manager." We saw changes in people's health were reported and responded to.

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.

- People and their relatives told us that staff always asked for consent when supporting them. There was a record of consent within people's care plan in relation to care, records and sharing of information.
- There was a system in place to ensure people had mental capacity assessments completed when needed.
- Staff received training in the Mental Capacity Act and knew how to put this into practice.

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 their relatives told us that staff always treated people well and they felt respected. One person told us, "When a person comes into your home it's hard, you don't want to lose control. [Staff member] has adapted to my household."
- People were supported by staff who had taken the time to get to know them well. One person said, "[Staff member] is very pleasant to be around."
- Staff told us they were encouraged to get to know people and what was important to them. They told us there was time to spend with people and making sure they had what they needed, in a way they chose. One staff member said, "[Person] is like my [family member]."

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

- People and their relatives told us they were involved in decisions about their care. One relative said, "They always keep [person] in the loop, they don't just automatically go to a relative."
- People's care plans included a record of people's involvement, preferences and choices.

Respecting and promoting people's privacy, dignity and independence

- People and their relatives said staff promoted people's privacy, dignity and independence. One person said, "They are very good."
- One relative told us, "They go the extra mile."
- Care plans included detailed information about how to promote privacy and dignity, tailored to the person's individual needs and preferences.

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 were happy with the care they received and felt they were supported in their chosen way. One person said, "Most definitely how I choose, [staff member] is efficient, does it exactly as I like." A relative said, "They are excellent, they cater to all [person's] needs."
- Care plans were detailed and gave information to staff so they could support people safely and appropriately.

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.

- When the care plan is developed at the start of supporting a person, they discuss any specific need or preference in which they communicate. The service can give all relevant documentation in large print, easy-read format or the person's preferred language as needed.
- People and their relatives told us that staff communicated well and in a way that met their needs.

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 and their relatives felt the staff and service provided everything that was needed and ensured they were able to continue with what was important to them.
- We saw that the staff member maintained a record of how they supported the person they supported to carry out tasks and activities.

Improving care quality in response to complaints or concerns

- People and their relatives told us they had not had any complaints but said they would be confident to do so if the need arose. One relative said, "[Registered manager] gets back to you instantly."
- The provider had a system in place to record and monitor complaints. This was to ensure they could identify any reoccurring issues so they could be resolved. However, no complaints had been received.

End of life care and support

- At times the staff team supported people at the end of their life. Staff were able to engage with visiting healthcare professionals to ensure their needs were met should this be needed. Staff were trained and supported so they knew how to support people at the end of their life.

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 their relatives said the registered manager was professional, friendly and accommodating. One person said, "[Registered manager] is very good, runs it very well. She checks on things, listens to you, and is extremely pleasant."
- Feedback about the culture and approach of the service was very positive. A relative said, "[Registered manager], I can't praise her too highly."
- Staff told us the service had a person-centred approach and they enjoyed working for them. A staff member told us, "This service is the top service I have worked for."
- The registered manager's ethos was about people's experience and improving lives. They felt live in care was the best way to achieve this. They said, "Of course we are a business, but we are here to serve people, and our staff, I want for everyone to enjoy their lives."

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

- The registered manager understood their responsibilities in relation to the duty of candour. A relative told us, "She is excellent and diligent." Staff told us they were encouraged to speak up if there were any issues and the management team welcomed their feedback.
- The registered manager supported care staff daily to understand what service was provided and to help ensure people knew they could speak with them.
- The registered manager provided guidance and support for staff. Staff told us that they found the management team approachable and knowledgeable.
- There were audits across all key areas of the service. For example, dignity, staff competency, care plans and medicines. If any shortfalls were found, the information was to be added onto an action plan to give an overview of performance and any areas that needed addressing.

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

- People and their relatives were positive about how the service engaged with them and they felt their views were listened to. One relative said, "[Registered manager] acts on requests immediately. They regularly go and see [person] and has excellent communication."
- People's feedback was sought through quality assurance calls or visits with the management team. The

feedback was collated so any actions could be developed.

- Staff feedback was sought through electronic messaging and observed practice sessions with the registered manager. Staff were positive the service and the management team. One staff member said, "[Registered manager] is amazing. There is nothing they could do better."

Continuous learning and improving care

- The management team reviewed events and shared any learning with the staff team.
- The management team were looking for ways to further develop the service. They were linked in with a local care provider's association and attended the training on offer and had updates sent to them.

Working in partnership with others

- The service only supported one person at the time of our inspection. Therefore, had not had the need to work with other agencies. The person and their relative managed their own contact with other professionals.
- The registered manager was prompt in their response to our requests and organised so that information could be shared effectively. These systems and approach of the team meant that they would be well equipped to work with other agencies and professionals when needed.