

# Touch of Care Limited

# Touch of Care

## Inspection report

67 South Farm Rd  
Worthing  
West Sussex  
BN14 7AF

Tel: 01903890943

Date of inspection visit:  
28 January 2016

Date of publication:  
14 March 2016

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

The inspection took place on the 28 January 2016 and was announced. Forty eight hours' notice of the inspection was given to ensure that the people we needed to speak to were available in the office.

Touch of Care is a domiciliary care service which provides personal care and support services for a range of people living in their own homes. These included older people, people living physical disability and some people experiencing the early stages of dementia. At the time of our inspection 18 people were receiving a care service.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us that they were happy with the service they receive from Touch of Care. People told us they felt safe with care provided. One person told us "I don't think you could find better". Another person said "I definitely feel safe; they are a very pleasant team".

People were cared for by staff that knew them well and were aware of the risks associated with most of their care needs. However accidents and incidents were not recoded separately and people's medicines were not always recorded correctly. These are areas that need improvement.

Staff knew to ask for people's consent when providing care and support and some staff had received training in The Mental Capacity Act. However not all staff had received training in this areas and policies around this had not been implemented. Staff received training but identified that they would benefit from face to face training. Staff told us they met regularly but these meetings were not recorded. These are areas that need improvement.

Although the manager was fully involved in the day to day management of the agency and in regular contact with people who used the service there wasn't a clear system of auditing in place that assured the manager of the quality of the service being provided. This is an area that needs improvement and we have made a recommendation in relation to this.

Staff were aware of the potential signs of abuse and who to report this to. Staff were knowledgeable about the risks people faced and of the ways to reduce these. There were enough staff to provide consistent safe care.

People were supported to eat and drink enough and maintain a balanced diet. Staff supported people to access health care professionals when needed.

Staff knew people well and were aware of their individual needs, their likes and dislikes. One person said "They know me and what I like". Staff gave us examples of how they treated people with dignity and respect. Some people received care calls that supported them with activities of daily living. Complaints were responded to in a thorough and timely way.

People and staff told us they thought Touch of Care was well led. They complemented the registered manager on her efficiency and reliability. Everyone we spoke with told us that the registered manager was open and available at all times to discuss any concerns or issues.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not consistently safe

Medicines were not always recorded on the correct documentation and accidents and incidents had not been recorded separately.

Risk assessments relating to suitability of staff had been carried out but were not consistently recorded.

There were enough staff available to provide care that was safe. People were supported by staff that recognised the potential signs of abuse and knew what action to take. They had received safeguarding adults at risk training.

### Is the service effective?

**Requires Improvement** ●

The service was not consistently effective

Not all staff had received training in The Mental Capacity Act 2005 and policies had not been implemented consistently in this area.

Staff received training but identified a need for more face to face training. There were no records of staff meetings.

Staff were supervised and felt supported to carry out their roles.

People were supported at mealtimes to access food and drink of their choice in their homes.

### Is the service caring?

**Good** ●

The service was caring.

Staff knew people well and friendly, caring relationships had been developed.

People were involved in making decisions about their care and the support they received.

People's privacy and dignity were respected.

### Is the service responsive?

Good 

The service was responsive.

Care that was delivered was person centred. Staff were aware of people's preferences and how best to meet those needs.

There was a system in place to manage complaints and comments. People felt able to make a complaint and were confident that complaints would be listened to and acted on.

### Is the service well-led?

Requires Improvement 

The service was not consistently well-led.

There were limited formal systems in place to monitor the quality of the service being provided.

Staff were supported by the registered manager and management team. There was open communication within the staff team and staff felt comfortable discussing any concerns with their manager.

People we spoke with felt the management team was approachable and helpful.

# Touch of Care

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on the 28 January 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service. We wanted to be sure that someone would be in the office to speak with us. The inspection team consisted of one inspector.

The provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Before the inspection we checked the information that we held about the service and the service provider. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send us by law. We used all this information to decide which areas to focus on during our inspection.

During our inspection we spoke with eight people and three relatives on the telephone that use the service and we visited one person and their relative at home. We spoke with three care staff, the supervisor and the registered manager. We observed the registered manager working in the office dealing with issues and speaking with people and staff over the telephone. We also observed her interacting with a person and their relative in their home.

We reviewed a range of records about people's care and how the service was managed. These included the care records for four people, medicine administration record (MAR) sheets, four staff training, support and employment records, questionnaires sent to people, and records relating to the management of the service. We also spoke to a representative from the contacts and commissioning team at the local authority.

The service was last inspected on 7 June 2013 with no concerns identified.

# Is the service safe?

## Our findings

All the people we spoke with told us that they felt safe with the carers that came to visit them. They told us they felt safe due to the consistency of the staff visiting them and the open communication with the registered manager and staff. They thought them to be honest and trustworthy and respectful of being in their home. One person said "I definitely feel safe with care staff; they are a very pleasant team". A relative we spoke with said of their family member "I do feel that she's safe, If Mum is unwell they always let me know".

Appropriate checks were undertaken before staff began work. Staff files contained recruitment information for four staff members. We noted criminal records checks had been undertaken with the Disclosure and Barring Service (DBS) in all cases. This meant the provider had undertaken appropriate recruitment checks to ensure staff were of suitable character to work with vulnerable people. However where risk had been identified the registered manager explained how she had assessed these. We could see some recording of these assessments but these were not consistently in place. This was discussed with the registered manager who agreed that she would update the files with risk assessments that demonstrated that staff were safe to work with people. This was an area that needs improvement.

Staff at Touch of care prompted people to take their medicines from blister packs. People who relied on staff to assist with medicines reported that this was always done on time during allocated calls and that all activity relating to this was recorded. Staff received training in this area via online training. Staff felt confident to carry out their duties in relation safe management of medicines and told us how they would do this when supporting someone in their home. Staff told us of the importance of recording this had been done. The registered manager told us that they collected the MAR sheets periodically and checked them for gaps. Most of these sheets were completed but we found some gaps. The registered manager told us that she ensured that she discussed any gaps with the staff member concerned and ensured that people received their medicines. We could not be certain that people had received their medicines at the times when there were gaps. This is an area that needs improvement.

Accidents and incidents were recorded in people's care records in their daily notes and not recorded separately. Staff were able to tell us what they would do if there was an accident or incident and that they would report it to the registered manager. However we could not see whether there had been any management oversight of this. The registered manager told us that she knew about any accidents and incidents and that staff reported these to her as the registered manager. The registered manager acknowledged that this was an area that needed to improve and that she was designing a system to make sure these were documented and analysed separately. This would ensure that all incidents and accidents were recorded and that the appropriate actions had been taken to minimise risk. This was an area that needed improvement.

Staff we spoke with told us about how they kept people safe and what they would do to safeguard people if they suspected they were experiencing abuse. Staff demonstrated a clear understanding of the types of abuse that could occur, the signs they would look for and what they would do if they thought someone was

at risk of abuse. One staff member said "I'd phone the manager straight away and they would report it to the social worker". Another staff member gave us an example of when they had needed to contact the manager and report issues to the local authority regarding a person's safety. This demonstrated that this staff member had acted swiftly contacting the manager who then approached the correct organisations in order to keep the person safe. The registered manager was aware of who to contact in the local authority and had a copy of the most recent safeguarding adult's policy and procedure which supported them with knowing their role and responsibility in any safeguarding matter.

We saw that the service had enough skilled and experienced staff to ensure people were safe and cared for. We looked at the electronic staff rotas and saw there were sufficient numbers of staff employed to ensure visits were covered. Staffing levels were determined by the number of people using the service and their needs. People told us that there were enough staff on duty and that they had the same team of regular carers. People told us that they valued knowing staff members well and were reassured that staff knew them and their care needs. Staff told us that there were enough of them to provide safe care and that this was a priority. One staff member said "Clients come first". Staff did mention that they could always do with an extra pair of hands. Staff told us that they all worked together to ensure that people never missed care calls and if they were running late for any reason they always informed the person. People and relatives we spoke with confirmed this. The registered manager also delivered care and support to people and told us that they ensured people's care calls were always fulfilled. The registered manager told us that they wanted to create an organisation that had a small client base and that their priority was to "Keep it small and make a good team".

People and relatives told us that risks that may be present for them such as the risk of falling or risk of skin breakdown was managed by the staff from Touch of Care. The registered manager and staff were able to tell us about the care that they offered people and how they minimised risk for people such as supporting people when mobilising and applying cream to people's skin when needed. Risk assessments were recorded on people's files which indicated what the risk for the person was and what action was needed to reduce this risk.



## Is the service effective?

### Our findings

People and their relatives felt confident in the skills of the staff. People told us that they thought people had the right training to carry out their roles. One person told us "Staff are well trained" and went on to tell us that about the fact that new staff shadowed experienced staff to introduce them to people and show them what care and support people needed. A relative told us "I think staff are very well trained".

Staff we spoke with demonstrated their skills and knowledge in relation to providing care and support for people. Staff told us they had enough training to carry out their roles. Training was provided via e-learning which means that people studied courses on the internet in areas such as safeguarding adults, health and safety and administration of medicines. Staff also had the opportunity to work towards Diplomas in health and social care and welcomed the opportunity to do these. Staff told us that studying these enabled them to enhance their skills and knowledge. The registered manager regularly worked alongside care staff in providing care for people and had day to day operational oversight. The manager carried out spot checks and some face to face supervision meetings which showed us that they monitored their staff and their competency to carry out their roles. Staff told us that they would like more face to face training in a classroom setting particularly in areas such as medicine management. Staff also told us that they met as a team regularly, however there were no minutes to show us that these meetings took place. The registered manager agreed that these meetings needed to be recorded to show the subjects discussed and was looking into face to face training for staff. They agreed that sourcing more face to act training and recording staff meetings were areas that needed improvement.

Training schedules confirmed that some care staff had not received training on the Mental Capacity Act (2005) MCA. The MCA 2005 is designed to protect and restore power to people who lack capacity to make specific decisions. The philosophy of the legislation is to maximise people's ability to make their own decisions and place them at the heart of the decision making. Care staff demonstrated a good understanding of the importance of gaining consent but acknowledged they would like more training on mental capacity. Another member of staff told us how they always gained consent from the person before delivering care and understands that the person had the right to refuse consent. In the absence of training for some people, we also identified that the provider failed to have policies and procedures in place in relation to the MCA 2005. Therefore guidance was not readily available for care workers if any concerns arose. The registered manager acknowledged full training had not been provided and would organise training and implement policies and procedures. We have therefore identified this as an area of practice that needs improvement.

People told us that they received adequate nutrition and hydration if this was part of the package of care they received from Touch of Care. People told us that staff knew their individual preferences when it came to choices of food and drinks. Staff told us they checked the dates of people's food to make sure they were safe to eat and offered and encouraged people to make healthy choices around their dietary intake whilst respecting people's right to make unhealthy choices. One staff member told us about how they encouraged someone with diabetes to try and minimise their intake of unhealthy carbohydrates and replace these with a healthy alternative. Staff told us that they collected fish and chips for people who wanted them. A relative

told us how staff supported their family member who was sometimes reluctant to eat, they said "Staff do their best to make sure she eats something in the morning and at night, they really try as sometimes it's not that easy". Staff told us about how they ensured that when they served food it looked appetising and how they encouraged people to drink fluids and try alternatives such as different types of squash to make drinking fluids more appealing.

People were supported to access health care professionals when needed. People told us that if they needed a GP or more urgent support in an emergency this was accessed. On the day of our inspection a staff member gave an example of how they had contacted the GP as someone hadn't been feeling well. They told us in details of how they had identified the person needed medical help and how they ensured the person had everything they needed. This had been discussed with the registered manager. We saw that where it had been identified by the registered manager that an occupational therapy assessment had been required to assess the need for hand rails this had been done. Contact details of professionals involved with peoples care were recorded.

## Is the service caring?

### Our findings

One person said "Everybody's really kind and caring". Another person said that staff were "Very helpful and cheerful." A third person said that staff were "Delightful, kind and caring". Relatives told us staff were kind and caring, they said "They are a nice group of carers, very caring and very kind and very patient, we would recommend them". Another relative told us that staff interacted well with their family member and said staff were "All very caring and they have a laugh with him". A third relative told us that her family member was very tactile and that staff would hold their hand and give the person a hug when they asked for one. They told us "My Mum absolutely loves the girls, they're lovely and she's happy with them".

People told us that they saw a regular team of carers and so felt confident that staff knew them well. One person told us "I get regular care at the times I want; it's at the right time of day". Staff told us about how they cared for people. One staff member said "I treat people like they're my family". Another staff member said that they treated people "like they're my friends". Staff demonstrated that they knew the people they supported well and knew the little details about people that ensured they offered a personalised service.

People told us that staff treated them with dignity and respect. When staff were providing personal care tasks such as supporting someone to use the toilet people told us that staff always respected their privacy. People told us that staff knocked on doors, closed curtains and made sure they were warm and covered up when receiving personal care. One person said "They leave me alone when I am using the commode". A relative told us about their family member and the fact that staff "Make sure she has everything she needs". Staff gave us examples of how they respected people's privacy and dignity. One staff member said "I make sure I shut the door if someone is using the toilet and shut the bedroom door if they can dress independently." Another staff member said "I always make sure the bedroom door is closed, the curtains are shut and respect people's preferences".

People also told us that staff encouraged them to be as independent as possible. One person told us how a staff member encouraged them to get up and have a walk. One person said "I'm a stubborn person, staff are very patient, and they try and get me moving". A relative said that staff "Help my relative to be independent and keep an eye on things while she gets undressed". They described how staff make sure they are around to help but allowed the person to do the tasks they were able to do. Staff told us about the importance of enabling people to do as much as possible for themselves. One staff member told us that they asked people "To do the things they can do by reminding them and encouraging them". Staff gave us examples of encouraging people to carry out tasks like brushing their teeth, washing their faces and getting up and having a walk.

People told us they were involved in their care and were regularly in contact with staff and the manager about what they needed. They told us that they were consulted regularly about what care they needed and how they wanted this to be provided.

## Is the service responsive?

### Our findings

People told us that the staff and registered manager were responsive to their needs. One person said of staff "They do all the things I ask of them; they're used to my needs". Another person said of staff "They always ask if there's anything else you want doing". This person gave an example of staff taking the rubbish out for them when needed. A third person said "If I ask them to do something they do it". A relative told us that staff knew their family member and their likes and dislikes "They know her well, know what she likes and they notice the changes in people".

People and relatives told us that they valued the consistent staff team that visited them which meant that staff got to know people and that people knew staff. One relative told us of the agency "We chose them because they're a small group of people and we're used to their faces, staff also stick to the times they say they're coming". Another person said "I like to have the same people without too many changes and that does seem to happen". People told us that the registered manager and staff were very responsive if they needed to change the times of their calls or needed additional support. A relative said "If Mum needs an extra visit they will try and find someone, we work together with them".

People and relatives also told us how good communication was between them and staff. People felt that they could raise any concerns or communicate a need for additional care or a change in their care if identified. Relatives commented that staff always let them know of any changes in their family member's care by making a telephone call or writing a note for them. One relative told us that they had a communication book in place to make sure important information was communicated between the staff at the agency and them.

Staff demonstrated that they knew people well and could give us detailed examples of the likes and dislikes of the people they supported. Staff told us of the nature of the care tasks they provided for someone, for example support provided with personal care and prompting taking medicines and creaming someone's legs. Staff also told us whether someone liked to have their hand held sometimes or liked to have a laugh and joke. Staff told us about the subjects people like to talk about. They told us that one person liked to talk about their days dancing and another person liked to talk about their family and look at a photo album. Staff knew people's likes and dislikes in relation to food for example that someone liked toast and marmalade for breakfast, the type of cereal they liked and the fact that they didn't like chocolate based cereals. Staff told us how important it was to provide care that was personalised to the individual. One staff member said "I am a good carer and I personalise the care that I give to the individual".

Staff told us that they had enough time to support people and didn't feel rushed when providing care and support. Staff told us they had enough time to spend with people. Staff were committed to arriving on time and told us that they notified people if they were going to be late. A staff member told us "I always ring if I'm going to be five or ten minutes late. People we spoke with confirmed that this was the case. As the registered manager also provided care and support as part of her role we found that she knew all the people the agency provided care and support to well. When we visited someone in their home with the registered manager we observed and were told that the registered manager knew the particular needs of the person

and the individual way in which they liked to receive their care and support.

Staff supported people with meaningful activities and this may involve supporting someone to attend a coffee morning or taking them out for a walk. Staff encouraged people to participate in activities that they enjoyed. One staff member gave us an example of how they supported someone who may get upset sometimes and told us about the fact that they liked stamp collecting and would get out the albums and look at these with the person. They talked about the importance of having good eye contact when communicating with people and recognising people's moods and responding accordingly.

Assessments were undertaken to identify people's support needs and care plans were developed outlining how these needs were to be met. The care records were clear and gave descriptions of people's needs and the care staff should give to meet these. Staff completed daily records of the care and support that had been given to people. They detailed task based activities such as assistance with personal care and moving and handling. In one care plan it detailed the equipment needed to assist a person around their home who was unable to walk unaided. The care plans were reviewed regularly and people told us they were involved in these. The care records did not contain a lot of information regarding the person's personal history and like and dislikes. The registered manager told us that this was an area she was developing and we could see that she was working on this with some records updated with more personalised information.

People and relatives told us that they would feel comfortable raising any concerns with the registered manager and told us that they found her to be very responsive to any concerns identified. One person said if they had concerns they "Speak to [the registered manager], she deals with it straight away and sorts it out". Another person said of the registered manager "If I ask her to do anything she tries to do it within reason". A relative told us "I wouldn't hesitate to speak to [the registered manager]; she's very approachable and always gets back to me". The complaints procedure and policy were accessible and complaints made were recorded and addressed in line with the policy. We saw that although there were few complaints they had been responded to in a timely and sensitive way.

## Is the service well-led?

### Our findings

People and staff told us the organisation was well led and people and staff were happy with the care being provided. We observed the registered manager to be committed and responsive to the needs of people and staff. However we found that there were limited systems in place that assessed the quality of the service being delivered. Questionnaires had been sent out to people that use the service and their feedback had been gathered which ensured that people were happy with the care and support provided. The registered manager was also in regular contact with people and relatives to gather their feedback. However there were no audits in place of practice around medicines, care records and incidents and accidents. This meant that the registered manager could not be assured of the quality of practice in these areas and could not demonstrate how they monitored and managed areas of the service provided. The registered manager told us that these were areas they were aware of that needed improvement. They told us that some of the paperwork had not been kept up to date due to the loss of a senior care worker who had previously taken a supervisor role. The registered manager had recently recruited a supervisor to take on this role, and now this post was filled planned to address the recording systems that needed to be in place to address quality assurance issues. The registered manager told us that she would be prioritising quality assurance systems and recording for example staff meetings as part of an ongoing action plan that she had developed to address these areas. She shared this plan with us and agreed that this was an area that needs improvement.

We recommend that the provider seek guidance around best practices in implementing quality assurance processes.

People told us that they valued the registered manager and commented on their reliability commitment and availability. They told us that they thought the organisation was well managed. One person told us they received "A smooth running service". One relative told us that Touch of care was "Really well managed, [the registered manager] is very on the ball". Another relative said "Communication is very good, [the registered manager] gets back to me very quickly and I am really happy and glad I found them".

Staff told us they thought the organisation was well managed and that the registered manager worked hard to provide a high quality of care. One staff member said that the organisation "Provides good quality care and is really well managed". Another staff member said of the registered manager "She tries to improve the service all the time; she makes sure everything is running smoothly and puts the clients first." Another staff member told us that Touch of care was a caring organisation and said "I would recommend it; I treat people like they're my family". Staff told us that they felt supported to carry out their roles could approach the registered manager for advice and guidance at any time. A staff member told us "If I ask her something, she answers straight away.

The registered manager told us that her aim was to run an organisation with a "Family touch". They felt that they were able to provide a personalised service for people; they said "Because we're so small all the clients and carers know each other, we can accommodate people's individual needs". We observed on the day of our inspection and from talking to people that this was the case and that the registered manager promoted

a culture where people were confident that their individual needs would be met and that the organisation was well managed.

The registered manager told us that were a member of a professional care association and that being part of this enabled them to keep up to date. They were also working with a representative from the local authority's contracts team and was gaining support around accessing training and systems and processes that may help them with improving and demonstrating the quality of the service.