

Touchheart Healthcare Ltd

Touchheart Healthcare Main Office

Inspection report

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10 May 2023

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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

Touchheart healthcare is a domiciliary care service providing personal care to people living in their own home. At the time of our inspection there were 22 people using the service. At this inspection the service provided care for older people and people living with dementia.

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

People and relatives were involved in care plan reviews. Care plans in place were person centred and detailed information around the person including their likes and dislikes.

The provider had processes in place to gain regular feedback from people and relatives. We found the provider took responsive action to areas of improvement made from the feedback received. Staff were well trained and had all the skills required to complete their role.

We saw the provider had in place further training opportunities and progression for staff to develop within their role.

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.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

At the time of the inspection, the location did not care or support anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

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 on 27th August 2021 and this is the first inspection.

Why we inspected

This is the first inspection since the provider has registered with CQC. We received information that had

highlighted unsafe recruitment practices, no staff supervision, and no training. We found no evidence during this inspection that people were at risk of harm from this concern.

The overall rating for the service is good based on the findings of this inspection.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 ●

Details are in our safe findings below.

Is the service effective?

Good ●

Details are in our effective findings below.

Is the service caring?

Good ●

Details are in our caring findings below.

Is the service responsive?

Good ●

Details are in our responsive findings below.

Is the service well-led?

Good ●

Details are in our well-led findings below.

Touchheart Healthcare Main Office

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 Health and Social Care Act 2008.

Inspection team

The inspection team comprised of 1 inspector and 1 Expert by Experience who made telephone calls to people and relatives. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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

Notice of inspection

We gave the service 24 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

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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. We used all this information to plan our inspection.

Inspection activity started on 10 May 2023 and ended on 18 May 2023. We visited the location's office on 10 May 2023.

During the inspection

During the inspection we spoke with 2 people who use the service and 3 relatives. We reviewed 3 people's care plans and risk assessments. We reviewed health documents for people. Compliance documents were also reviewed. These included medicines audits, staff competency assessments, training records and recruitment files. We spoke with 1 director who was also the nominated individual and the registered manager, and 4 staff. We also gathered feedback from a local authority who commissioned care from the service.

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 of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management ●

Risks to people were clearly assessed and mitigated. Risk assessments were in place and staff were able to tell us about people's care and potential risks.

- Staff had a clear understanding of people's needs and knowledge of the guidance in each person's care plan and risk assessments. ●

People were supported to take positive risks and the provider encouraged people in managing their own risks. People we spoke with told us they felt safe and had no concern over their safety.

Systems and processes to safeguard people from the risk of abuse. Learning lessons when things go wrong

- Systems were in place to protect people from abuse and lessons were learnt when things went wrong.

- All staff had completed safeguarding training. Staff spoken with told us the forms of abuse and the procedure they would follow if they suspected any abuse being present.

- Staff were aware of how to complete records following a safeguarding concern. We found records in place to support this, where an incident had taken place and staff had followed the process and the appropriate completed records.

- People and relatives spoken to told us who they would report any concerns to, people also had access to reporting lines that could be used if they did not wish to report directly to the provider.

- Accident and incident forms recorded full details of the accident or incident along with actions to follow to prevent from happening again. Actions were communicated to staff to make them aware of any changes. We found learning for the future in place and how this was implemented into people's care plans.

Staffing and recruitment

- Clear recruitment process were in place which ensured staff were recruited in a safe way.

- Recruitment checks were undertaken to ensure staff were suitable to work at the service. Checks had been carried out with the Disclosure and Barring Service (DBS) and references had been obtained to confirm applicants' character and conduct. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

- At the time of our inspection the service was fully staffed. One relative told us, "When they lose staff, they always look to find people straight away".

Using medicines safely

- Medicines were managed safely and regularly audited by the registered manager.

- Weekly monitoring processes were carried out to monitor the administration of medication. This included

checking medication administration records (MAR) sheets, any recent updates or changes from a person's health visit.

- Medicines were administered to people as required. We looked at 2 people's (MAR) sheets and found they had no missing signatures following the administration of their medicines.
- All staff had received medication training. This included an observational practice where staff were observed by the registered manager administering medication and deemed competent.
- Staff told us the process to administer medication safely. One staff member told us, "We always read the care plan and risk assessments. Once we complete the training, we then feel confident to administer medication to our clients".

Preventing and controlling infection

- Staff told us they had enough personal protective equipment (PPE) and had easy access to PPE stock as required. ●

People and relatives told us staff always wore the correct PPE whilst providing care.

- Clear protocols were in place around infection prevention and control from the provider for all staff to follow.

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 preferences, choices and needs were regularly reviewed.
- The provider completed initial assessments before taking on any care packages to ensure they could meet the needs of people. This included meeting the person and their relatives in the person's home. The initial assessment covered all areas of care needs required for the person, likes and dislikes and the person's wishes and preferences.
- Person centred care plans were in place providing full guidance on how to support a person to meet their needs. We saw where changes in a person's care had occurred these had been recorded in the care plan or risk assessments.

Staff support: induction, training, skills and experience

- Staff received a full comprehensive induction into their role. One staff member told us, "My induction was very detailed and helped me learn".
- New starter documentation was in place which had to be signed off before the staff member could provide care on their own. New staff undertook shadow shifts with a more experienced member of staff to ensure they were competent before working alone and unsupervised.
- Systems were in place where the registered manager could monitor all the training to ensure staff were compliant with it.
- A monitoring system was in place to ensure that staff had regular supervision. Two staff members told us, "We regularly meet with the manager and have a supervision".
- The interview processes gathered information from staff around their experience in health and social care., The registered manager told us, "This helps us identify how we can support and develop the person".

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

- People and relatives told us they had no concerns with the preparation and meals staff provided during their care calls. One relative told us, "The carers give ([my relative]) breakfast and leave them with a cup of tea and biscuits when they go. They always ensure ([my relative]) has enough to eat and drink.
- Staff told us about their understanding of different dietary needs people may have and how they would adapt to meet the persons dietary needs.
- Where a person had a dietary need the provider had guidance and information in the care plan for staff to follow.

Staff working with other agencies to provide consistent, effective, timely care

- We received feedback from a local authority who shared no concerns with the quality of care provided. They told us the provider is responsive and active in maintaining communication.
- The registered manager and staff kept in contact with people's GPs when advice or a change in a person's health was present. One staff member told us, "If I saw that a person was unwell, I would call their GP, if it was an emergency then I would call 999 straight away".

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 MCA 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.

- At the time of inspection, no people were required to have a DoLS in place.
- The registered manager told us about the mental capacity assessment process if required, ensuring relatives and professionals were involved with the decision.
- All staff had completed MCA and DoLS training, staff told us how they would report any changes in people's mental capacity.
- Consent was gained from people around the agreement of care, and where the person was not able to sign for themselves then an appropriate person signed for the person.

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 were treated with dignity and respect.
- Staff told us in depth about how they cared for people and met people's needs. Staff identified people's preferences and how they wanted their care provided. We found staff knew people well and built good relationships.
- All staff had received training in equality and diversity. Staff shared their knowledge of what this meant and how they implemented equality and diversity into the care they provided to people.
- One relative told us, "[My relative] likes all the carers. I see [my relative] blowing them kisses. Once after a fall they stayed with [my relative] and went with them in the ambulance and stayed with them at the hospital until the office called me."

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

- The provider involved people in all decisions around their care and support. People's views were recorded and captured in their care plans and assessments in place.
- One relative told us, "They always have a chat with us when we are here and check everything is ok, we feel involved in [my relatives] care."
- Daily records of people's care showed choices been offered and alternatives where the person had wanted a change. One person told us, "My carers always ask me what I would like."

Respecting and promoting people's privacy, dignity and independence

- Staff were able to tell us how they respected people when entering the person's home. One staff member told us, "I always knock on the door and announce who I am before entering. It's their home not mine".
- Relatives and people all told us they felt respected in their home. One relative shared how their family member was encouraged to stay independent. "[My relative] gets choices such as the clothes they want to wear. If there's a special event, they put the clothes of choice out the night before."
- Relatives and people, all told us they felt the person's privacy was respected at all times. One person told us, "If I have a new staff member then this is done in my time for when they see intimate care provided to me, if I don't feel comfortable, I let the office know."

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 which respected their choice and preferences.

- People's care plans had a person's characteristics recorded, this included the person's gender, religion and the gender of the staff required to support the person.
- Relatives and people told us they had consistent care staff who provided their care. One person told us, "If I don't like a carer then the office will change the person to somebody I know".

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carer get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Some people told us it could be difficult to understand what the carers were saying as English was not their first language. However, people told us that this did not impact their care and carers would always repeat themselves to ensure the person understood.
- People had communication sections within their person-centred care plans, identifying how to effectively communicate with the person.
- The provider had in place different reading formats to match people's individual communication needs. The registered manager told us, "We ensure we can reach out and communicate with all clients that use our service".

Improving care quality in response to complaints or concerns

- One relative told us about how feedback was gained and listened to. "A supervisor calls me to check all is ok. They ring me every so often and they also do spot check on the carers".
- A compliments and complaints procedure was in place. Staff were aware of this process and people and relatives were aware of how to make a complaint.
- A service improvement plan was in place, this identified areas of improvement such as the call system in place and how actions were in place to achieve a resolution.
- The registered manager was aware of the response times to complaints as per policy.

End of life care and support

- No-one was receiving end of life care at the time of our inspection. People's end of life choices and

preferences were not yet recorded.

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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements, Continuous learning and improving care and working in partnership with others

- A system was in place to monitor call times to ensure that people receive their care at the correct times. However, this was not always effective as some staff we saw forgot to log into a call or log out of a call, this creating late times been recorded. The provider responded to our feedback around the call system and looked to plan more training for staff and close monitoring of each person's calls.
- Systems and processes were in place to ensure regular audits, took place to monitor the quality of care and to check people were having their needs met as agreed. These included medication and care plan audits.
- Regular spot checks were carried out by the care manager and registered manager to ensure staff were effective in their role.
- Risk assessments were in place for people and these recorded details of risks identified to the person and the control measures in place to prevent harm from happening. One staff member told us, "The risk assessments are very detailed, and we are able to inform the office of any new risks, they will then come and assess and put into assessment".
- The registered manager worked in partnership with health and social care professionals. Records evidenced advice from health professionals was gained in a timely manner. The registered manager also told us how they reached out to supporting bodies such as local authorities to improve the service they provided.
- The provider had a clear structure in place, this consisted of a nominated individual who was also the registered manager, care manager, care coordinator, quality assurance officer and care staff.

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

The culture of the service was open and inclusive. People were supported to make their own choices and take risks.

- Team meetings took place, where any concerns as a staff team could be discussed and improvements to the service were shared to ensure a consistent approach.

The registered manager had a system in place to share correspondence with all staff to ensure staff kept updated with changes implemented to the service.

The provider had clear values which included a passion for providing a high standard care to people. These values were embedded into the service provided and staff members we spoke with.

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

- There was a system in place where yearly surveys would be sent out to people and relatives to gain feedback, this was an additional to the 6 weekly feedback forms. We did raise this with the registered manager at the time of the inspection that it would be beneficial to gain feedback from health professionals and public. The registered manager took our feedback positively and agreed how this would benefit the service.
- One person told us how the registered manager will go out of their way to help at times of crisis, they said, "One time the registered manager came to [my relative] as a carer because of the weather, they will just go above and beyond really."

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 manager understood their responsibilities regarding duty of candour regulation.

- During this inspection we found that no complaints had been formally raised against the provider.