

In Touch Care Services Limited

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Inspection report

198 High Street
Bloxwich
Walsall
West Midlands
WS3 3LA

Tel: 01922477931

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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

This inspection took place on 9 June 2016 and was announced.

Intouch Care Services Limited provides personal care for adults and children in their own home. There were 18 people using the service when we inspected and there was a registered manager in post. 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 and associated Regulations about how the service is run.

People told us they felt safe and free from the risk of potential abuse and felt safer when the staff visited. People's individual risks had been identified and reviewed when looking at the care they needed. Care plans recorded these risks and provided people and staff with advice and guidance about how these could be managed. There were enough staff deployed by the agency to ensure that people had their calls times met and staff were flexible if the call times were changed by a person. People looked after their own medicines or were supported by staff to manage their medicines when needed.

People said the staff knew how to care for them and understood what help and support they needed. Staff told us they received training and were knowledgeable about their roles and responsibilities. The registered manager had looked at the staff teams skills to ensure people received care from staff that understood their needs.

People's consent was appropriately obtained by staff when caring for them and people who could not make decisions for themselves were supported by representatives or family members. Care plans were in place detailing how people wished to be supported and people were involved in making decisions about their care. People's meals were prepared where needed and they got the meals they enjoyed or chose. People told us they made their own healthcare appointments as required and that staff were happy to support them if they requested it.

People told us the staff knew them and they were supported to receive care in a personalised way. People received care from staff that spent time chatting whilst providing care and getting to know them. People felt the care they had received met their needs. They were also supported in maintaining their dignity and encouraged to be involved in their care needs where able to retain independence.

People had been involved in the planning of their care and relatives felt they were involved in their family members care and were asked for their opinions and input. People were confident to approach the management team if they were not happy with their care. The registered manager had reviewed any minor concerns or questions that had been raised to ensure they had been resolved.

People, their family members and staff felt able to speak with the management team and provide feedback on the service. The management team led by example and ensured regular checks were completed to monitor the quality of the care that people received and looked at where improvements may be needed.

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.

People received care and treatment from staff that understood how to keep them safe and free from the risk of potential abuse.

People told us they felt there were enough staff to meet their care needs and manage risks.

Is the service effective?

Good ●

The service was effective.

People's needs and preferences were supported by trained staff that understood their care needs. People made decisions about their care and support.

People told us that they enjoyed the meals that were made for them and the choices offered. People had accessed other health professionals when required to meet their health needs with staff support.

Is the service caring?

Good ●

The service was caring.

People and relatives were happy that they received care that met their needs, reflected their individual preferences and maintained their dignity and respect.

Is the service responsive?

Good ●

The service was responsive.

People were supported to make choices and be involved in planning their care. Care plans were in place that showed the care and support people needed.

People who used the service and their relatives were confident to raise any concerns. These were responded to and action taken if

required.

Is the service well-led?

Good ●

The service was well-led.

People, their relatives and staff were complimentary about the overall service. There was open communication within the staff team and the provider regularly checked the quality of the service provided and looked at where improvements may be needed.

Intouch Care Services Limited

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.

This inspection took place on 9 June 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in. One inspector carried out this inspection.

We reviewed the information we held about the agency and looked at the notifications they had sent us. A notification is information about important events which the provider is required to send us by law. No concerns had been shared from the local authority.

We spoke with two people who used the service and four relatives by telephone. We spoke with three care staff, one team leader, the deputy manager and the registered manager.

We looked at five records about people's care, a training overview record, four staff recruitment files, five records that monitored call times, three incident forms, two staff monitoring forms and quality audits that the registered manager had completed.

Is the service safe?

Our findings

People we spoke with told us that they felt safe when staff were in their home providing personal care. People said that staff also made sure that when they left the property was secure and one person said they, "Lock up if I ask them to, saves me worrying about it later". Staff said they also ensured they left people's homes secure and ensured no trip hazards were present. Two people we spoke with told us they were happy that staff looked out for them and provided safe care.

Staff told us they would report any concerns to their supervisor or office staff and felt assured these would be dealt with. They told us about situations that may indicate someone was at risk of abuse. For example, if a person changed their behaviour or had unexplained bruising. The registered manager provided information to show they had taken steps to help protect people from the risk of abuse where concerns had been reported.

People's risks had been assessed by the registered manager or deputy manager before they received care from the agency. This included people's risk during personal care and risks in their home environment. Any identified risks were then reviewed regularly or if there had been a change in the home or to the person's care needs. For example, where a person now required a hoist to assist their mobility. Staff were aware of how to carry out care and support to ensure individual and environmental risks had been considered.

All people and their relatives told us that calls were always attended and they were never left waiting for staff to turn up. They said that if staff were delayed or late they would be notified and staff stayed for the required time.

The registered manager told us they had enough staff to cover the number of calls people required. They also ensured that people received care from the appropriate number of staff with the right skills. For example, people who required two staff members or had a particular care need. They recruited staff to ensure they had enough to be able to meet people's needs. These staff had been through recruitment checks to assess their suitability for working with adults and children. For example, looking at their previous employment, requesting references and making the correct checks through a Disclosure and Barring Service (DBS) check. A DBS check identifies if a person has any criminal convictions or has been banned from working with people in a care setting. One team leader said that the number of staff had increased and this had been positive for people as they had been able to improve on consistency of staff where requested by people.

One person said the care staff looked after their medicines for them and that care staff would offer a reminder when they were there. Where people required assistance in taking or managing their medicines staff had recoded their input. Where staff were responsible for medicines, two care staff were required with both having to witness and record the administration to minimise the risk of errors. Staff had received training in medicines and all staff we spoke with told us they knew how and when to administer people's medicines. The registered manager looked at people's medicine records monthly and where any gaps or concerns had been noted the care staff were supported with supervision and training.

Is the service effective?

Our findings

All people and relatives we spoke with told us the care staff understood their care needs and how to look after them or their family members. One person said the staff, "Do know what you need". One relative said, "Staff understand autism," which was an important part of their child's care needs.

Staff told us they felt confident to deliver care that matched people's needs and their training helped them to do this. They also told us they were supported in their role with regular meetings and supervisions. One member of staff said, "We get shown how to do things on the job. This is good as you know how to provide the care that people like". Another said, "The management team are good for getting advice from if you are unsure about anything". Staff also felt supported by their team leaders who they said were available and able to talk to them. The registered manager also told us that staff did not provide care and support unless they had the skills and knowledge to care for that person. They would consider their current staff skills before providing a new care package. The registered manager said that staff would not work alone on a call when they were new to the agency and had not completed training that met a person's needs.

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. We checked whether the service was working within the principles of the MCA.

People had given their consent for staff to provide care and treatment and were supported in developing their care plans. One person said, "They ask what you need or want". Records showed the involvement of the person wishes and needs. For example, the amount of personal care and the level of assistance needed.

All staff we spoke with told us people had choices and they always listened to these when delivering personal care and support. The registered manager was aware when a person needed support to make decisions. One person had received additional support from their family, the registered manager, and social services in supporting a decision where they had not had the capacity to make it on their own.

People who received support with their meals told us that staff were able to make meals they enjoyed or left something for them to eat later. One person said, "They ask which meal I want". People were left drinks that made it easier for them to access. For example, a jug of juice would be left next to their chair.

All care staff we spoke told us that people were able to tell them the meals they liked and enjoyed. One staff member said, "They have their meals, I'll show them a choice of pre-prepared meals they have bought so it

makes it easier for a choice to be made". People were happy with their meals and how they were prepared.

People told us they felt supported in looking after their health. One person said that staff would help them arrange appointments if needed. Relatives told us that the staff responded well to any changes with family member's health. The registered manager told us they offered support people to contact and follow up health visits and results. The registered manager said that although it was not always easy due to timings of calls they had good working relationships and communication with district nurses in supporting people with any health needs. The registered manager also liaised with community nurses for additional staff training in particular needs. For example, how to look after someone who required a medical procedure to aid their intake of food and medicines.

Is the service caring?

Our findings

We spoke to two people who used the service and four relatives, who all said that they got on well with their regular carers. One person told us that the staff were great and that they were a, "Good bunch of girls". People told us how staff found out about things that were important to them and included their relatives in conversations. One person said about staff, "We all have a little talk amongst ourselves". One staff member said "I chat with them as I go [during care]".

One relative said that there were occasional inconsistencies in the staff sent to provide care, for example, because regular carers were on annual leave, or ill, but that they were happy to raise these concerns directly with the registered or deputy manager. One person said that recently consistency had improved and they always had the same two staff who they liked.

Staff explained how they got to know people by chatting to them and their relatives and by reading people's care plans. One staff member told us that they were supported on their first few visits by going with a member of staff who was more familiar with the person. One relative told us that "Staff are lovely and give [person's name] time to get to know them".

All people we spoke with said staff encouraged them to be involved in their care and that staff asked them how they would like their care to be given. Relatives of children said that staff were always considerate of their views and wishes. One person told us "(Staff) Ask if I need anything". Two people and three relatives said that if they wanted different staff or a change the way the care was delivered they would tell staff.

Staff explained how they involved people in decisions about their care on each visit. One member of staff told us how they always ask them about what they needed even though they may have a preferred routine. Staff took time to explain to people what help was available and had encouraged them to decide what action to take. The staff member said "It is their always their decision [to make]". A relative that we spoke to confirmed that staff, "Listen and act on what we say".

All people we spoke with told us that staff encouraged them to take part in their personal care, where they were able to do this, so that their independence was maintained. People told us that staff were respectful and kept their privacy and dignity. One person told us that they felt staff took into account their wish for privacy when they wanted. One staff member told us, "I will leave people in private" so they were able to maintain as much privacy as possible.

Staff we spoke with also provided us with examples of how they respected people's wishes and treated them with dignity. Staff described how they made sure that people were covered during personal care, and that they ensured that curtains were closed when required, so that people's dignity and privacy was maintained. One relative confirmed that staff treated their family member with dignity and, "Respected their home".

Is the service responsive?

Our findings

All people that we spoke with told us they got the care and support they wanted. One person told us the staff, "Do look after me," and supported them with any changes to their care. People and relatives we spoke with told us staff listened and responded to their choices and preferences and knew preferred routines.

Staff were able to talk about the level of support people required, their health needs and the number of staff required to support them. All staff we spoke with told us they listened and responded to people's wishes on each call and how they liked their care provided. For example, how to approach them in the morning or how people liked things done in a certain way.

People's needs were discussed by team leaders and the registered manager at the end of each week or as changes happened. This information was then shared between the staff team. These included any appointments that had been attended and any follow up appointments and changes to medicines. Staff were provided with information about each person and information was recorded in the person's care plan. Staff also confirmed that any immediate changes were sent thorough to them by a telephone call or text messages.

We looked at five people's care records which had been kept under review and updated regularly to reflect people's current care needs. One person said, "My last update was last week," and went on to say these happened as often as they wanted. One relative said, "Care is always updated, [person's name] now needs a hoist and all this has been done".

The care plans detailed the way in which people preferred to receive their care and provided guidance for staff on how to support the individual. For example, how much assistance a person needed with their personal care. All staff we spoke with knew about the information in the care plans and told us they looked at these at each visit. One person told us they signed after each visit to confirm the staff had attended and the care had been provided. People and relatives said that they would be happy to discuss any changes that they would like in the way their care was delivered.

People we spoke with told they had not had any cause to make a complaint. However, people were happy to approach the staff to raise issue or concerns. One person said, "I would pick up the phone and speak with anyone at the office, I know they would sort it".

One relative told us, "I have raised concerns. They will listen and respond". Other relatives told us they would be happy to approach staff to raise a complaint or concern. Complaints had been recorded, investigated and a response sent to the complainant. We saw action taken had looked at how the same incident could be prevented from occurring in the future. For example, providing staff with further training or support.

Is the service well-led?

Our findings

People were supported by a consistent staff team that understood people's care needs. All people who we spoke with knew their regular care staff and were confident in the way the service was managed. People's comments included, "I can't fault it," and "So far, very happy with the care". People also had access to a contact telephone number that they could use to access help or assistance at any time. These calls had been recorded and showed that this had worked well for people when used.

People and relatives told us they had been asked for their views about their care and had completed questionnaires and received visits from the management team. One person said, "They visit me from the office and we talk about my care and the staff". Records showed that advice had been sought from other professionals to ensure they provided good quality care. For example, we saw that staff had worked with advice and guidance from district nurses and GP's about diabetic care.

Every three months the registered manager had reviewed the care notes staff had completed when providing personal care to ensure the care provided matched the care plans. For example, they had checked that two staff had attended when needed and all tasks had been completed. They told us if required they would contact the local authority for review of the care package. We saw that one person now had calls changed through review and support of the provider and local authority.

When staff were together in the office they were relaxed and friendly towards each other. When conversations were held about people who used the service conversation was appropriate. For example, the conversations were respectful and about people's health and well-being. The registered manager had recently introduced a new staff team structure which provided people and staff with a clear roles and responsibilities. One person had liked the change and said, "[Deputy manager's name] is very nice and helpful".

People and staff told us the registered manager was approachable, accessible and felt they were listened to. In the absence of the registered manager people said they were confident the deputy manager was able to deal with any queries. Staff told us they felt able to tell management their views and opinions at staff meetings. One staff member said, "I raise any issue at supervision. This can be about the clients or other staff". Another staff member said, "There is always someone available on call," which they felt supported both them and the people they provided care for. The registered manager told us that they had good support from the staffing team and all worked well together to provide care to people.

The team leaders undertook unannounced spot checks to review the quality of the service and observed the standard of care provided by care staff. Staff told us the team leaders frequently came to observe them at a person's home to ensure they provided care in line with people's needs and satisfaction. One team leader we spoke with told us they wanted to ensure people received care that met their needs from staff who were trained and supported. Staff said that following the spot checks they received feedback about their performance or if needed areas to improve on.

The registered manager told us they kept their knowledge current with support from training providers, the local authority, research on the internet and management team meetings. The registered manager also supported staff to undertake additional training to support them in their role and staff were undertaking a national qualification in care. They felt this would increase their knowledge and provide better support for people they provided care for.