

Caretouch Limited

Caretouch Burgess Hill

Inspection report

CITIBASE BURGESS HILL, The Forum
277 London Road
Burgess Hill
RH15 9QU

Tel: 01444473168

Date of inspection visit:
02 September 2021

Date of publication:
21 September 2021

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

Caretouch Burgess Hill is a domiciliary care agency. It provides personal care to adults living in their own homes, some of whom were living with conditions such as Stroke or frailty. CQC only inspects the service being received by people provided with 'personal care', which includes help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of the inspection there were two people who received personal care.

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

People told us they felt safe, they knew who to speak with if they had any concerns. One person told us, "I feel fine, I would talk to registered manager or staff if there were any problems." Staff received safeguarding training and were knowledgeable on the prevention and reporting of abuse.

People were supported by staff who knew them well. Staff received training to assist people with their medicines. Staff completed an induction period which included shadowing the registered manager. One staff member told us, "I've done all sorts of training and feel I can do my job well."

People's risks were assessed, care plans were developed to enable people to have control of their lives. The registered manager promoted people's safety during the COVID-19 pandemic, and staff received relevant training and had appropriate personal protective equipment.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People confirmed staff asked consent before offering support, and advised their support was person-centred. One person told us, "We have got to know each other well. We have become quite friendly really, they certainly seem kind."

People were supported by caring staff who respected their dignity and independence. Staff gave support so people could remain in control of their lives. One staff member told us, "This job melts my heart, I've fallen in love with this job. I think caring is in my blood."

People received individualised support and contributed to their care plans. The registered manager would ensure documentation was produced to meet people's communication needs. One person told us, "They write in a file, it's my care plan, and it's got a lot of information on me. They write what they do for me."

The registered manager sought feedback and built a rapport with people and staff. People and staff told us they felt comfortable to make suggestions, comments or complaints.

The registered manager had daily oversight and a vision for the service and devised action plans to achieve this. People and staff spoke highly of the registered manager. One relative told us, "The registered manager is very good at communicating with me. They are happy for me to call them, even into the evening and are happy to chat."

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 6 August 2019 and this is the first inspection.

Why we inspected

This is the first inspection for this newly registered service.

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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Caretouch Burgess Hill

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was undertaken by one inspector

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

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 2 September 2021 and ended on 7 September 2021. We visited the office location on 2 September 2021.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

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

provided. We spoke with three members of staff including the registered manager and care workers.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

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

- Systems and processes were in place to protect people from harm or abuse; People and their relatives confirmed they felt confident to speak with the registered manager should they have any concerns. One relative told us, "[Name] feels very safe, they had been resistant to have help for a long time, eventually they agreed and now is very happy with the help, I know they feel much safer in the carer's hands."
- Staff received safeguarding training and had read the local policies which had been supplied in their handbooks and on a mobile app.
- Staff understood the types of abuse and how to recognise signs of abuse. Staff knew the process to report concerns internally and escalate externally should this be required. One staff member told us, "I have to make a report, I know to document everything."
- There had been no safeguarding concerns since the service commenced. The registered manager demonstrated their understanding of reporting safeguarding concerns, they explained how investigations would be completed and actions they would take to minimise reoccurrence.

Assessing risk, safety monitoring and management

- Risks were assessed and managed safely.
- People and their relatives were involved with decisions relating to their care, the registered manager described instances where professional input had been sought in consultation with the person. For example, people's skin integrity had been assessed, where people were at risk of pressure damage, the registered manager had arranged creams and pressure relieving equipment to minimise any soreness.
- Environmental risk assessments and checks were completed for people's homes. This was to ensure people's safety and that of staff when care was being delivered.

Staffing and recruitment

- There were enough staff to support people safely; People told us staff were mostly on time for their visits and they are informed if a staff member would be late. People and their relatives confirmed staff had never missed a visit. One person told us, "Usually they turn up on time but occasionally they get delayed, they let me know when then can, they are never normally too late. I'm not going anywhere so I don't mind." One staff member told us, "I would call the registered manager if I am running late but if I had the number for the client, I would call them."
- Staffing levels were determined by the number of people using the service and their needs. The registered manager undertook visits themselves to ensure visits were never missed.
- Staff were recruited safely; applications forms were completed, employment histories had been explored, any gaps of employment had been discussed at interview. Checks such as references and Disclosure and

Barring Service (police checks) were obtained prior to employment.

Using medicines safely

- Medicines were managed safely. Staff were trained to administer medicines; their competencies were assessed by the registered manager.
- People confirmed they were assisted by staff and medicines were given on time. One person told us, "They help me with my pills, I have all faith they know what they are doing."
- People received their 'when required' (PRN) medicines such as pain relief. PRN protocols were in place to guide staff if people could not communicate their need. The protocols were personalised to the individual.
- The registered manager undertook monthly audits to ensure storage, administration and medication administration records (MARs) were completed appropriately.

Preventing and controlling infection

- Infection prevention and control policies kept people safe and had been updated to reflect the latest guidance for the COVID-19 pandemic.
- The registered manager had ensured staff understood appropriate use of personal protective equipment (PPE). One staff member told us, "We always had masks, gloves and aprons, we never went short. I think the whole thing was well organised."
- COVID-19 testing was carried out in accordance with government guidance, staff confirmed they underwent a regular testing regime.
- Staff had received training in infection prevention and control.
- The registered manager was able to clearly explain what action they would take should someone test positive for COVID-19.

Learning lessons when things go wrong

- There had not been any adverse events for learning. Upon discussion, the registered manager gave examples of where auditing would be used to analyse trends and establish actions to minimise reoccurrence. For example, if a person was to sustain a series of falls, relevant referrals to professionals such as the GP or occupational therapists would be made, and a review of the household would be undertaken to reduce any environmental hazards.

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

- The registered manager undertook initial assessments and involved people and their relatives to contribute. One relative told us, "We went through a long questionnaire, we talked about how they were going to implement the care and the cleaning. Everything was discussed with [name] including their little ways of doing things. They talked to [name] quite a lot not just to me."
- People's needs were assessed in line with the protected characteristics under the Equality Act 2010 such as age, ethnicity and religion. People were assessed for all aspects of their health and support requirements to ensure their needs could be met.

Staff support: induction, training, skills and experience

- Staff received regular support from the registered manager. Staff felt able to approach the registered manager, one staff member told us, "I could just turn up to the office or arrange a meeting, I am able to talk to registered manager freely when needed."
- The registered manager undertook spot checks and discussed further opportunities with staff. For example, enrolling for the diploma in health and social care. One staff member told us, "Sometimes we have a chat and we talk about my development and training, we are talking about me starting my qualification."
- Staff had the knowledge and experience to support people effectively. People were supported by staff who received training relevant to their role.
- New staff completed the Care Certificate, a work-based, vocational qualification for staff who had no previous experience in the care sector. New staff would attend visits with the registered manager to receive shadow training until they were deemed competent to work alone, this also gave people an opportunity to meet them.

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

- People received support to maintain a balanced diet. One relative described a positive weight gain since the start of their service. They told us, "Staff stay to make sure [name] eats, they have gained weight and are looking so much better."
- Staff prepared breakfast and supper for some people and assisted them when shopping for food. One person told us, "They help me with my shopping, get basic shopping items for me. We go through a list, I tell them what I want, they make suggestions if they see I am running low."

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

- People had access to healthcare agencies and support. Staff worked with agencies to provide good

outcomes for people. For example, a person who was at risk of pressure damage was assessed by the registered manager and professional involvement was sought. The service worked with the district nursing team and equipment to promote good skin integrity.

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.

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

- People were asked for consent by staff before any assistance was offered. One person told us, "They always ask my permission to do anything, they always check I am ok with what they are doing." Another person told us, "They ask, but they have jobs to do which was all agreed beforehand."
- Staff described the importance of gaining consent, one staff member told us, "I always ask for consent before doing anything, [name] tries their best but struggles, I offer help but if they say they're ok we let them."
- Records showed that people were involved in decisions relating to their care and support, and their choices were respected. We saw consent forms were signed off where appropriate.

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 supported by staff who were respectful. The registered manager undertook spot checks and received positive feedback from people. One person told us, "Their attitudes are good, always polite, always smiling, nothing is too much trouble."
- Staff knew people and their preferences well. Staff described people's routines and personal traits and explained how their approach differed to suit the person. For example, one person did not like to be addressed by their first name, staff were respectful of this.

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

- People had full involvement in their care and support which was reviewed to suit them. One person told us, "Everything has been completed with my input to how I like things done, it is all documented."
- People's care was reviewed on a regular basis and when their needs changed. People were given the opportunity to make changes. A relative described how following a discussion with the registered manager, there had been changes to the times of the visits to suit the person. The relative told us, "Registered manager and me have a good rapport. I had needed to call a lot, especially at the start, they were very flexible."

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence was respected.
- People spoke of the support they received which promoted their independence. One person told us, "I make decisions about all aspects of my life, sometimes people suggest better ways of doing things, I end up doing as I please anyway."
- Staff described methods of how people's independence was upheld. One staff member told us, "It's better to let people do what they can do. For example, if they are struggling to get a tissue, I will place the box near to them so they can take one, rather than just picking a tissue for them."

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 specific to their wishes. Each person was treated as an individual and care was planned around their preferences. For example, people were able to choose whether they wanted male or female support; records confirmed this had been respected. One relative told us, "I was very impressed with the file of things they kept on [name] which went into the details. The key is in the detail."
- People's care needs were reviewed when needed. One relative described how the registered manager made contact as a person needed more time in the evening. This had been done to ensure the person did not feel rushed. People confirmed staff did not rush them, comments included, "They get on with the job, whatever I ask for they help me with. They are very efficient." And "They take their time and make sure everything is done properly."
- Care plans were person-centred and provided a clear indication of the person's needs and wishes. Records included specific ways the person wished to be supported.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service had considered people's communication needs and had various methods to empower people to express their needs. The registered manager advised all documentation could be produced in large print, pictorial cards were available should this be required. Staff could spend time with people, so documentation could be read out aloud if needed.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain contact with friends and families. Care documentation guided staff on how to encourage people to socialise, for example, a person's goal was to join other people for a meal. Ways of how staff could support this was being planned.

Improving care quality in response to complaints or concerns

- People were encouraged to give their feedback on the service to include complaints. People and their relatives confirmed they would be comfortable to raise concerns with the registered manager. One person told us, "If I had worries, I would feel comfortable to speak up, they have been coming long enough for me to feel happy to talk to them. I am sure they would sort any issues out for me." One relative told us, "I know I

could complain to the registered manager but in the grand scheme, the care is spot on. I haven't ever complained, I can't see I would need to but feel I would be absolutely listened to."

- The service had received one complaint of time keeping. We saw evidence of the matter being addressed to the satisfaction of the person. Records confirmed the staff member received a spot check and discussions lead to how the problem could be addressed.
- People were given a copy of the complaints procedure which detailed who to address complaints to and where to refer if they were not satisfied with the outcome.

End of life care and support

- The service was not supporting anyone at the end of life stage at the time of inspection. The registered manager confirmed end of life wishes were not always discussed upon assessment but at an appropriate time, for example, if a person's health were to deteriorate. This would be done sensitively with the person and their relatives.

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

- The registered manager had daily oversight of the service and undertook visits to people themselves. During the visits the registered manager carried out quality audits including, checks on documentation such as daily records, fluid balance sheets and care plans. The registered manager could identify trends and changes in people's care needs. The registered manager had recently developed a more formal recorded quality assurance audits to be used as the service grows.
- People and their relatives spoke highly of the registered manager, comments included, "They communicate very well with me, they find solutions to problems and they are very capable." And "[Registered manager is the person in charge, I think they manage well, I haven't had any problems with them."
- Staff gave positive feedback regarding the registered manager. Staff received regular updates regarding any changes to people or the service. Staff told us, "Registered manager is fantastic and listen to me, they are approachable, and I know they will do their best for me."
- The registered manager displayed a clear passion for the service. They told us, "I do this job with a passion, I have done this because there are things I have seen in my experience and want to make a change. When I care for people I do it whole-heartily, not just as a career but a life. I love it dearly."
- The registered manager demonstrated their knowledge of regulatory requirements. They understood their duty to notify CQC of events within the service.
- The registered manager had action plans in place which included recruiting more care and office staff to enable them to concentrate on developing the service.
- The registered manager ensured to keep their knowledge current. They told us, "Skills for Care training has helped me, I also do lots of reading and researching, learning never ends."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service promoted an inclusive culture for people. The registered manager was freely available; people could speak with them at any time. People and staff were encouraged to give feedback and suggestions. One staff member told us, "I can freely speak to the registered manager if I had any feedback or concerns, they listen to us."
- The registered manager spoke of comments they received from people using the service and told us, "I think we do a fantastic job for the people, from the feedback we get from service users, I feel humbled."

- The service engaged with people using the service. The registered manager collated feedback surveys from people and their relatives. The survey results seen were positive, comments included, "[Registered manager in particular goes above and beyond to help both [name] and me." The registered manager advised should there be any negative comments or suggestions, an action plan would be drawn up to address them.
- We saw emails from relatives thanking the registered manager and staff for the support provided for their loved ones.

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 registered manager understood their duty to be transparent and truthful when something was to go wrong. They described the importance of providing an apology and to explain how things could be done differently to minimise reoccurrence.

Working in partnership with others

- The service worked in alongside with external agencies and other care providers to ensure continuity of care for people. Health professionals including district nurses and GPs were involved to provide advice for staff to support people's needs.
- The registered manager was a member of various online management forums and support groups. The registered manager advised they networked with other managers, shared knowledge, best practice and offered mutual support.