

Custom Home Care Ltd

# Custom Home Care

## Inspection report

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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 was an announced inspection carried out on 19 May 2017. The provider was given short notice of the visit to the office, in line with our current methodology for inspecting domiciliary care agencies. This is the first inspection of the service since it was registered in March 2015.

Custom Home Care provides domiciliary care to adults in the community. The office is in Sheffield and is accessible by public transport. At the time of the inspection the service was being provided to around 40 people, all of whom were receiving personal care.

There was no registered manager in post at the time of the inspection. 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. The previous registered manager had left and the provider had appointed a manager who told us they were in the process of applying to be registered with CQC.

People's needs had been assessed before their care package commenced and people and their relatives told us they had been involved in formulating and updating the care plans. The information included in the care records we saw was individualised and clearly identified people's needs and preferences, as well as any risks associated with their care and the environment they lived in.

We found people received a service that was based on their personal needs and wishes. Changes in people's needs were identified and their care package amended to meet their assessed needs. Where people needed support taking their medication this was administered by staff who had been trained to carry out this role. The service had clear medication policies to ensure staff could offer support to people safely.

We found the service employed enough staff to meet the needs of the people being supported. This included consistently providing the same care staff, who visited people on a regular basis.

There was an appropriate recruitment checks in place when employing new staff. We found staff had received a structured induction and essential training at the beginning of their employment. This had been followed by regular refresher training to update their knowledge and skills. Staff knew how to recognise and respond to abuse appropriately. They had a clear understanding of the procedures in place to safeguard vulnerable people from abuse.

Staff told us they felt well supported and received an annual appraisal of their work performance. Staff had also received supervision sessions and spot checks to assess their capabilities and offer support.

The requirements of the Mental Capacity Act 2005 (MCA) were in place to protect people who may not have the capacity to make decisions for themselves. The Mental Capacity Act 2005 sets out what must be done to

make sure that the human rights of people who may lack mental capacity to make decisions are protected, including balancing autonomy and protection in relation to consent or refusal of care or treatment.

People were confident to raise any concerns they may have had. We saw the complaints process was written in a suitable format for people who used the service.

People were encouraged to give their views about the quality of the care provided to help drive up standards. Quality monitoring systems were in place and the manager had overall responsibility to ensure lessons were learned and action was taken to continuously improve the service.

## 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

Staff had a clear understanding of the procedures in place to safeguard vulnerable people from abuse. Individual risks had been assessed and identified as part of the support and care planning process.

The service had clear medication policies to ensure staff could offer support to people safely.

There was a recruitment system in place that helped the provider make safer recruitment decisions when employing new staff. There was enough qualified, skilled and experienced staff to meet people's needs.

### Is the service effective?

Good ●

The service was effective

Staff had a programme of training and were trained to care and support people who used the service safely and to a good standard.

Staff we spoke with had a good understanding of the Mental Capacity Act 2005 and how to ensure the rights of people with limited mental capacity to make decisions were respected.

Where appropriate, staff provided support to people to help make sure their nutritional needs were met.

People were supported to access healthcare professionals.

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### Is the service caring?

Good ●

The service was caring

People who used the service and their relatives told us they were happy with the care and support they received.

Staff had a good understanding of people's care and support needs, and knew people well.

People were involved in making decisions about their care and staff took account of their individual needs and preferences.

### Is the service responsive?

Good ●

The service was responsive.

People's health, care and support needs were assessed and individual choices and preferences were discussed with people who used the service.

People's support plans had been updated regularly and were written in a format that was suitable for them to understand.

People had an individual programme of activity in accordance with their needs and preferences.

People were given information on how to make a complaint. It was written in a format that was suitable.

### Is the service well-led?

Good ●

The service was well led.

The organisation had clear values and staff understood and followed these.

People were regularly asked for their opinions of the service

Systems for monitoring quality were effective. Where improvements were needed, these were addressed and followed up to ensure continuous improvement.

# Custom Home 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 was undertaken by an adult social care inspector. The inspection took place on 19 May 2017. The provider was given 48 hours' notice because we needed to be sure that someone would be in when we visited. We also needed to ensure the manager was available at the office for us to speak to them.

Prior to the inspection visit we gathered information from a number of sources. We looked at the information received about the service from notifications sent to the Care Quality Commission by the manager.

We sent out questionnaires to ask people what they thought about the service and received four back from people who used the service, four from staff, one from a relative and one from a community professional.

At the office we spoke with the manager and the provider, along with support and senior care staff. We also interviewed members of care staff in private and after the inspection we spoke with a further three staff by telephone. We also spoke with six relatives of people who used the service by telephone to hear their views of the service.

We looked at documentation relating to people who used the service, staff and the management of the service. This took place in the office. We looked at four people's written records, including the plans of their care.

# Is the service safe?

## Our findings

Everyone we spoke with told us they felt safe with the staff, who were available to offer support when needed. The people who completed our quality questionnaires all told us they felt safe from abuse and or harm. The responses we received from people's relatives also confirmed this.

We spoke with staff about their understanding of protecting people from abuse. They told us they had undertaken training safeguarding people and would know what to do if they witnessed bad practice or other incidents that they felt should be reported. They said they would report anything to the manager or a senior member of staff immediately. Staff we spoke with had a good understanding about the whistleblowing procedures.

Support staff knew how to identify if a person may be at risk of harm and the action to take if they had concerns about a person's safety. People's plans included risk assessments. These told the staff about the risks for each person and how to manage and minimise these risks. People's needs had been assessed and their care given in a way that suited their needs, without placing unnecessary restrictions on them. The manager told us that they had policies and procedures to manage risks. Staff understood the importance of balancing safety while supporting people to make choices, so that they had control of their lives.

We found that the recruitment checks undertaken for staff were thorough in that application forms had been completed, references had been obtained and formal interviews undertaken. The manager told us that staff were not allowed to commence employment until a Disclosure and Barring Service (DBS) check had been received. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with vulnerable adults. This helps to ensure only suitable people were employed by this service. Discussion showed that the manager was fully aware of their accountability if a member of staff was not performing appropriately.

The manager told us that recruitment was an on-going process. All new staff completed a full induction programme including commencing the Care Certificate. The Care Certificate looks to improve the consistency and portability of the fundamental skills, knowledge, values and behaviours of staff working in care settings. This, when completed, was signed off by their line manager. The induction included a mixture of classroom days, e-learning and shadowing experienced staff.

The service had a medicines management policy which enabled staff to be aware of their responsibilities in relation to supporting people with medicines. Staff confirmed that they had received the appropriate medicines management training, which was refreshed at regular intervals. We saw medication administration records (MAR) were used to record when people had been supported with this task and we checked to ensure there was an accurate record. These were monitored by the management team. The manager told us that if staff were found not to have signed medication records appropriately when they had supported people with their medicines, they were provided with refresher training.

We saw evidence that spot checks were carried out by senior staff. These checks were designed to monitor

areas such as whether care staff used their personal protective equipment (PPE), including disposable gloves appropriately. The people who completed our quality questionnaire all told us the care workers did all they could to prevent and control infection (for example, by using hand gels, gloves and aprons).

# Is the service effective?

## Our findings

People were supported to live their lives in the way that they chose. Everyone we spoke with said the staff had the right skills to do the job and all of the people who completed questionnaires indicated the service was effective and they would recommend the service to another person. Everyone told us they received care and support from familiar, consistent care staff. The responses from relatives and friends also agreed with this.

People said care and support workers arrived on time stayed for the agreed length of time and completed all of the tasks that they should do during each visit. We found that where staff were involved in preparing and serving food people were happy with how this took place. Everyone we spoke with told us the staff supported them to eat and drink enough. We also saw staff had completed basic food hygiene training as part of their induction to the agency and this had been updated periodically.

Staff told us how they worked with external agencies such as GPs and district nurses to make sure people who were at risk of poor nutrition or dehydration were being supported appropriately. Where necessary, daily records were completed which stated what the person had eaten and drank each day and staff described how they would raise issues with healthcare professionals or the person's family if they needed to.

People told us care workers had the skills and knowledge to give the care and support needed. The manager told us all staff completed a comprehensive induction which included, care principles, service specific training such as dementia care, equality and diversity, expectations of the service and how to deal with accidents and emergencies. Staff were expected to work alongside more experienced staff until they were deemed to be competent.

Records we looked at confirmed staff were trained to a good standard. Managers at the agency and most care workers had obtained nationally recognised certificates to levels two and three. One member of care staff we spoke with felt that the training they had received was very good.

One staff member we spoke with said they had received training relevant to people's specific needs. This included subjects such as working with people living with dementia, and diabetes. There were annual refreshers for core subjects for all staff, such as moving and handling and safeguarding people.

Most staff we spoke with told us that they enjoyed their work supporting people in their own homes. They received guidance and support from the managers and colleagues. Staff told us managers were available whenever they needed to contact them. One staff member said they received regular one to one staff supervision every two to three months. We looked at the records of formal one to one staff supervisions which were undertaken with staff. They were completed to a good standard. Observations of work practice had also taken place in people's own homes. We saw copies of the records of these spot checks on the files we looked at.

The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including balancing autonomy and protection in relation to consent or refusal of care or treatment.

We spoke to the manager about gaining consent to care and treatment. They told us that staff had received training in the MCA. They said that staff were told about the needs, choices and preferences of the people they provided care and support to and that people's care plans indicated how people demonstrated or communicated how they wanted their care to be delivered. People we spoke with who used the service said the staff listened to people, asked for consent and respected people's choices. All of the people who completed questionnaires indicated that staff helped people to be as independent as they could be.

Where people received support who had limited capacity we found that the agency used the guidance and principles of the MCA. The staff we spoke with during our inspection had a working knowledge of the MCA in protecting people and the importance of involving people in making decisions. They told us they had training in the principles of the Act. The training records we saw confirmed this.

## Is the service caring?

### Our findings

People were happy with the care and support they received. They told us they felt that staff cared about them. They told us the care workers always treated them with respect and dignity. Everyone we spoke with told us staff talked to people and showed an interest in how they were. We saw a thank you note one person's relative wrote to the manager. They said, "Thank for the care shown by your carers. As well as seeing to [family member's] care they also make a drink for myself and always ask if there is anything else they can do to help. The ladies [staff] are always cheerful and courteous and we would recommend Custom Homecare to anyone."

All of the people who completed questionnaires indicated that staff were caring and kind. They said they were happy with the care and support they received from the service and that they were introduced to the workers before they provided care or support. One relative also commented that, "The care workers introduce themselves if a new carer attends in an unexpected circumstance."

The manager told us that staff were employed to work in locations close to their home and supported specific people, so that people had consistency with who supported them. All of the people we spoke with told us staff were always respectful and treated them as individuals and that they felt free to make their own decisions and had control over their daily routines.

Staff we spoke with knew people they supported well and were able to describe in detail how they provided individualised support. For instance, one staff member we spoke with told us they had worked for the organisation for two years and had worked with one of the people they supported since that time. Another member of care staff told us that they had worked for the organisation about a year and really liked it. They said they liked getting to know and helping people.

Care staff told us that when they started working with a person, whose needs they were not familiar with they received an outline of the person's needs from the office. They said there would also be a care plan in the person's home, and they would speak with the person and ask what they wanted and needed. One member of care staff said they felt it was the person and their needs that were important, and getting to know the person.

Staff described in detail how they supported people who used the service. They gave examples of how they approached people and how they carried out their care, so that they were respectful and maintained the person's dignity. For instance, one member of care staff told us, that when attending to a person's intimate care, they preserved the person's dignity by keeping them covered up and shutting curtains. The staff member said this was covered in their training, and was also what they would like for their own relatives. Everyone we spoke with told us staff always maintained their privacy and dignity when providing personal care.

We saw that people's diverse needs were taken into account in their care plans and all members of staff complete equality and diversity training workbooks. Staff we spoke with told us people were asked if they

preferred a care worker of a particular gender and were free to make this choice.

Everyone told us they received information from the staff and from the service, in a way that they could understand. We saw one person had specific communication needs and their plan was in an 'easy read' format, with pictures, to assist with their understanding and involvement. Everyone we spoke with told us they were involved in developing and reviewing their care plans. The plans described how the person wanted to receive their care and support and told us who were important to them and things they liked to do.

A community professional told us, "I have only used the agency on a few occasions, but found them to be approachable and able to meet customers' needs with dignity."

Senior staff carried out observations of staff working with people in their own homes. They judged how staff maintained people's dignity and respected people's wishes. Staff received feedback from their managers, which identified any areas for development. We looked at a number of completed observation forms and saw staff were performing in a way that the provider expected.

## Is the service responsive?

### Our findings

We found people who used the services received personalised care and support. They were involved in planning the support they needed. Everyone we spoke with said staff asked for and valued people's opinions. All of the people who completed our quality questionnaires told us they were involved in decision-making about their care and support needs. They all said that if they wanted, they involved the people they choose in important decisions.

Before people received the service, the senior staff undertook an assessment of their needs. These assessments helped to inform the care plans, which were put in place with the involvement of the person, and people who were important to them, such as close relatives. We looked at the care plans for people. It was clear that the plans were person centred and reviewed as the person's support needs changed.

The feedback we received from one community professional was that the agency acted on any instructions and advice given to them, co-operated with other services and shared relevant information when needed (for example when people's needs changed). This was confirmed by care staff who told us they felt that the organisation was very responsive if they felt that people's needs were changing.

Some people who used the service had diverse needs in respect of the Equality Act 2010. This is a law that prevents discrimination on the basis of a person's age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage and civil partnership, and pregnancy and maternity and these are now known as 'protected characteristics'. We saw no evidence to suggest that people who used the service were discriminated against and no one told us anything to contradict this. Care plans were devised to make sure people's needs were met in a way which reflected their individuality and identity. Staff told us they had training in equality and diversity, which had reminded them to promote individuality and make sure people's personal preferences, wishes and choices were respected.

All of the people who completed our quality questionnaires told us they knew how to make a complaint. People also told us care workers responded well to any complaints or concerns they raised. Most people said they had not had to raise any concerns. The relatives we spoke with told us they would be happy to call the office if they had a problem. For instance, one relative said, "[The manager] is very helpful and always listens. Things get sorted out straight away."

The manager told us there was a comprehensive complaints' policy and procedure and this was explained to everyone who received a service. It was written in plain English. We saw evidence that one person's relative had raised concerns, but had not wanted to make these as formal complaints. All aspects of these concerns had been investigated and responded to appropriately. The records we saw also indicated that issues were dealt with sensitively, and changes were made when necessary.

Staff told us if they received any concerns about the services they would share the information with their line managers. They told us they had regular contact with their managers. This included at staff meeting, supervision, times when staff popped into the office, and when their manager carried out observations of

their practice in people's homes.

## Is the service well-led?

### Our findings

There was no registered manager in post at the time of the inspection. The provider had appointed a manager who had been in post approximately six months and told us they were in the process of applying to CQC to be the registered manager. The manager had developed a good knowledge of the staff and the people who were supported by the agency. They were supported by a number of senior and office staff.

There were clear lines of responsibility and accountability within the management structure. The service had notified the Care Quality Commission (CQC) of all significant events which had occurred in line with their legal obligations.

People who used the service, relatives and staff all described the managers of the service to be approachable, open and supportive. We asked people who used the service if they could talk to the manager. They all said they felt that they could. They all told us they felt that they were kept informed about what was happening.

Everyone who returned a questionnaire to us confirmed that they knew who to contact in the agency if they needed to. They said the agency regularly asked what they thought about the service they provided and confirmed that the information they received from the service was clear and easy to understand. The community professional indicated that the service is well managed and tried hard to continuously improve the quality of care and support they provided to people. They indicated that the agency asked them what they thought about the service, and acted on what they said.

Staff fed back they would feel confident about reporting any concerns or poor practice to their managers. They confirmed that they understood the standards and values that were expected of them. Staff told us, team meetings and supervision were used to encourage them to share their opinions and suggest ideas they had. Staff told us they had meetings, which were used to discuss issues for the team. The manager told us that, generally attendance at these was good.

Most staff we spoke with were aware of the organisation's values. The managers explained they had a commitment to continuous improvement. They were introducing an employee recognition award for the staff who 'went the extra mile'.

The manager sought feedback from people and those who mattered to them in order to enhance their service. People told us they were asked for their feedback about the service. Everyone who fed back to us told us they felt listened to and things were made better by talking to staff.

We also saw evidence of a range of methods being used to seek people's views. This included initial reviews, and the service had contacted people periodically by telephone to ask if they were happy with the service provided and if they wanted to change anything. We were told care reviews at people's homes were approximately every six months, which included asking people about their satisfaction with the service they received.

There were a range of other quality assurance and audit checks undertaken to make sure the service provided to people was safe and of good quality. For instance, people's files also contained records of 'spot checks' carried out by managers during care staff's visits. The spot checks covered areas such as whether staff were using PPE appropriately and if they wore their identification badges. These also encouraged people to share their views and raise ideas about improvements that could be made.

The service told us they had reviewed their internal processes to ensure that when events happened they responded in the most effective manner. Any concern in relation the service including medication errors, safeguarding, complaints and compliments were reviewed and this allowed the service to identify trends and themes and subsequent solutions. During the inspection we confirmed that this review process was effective, and where improvements were needed, these were addressed and followed up to ensure continuous improvement.