

London Care Limited

Custom Care (Stoke)

Inspection report

Unit 2 & 3 Burslem Enterprise Centre
Moorland Road, Burslem
Stoke On Trent
Staffordshire
ST6 1JQ

Tel: 01782839023

Website: www.customcare.co.uk

Date of inspection visit:
19 April 2017
20 April 2017

Date of publication:
25 May 2017

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 19 and 20 April 2017 and was announced. The provider was given 48 hours' notice because the location provides domiciliary care services; we needed to be sure that someone would be in. Custom Care (Stoke) provides personal care for people in their own homes. At the time of the inspection there were 124 people using the service.

A registered manager was 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 2008 and associated Regulations about how the service is run.

We carried out a comprehensive inspection on 22 September 2016 and we found the provider was not meeting some of the regulations and the service was placed in special measures. At this inspection we checked to see if the provider was meeting the regulations and we found the provider had taken action to make all the improvements required.

People had confidence in the service and felt safe and secure when receiving support. People told us staff were prompt with attending calls and staff said they did not feel as though they had to rush people with their care. People had risks to their health assessed and staff were knowledgeable about how to minimise the risks. People received support to take their prescribed medicines and staff understood how to administer these safely.

Staff were trained to carry out their role and had the skills to support people effectively. People told us they were supported to maintain a healthy diet and could access health professionals with support from staff as required. We could see people were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice.

People were supported by a staff group that were kind and caring and people told us they had developed good relationships with staff. We found people were supported to make choices about their care and support and were enabled to maintain and maximise their independence. People told us their privacy and dignity was protected by staff supporting them.

People received responsive care and support and were involved in their assessment and care planning. Staff took time to get to know people and they were aware of people's interests. People understood how to make a complaint and they told us they felt complaints would be responded to effectively.

People, relatives and staff all told us they felt the service was open and inclusive. We found the management team were supportive and accessible to people and staff. We found there were systems in place which supported good communication and helped to manage the service effectively. There were quality checks

undertaken and these were used to drive continuous improvement.

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 were kept safe from abuse by staff that understood how to safeguard people.

People received support at the times they required it by safely recruited staff.

Risks to the health, safety or wellbeing of people who used the service were managed safely.

People's medicines were managed safely.

Is the service effective?

Good 

The service was effective.

People confirmed that they had consented to the care they received. Procedures were in place to ensure people's legal rights were upheld.

People were supported by staff that received sufficient training and support to meet people's needs effectively.

People were supported with their health and dietary needs.

Is the service caring?

Good 

The service was caring.

People who used the service valued the relationships they had with care workers and expressed satisfaction with the care they received.

People felt that their care was provided in the way they wanted it to be and that they were involved in making decisions about their care and support.

People were treated with dignity and respect and were

encouraged to be as independent as possible.

Is the service responsive?

Good ●

The service was responsive.

People told us they had their needs and preferences met by staff that took time to understand how they liked things to be done.

People were involved in the assessment, care planning and reviews of their care.

Is the service well-led?

Good ●

The service was well-led

People and staff felt the management team were approachable.

Staff were supported in their role and the registered manager understood their role and responsibilities.

Quality monitoring was undertaken and the results of this were used to drive improvements in the service.

Custom Care (Stoke)

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 announced inspection took place on 19 and 20 April 2017. The inspection team consisted of one inspector.

As part of the inspection, we reviewed the information we held about the service, including notifications. A notification is information about events that by law the registered persons should tell us about. We asked for feedback from the commissioners of people's care to find out their views on the quality of the service. We also contacted the Local Authority for information they held about the service. We used this information to help us plan our inspection.

During the inspection, we spoke with seven people who use the service and five relatives. We also spoke with the registered manager, the regional manager, the regional director, three care coordinators and six care staff.

We reviewed a range of records, which included the care records of six people. We looked at three staff files, which included pre-employment checks and training records. We also looked at other records relating to the management of the service including call monitoring records, complaint logs, accident reports, meeting notes, monthly audits, and medicine administration records.

Is the service safe?

Our findings

At our last comprehensive inspection on 22 September 2016 we judged the service as inadequate as we found that the provider was in breach of Regulation 12 and regulation 18 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as people were not receiving safe care from sufficient staff. At this inspection we found that improvements had been made and they were no longer in breach of this regulation.

People told us they felt safe when staff were supporting them in their homes. One person told us, "The staff are all really good, I feel safe with them in my home". A relative said, "I am very happy with the way the staff safeguard [my relative], they always check they have their lifeline handy and the property is secure". Staff told us they had received training in how to protect people from harm and abuse. They were able to describe different signs of possible abuse and what action they would take if they suspected people were being mistreated. One member of staff told us, "I have reported concerns, for example where I thought one person may be being neglected". Another staff member said, "Any issue which may be a sign of abuse is always recorded and reported". The registered manager was able to tell us about recent safeguarding referrals they had made and what procedures they followed with the local authority and other agencies. We saw records which supported what we were told. This showed staff understood how to recognise and report abuse and the registered manager had systems in place to investigate concerns raised.

People told us they received support to manage risks to their safety. People and their relatives gave examples of the type of support they received to manage risks. One person said, "My arms are a problem, so they have to help me with using my frame". A relative told us, "The staff have to use a hoist and they have been trained to use this and never have any problems". Staff could describe the risks to people and what action they needed to take to keep people safe. One staff member told us, "[Person's name] requires a hoist for transfers, there is always two staff and we follow the care plan, we have also had training in using the hoist which is updated regularly". We saw care plans included risk assessments for people which included medicines, mobility, the environment and skin integrity for example. People had been involved in their risk assessments and the development of plans which gave staff information on how to minimise risks. This showed staff understood risks to the people and what action to take to keep them safe.

People told us there were sufficient numbers of staff available to meet all their needs safely, and that staff were generally on time. One person said, "The staff are always on time, any problems the office will phone and let me know". Another person told us, "I have four calls a day, it is the same regular carers and they are always on time. If there is any variation they phone and let me know, there is no problem with slight changes it sometimes can't be helped". Relatives told us, they were happy with the times of their relative's calls and they found staff were almost always on time. One relative said, "They are always on time, never had issues at all, everyone is great". Staff told us they thought there was enough staff. They said there was plenty of time to travel between calls and they did not feel like they needed to rush or leave calls early. One staff member said, "Staffing is much better now, we have regular runs and any issues are dealt with straight away". The registered manager told us they had a system in place to monitor call times, this meant they were alerted if a call was not attended and could take action. The system also monitored the arrival and departure time of

care staff which allowed the registered manager to ensure staff were staying for the right amount of time. We saw records of this monitoring and could see that there had only been a couple of occasions where staff had been late to a call and there was an explanation for this recorded. This showed us there were sufficient staff to meet people's needs for care and support at the times they required it.

People received support from safely recruited staff. Staff told us they had to complete an application form which included information about their work history and experience. We saw staff provided two references. The provider checked to ensure staff were safe to work with vulnerable people through the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people. This showed us the provider had systems in place to recruit staff safely.

People and their relatives told us they received support to take their prescribed medicines safely. People told us staff were aware of the medicines they needed and they always had them on time. One relative said, "Medicines are always administered by staff, carers always explain why the medicines are needed and [my relative] accepts this from the staff. You could set your watch by the time they arrive to give the medicines. Staff always sign the record for the medicines received". Another relative told us, "Medicines are always administered on time, you can't fault it, it's quite complicated and they never get it wrong. Records are signed and I have complete confidence in how they do this, they check out any slight changes". Staff told us they were confident the training they received gave them the skills and knowledge to administer medicines safely. They understood the policy and how to keep accurate records and could tell us what action they needed to take if there was a medicines error. One staff member said, "If I spotted a medicine had been given incorrectly, I would inform the registered manger, contact the doctor for advice and make sure I recorded all actions required in the daily log". We saw staff had received training and had their competency checked for administering medicines. We saw medicines were signed for by staff administering them on a medicines administration record (MAR). The MAR charts were checked monthly by the management team to ensure people were receiving their medicines safely. We could see this was effective in identifying any concerns around medicines and action had been taken to address these. This showed people received their medicines as prescribed.

Is the service effective?

Our findings

At our last comprehensive inspection on 22 September 2016 we judged the service as requires improvement as we found that the provider was in breach of Regulation 11 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the correct consent was not being sought in relation to people making decisions about their care. At this inspection we found that improvements had been made and they were no longer in breach of this regulation.

People and their relatives told us they felt staff were well trained to undertake their roles. One person said, "The staff appear to be well trained, they are all very good at what they do". One relative said, "Staff are all well trained, for example with using the hoist to help [my relative]". Staff told us they thought the training was very good and it gave them the confidence to carry out their role. One staff member said, "The training is updated regularly and we have face to face sessions which are really good". Another staff member said, "The safeguarding training was really good it helped us to identify situations which may lead to abuse". Staff told us they had regular updates to their training. The registered manager told us about themed supervision sessions which looked at different aspects of the care staff roles and reviewed their knowledge, staff confirmed these took place and told us they were good as a reminder about different subjects such as safeguarding. Staff told us they received an induction into the role which included mandatory training, shadowing and a check to see if they were competent. The registered manager told us staff competency was checked through the use of spot checks and quality audits and any issues were discussed with staff during their supervisions. We saw records which supported what we were told about training, spot checks, themed supervision and induction. This showed staff received support in their role and had the skills to provide people with effective care.

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. We checked whether the service was working within the principles of the MCA. Staff confirmed they had received training in the MCA and were able to explain the principles of the legislation to us. They could describe how people that appeared to lack capacity would have an assessment and how decisions would be taken in people's best interests. The registered manager told us how consent was given for some aspects of care and recorded in people's care plans. We saw records of signed consent for medicine administration and records for some people that had someone with lasting power of attorney acting on their behalf. This meant the provider was working within the principles of the MCA

People and their relatives told us they were asked to consent to their care and support. One person told us, "The staff are very good at explaining things and always check with me before they do anything". A relative told us, "They always ask for permission to do things for my wife and they always explain what they are doing". This showed people's rights were protected by staff that understood how to apply the principles of the MCA.

People and their relatives told us they received support with maintaining a healthy diet. One person told us, "The meals are provided for staff and they always prepare them as required".

A relative told us, "[My relative] has to be assisted with feeding now and the staff make sure they have access to a special fork, they cut up food and make sure this is accessible". Another relative said, "The staff have to prepare meals during some calls, and drinks, they also do lunch and encourage [my relative] to warm food up in the microwave". Staff could describe people's needs and any risks associated with eating and drinking and how they offered people a choice. They said where possible they encouraged people to be involved in food preparation. We saw people's care records identified any risks associated with nutrition and hydration and staff could tell us how these risks were managed. For example, one person was living with diabetes and this meant they needed to have a low sugar diet. This meant people were supported to make choices about their food and drinks and their needs were met by staff.

People were supported to maintain their health and wellbeing. People told us they were mostly able to access support with their health by themselves or with help from relatives, however they told us they felt confident staff would be able to support them if they needed help. Staff told us they were able to seek support for people from health professionals and supported with monitoring people's health. For example one staff member said, "[Person's name] is prescribed medicine which has to be monitored and this is done through appointments with a doctor, I attend the appointments and liaise with the pharmacy about any changes and make sure all the records are up to date". Other staff could give examples where they had made arrangements for people that were unwell to seek medical help. We saw in people's care records that staff made sure they followed advice from medical professionals and referred people where required for additional support. For example one person had been referred to an occupational therapist for some equipment to assist them to maintain their independence.

Is the service caring?

Our findings

At our last comprehensive inspection on 22 September 2016 we judged the service as requires improvement as we found people did not always have a positive experience from the service due to the staffing levels. At this inspection we found the provider had made the required improvements.

People and their relatives told us they were treated with kindness and respect by the care workers who supported them. One relative said, "Staff are always very caring towards my relative and offer support in the way they like it to be done". Positive, caring relationships had been developed with people. One person told us, "The staff have good hearts and are conscientious and I have got to know them really well". Another person told us, "Staff are always smiling and laughing". One relative told us, "The two carers that come in, they are very good, the staff are brilliant, they have such a good rapport, [my relative] looks forward to their visits". People we spoke with told us they received support from consistent staff. One person said, "Regular staff attend the calls in the morning and lunchtimes, we know all the staff that come to do the calls". Staff understood the importance of building trusting relationships with people and could give examples of how they fostered good relationships. One staff member said, "You have to be respectful and courteous when speaking to people". Another staff member said, "It is about showing some compassion". The registered manager told us it was important to ensure staff were encouraged to build relationships and display a warm nature when supporting people. They told us they checked this through the quality questionnaires and spot checks.

People were supported to maintain their independence and make choices about their care and support. One person told us, "I always wait for the staff to arrive, but I do lots of things for myself, they are always here to help though". A relative told us, "The staff are good at giving [my relative] a choice and encouraging them with things, they use the relationship they have to encourage [my relative]". Staff told us how they supported people to maintain their independence by doing as much for themselves as possible. They said they would encourage people to wash themselves, walk with assistance and be involved in things like meal preparation. Staff also said they ensured people were given choices about all aspects of their care and support. One staff member said, "It is really important not to assume, I always check everything with people, such as do they want lights on or off and what meal they would like me to prepare". We saw people's care records gave information about what people needed support with and how to support people to maintain their independence.

People told us they were supported in a way that maintained their dignity and staff respected their privacy. One person said, "The staff always respect the fact this is our home and knock the door before they enter, even though they have access to a key". Another person told us, "The staff maintain my privacy as much as they can". Whilst one person told us they had a choice about the gender of their staff and this was always maintained which was important to them to maintain their dignity. A relative told us, "The staff are good at preserving [my relative's] dignity, I am very happy with the approach they offer them". Staff understood the importance of maintaining people's dignity and could give examples of how they did this when offering care and support. One staff member said, "I am always mindful I am in someone's home and have respect for their belongings". Another staff member said, "I never go looking for things for example in cupboards

without asking people first". Staff also described how they ensured curtains were closed, and people were covered whilst they gave care and support. We found staff spoke about people in a respectful way and all the care records we saw described people in a manner which was dignified.

Is the service responsive?

Our findings

At our last comprehensive inspection on 22 September 2016 we judged the service as requires improvement as we found that the provider was in breach of Regulation 9 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as people were receiving task orientated care which did not take account of their preferences. At this inspection we found that improvements had been made and they were no longer in breach of this regulation.

People received a responsive service that reflected their individual needs and wishes. One person told us, "The staff are always consistent and they are usually on time". One relative told us, "The staff make sure the TV is on, they always use the electric blind for [my relative] and check everything is done". Another relative told us, "[My relative] prefers not to have male staff, the provider has made sure they only have female staff attending". People and their relatives told us that their needs were assessed prior to the start of the service. One relative said, "There was an assessment [my relative] and I were involved in that and agreeing what went into the care plan". People also confirmed they had regular reviews of their care and support plans. One person said, "The manager rings and checks things are going ok and we have regular calls, for reviews they also come and check the books and see if I am happy with everything". A relative told us, "As my relative's needs have changed the calls have increased".

Staff were able to describe people's preferences to us. For example one staff member told us about one person who liked to go through the wardrobes and chest of drawers to choose their own clothing in the mornings. One staff member said, "[Person's name] likes to have Worcester sauce in their drink". Staff described how people's needs were assessed when they began using the service and how people were involved in agreeing their care plan. One staff member said, "All new people using the service have an assessment, the calls give us time to read these and the care plans, which include some details about their past history and their preferences". The registered manager told us there were regular reviews of care plans and any changes had to be agreed with the local authority where they funded the care. They told us changes were made to people's care plans following a review or information gained through the quality audits completed and this was shared with all staff. They said all staff had access to a mobile phone so information could be given promptly to staff about any changes. We looked at people's care records and these confirmed what we had been told. This meant people were involved in their assessment, planning and review of their care and support and staff understood their needs and provided a responsive service.

We spoke with people about support with following their interests or going on outings, but people told us they were either supported by relatives or were independent in these areas. However they said, staff spent time getting to know what they liked and would talk with them about their interests. For example one relative told us, "All the staff know [my relative] likes football and often talk to them about this". Staff explained most people did not have this type of support some were able to go out independently. They could however describe what interested people and give examples of when people went out with friends. They also said they had previously supported people to try out things in the local community. This showed staff understood the importance of supporting people with their interests.

People and their relatives told us that they would be confident to share a worry or a concern with any staff should the need arise. One person told us, "I have only once had to complain; the service responded and sorted out my concerns". A relative told us, "I have made one complaint when my relative had a late call, there had been a mix up and it was resolved, the service apologised and there have been no further incidents". All staff understood how to manage concerns or complaints when they received them from people or relatives. They made sure everything was documented and reported to the registered manager. The registered manager told us about their complaints policy and how any concerns raised were investigated, responded to and used to inform improvements to the service. We looked at records of recent complaints and could see these had been used to drive improvements. For example, one person had complained about a call that had been missed. The investigation showed this was a systems error and this led to a change being carried out in the system. The person received a response to their complaint, in line with the company policy. This showed people's complaints were investigated and responded to and they led to improvements in the service.

Is the service well-led?

Our findings

At our last comprehensive inspection on 22 September 2016 we judged the service as inadequate as we found that the provider was in continued breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as people were not receiving good quality care and there were no systems in place to drive improvements. At this inspection we found that improvements had been made and they were no longer in breach of this regulation.

There was a positive culture at the service. We found the registered manager encouraged an open, inclusive and empowering environment. People told us they found the registered manager and others in the management team to be approachable and effective when they were in contact. One person said, "If I contact the office they are always very approachable and friendly and always respond to any requests to do anything for me". Another person told us, "I have spoken to the manager, and told them how good people are, they are excellent and they do the job because they care not for the money". A relative told us, "Communication is good; this is 100% better than any other company we have used". Staff spoke highly of the registered manager and the company. They told us they could always access support from the management team. They said everyone had worked together to improve the quality of the service. One staff member said, "The registered manager is so easy to speak with and always supportive". Another staff member said, "The service is good here, this is because we all work together and take pride in what we do". The registered manager told us they felt they had a good team in place, they said, "All the staff understand the goal is to deliver care to people in the way they want it and within the correct procedures". This showed the registered manager had fostered a positive culture which had supported the drive for improvement.

People were supported by staff and managers who understood their roles and responsibilities. We spoke with staff about their role and they were able to describe the responsibilities of their role. Staff were supported by the management team in their role they told us how they could visit the office at any time for advice and support and also attended meetings and sessions to discuss their own personal and professional development. One staff member told us, "We have support through supervisions, an open door policy and good training, all discussions are confidential and communication is really good". Another staff member told us, "Things have really improved, I have confidence that anything I raise will be dealt with promptly". We spoke with the regional manager who told us they had spent time with the service to support behavioural change with the staff. They told us this has been effective and with the improved leadership the quality of the service had improved. The regional director told us standards had improved and they were now working to ensure this was maintained through slow and steady growth of the service. The registered manager told us they had worked hard to make changes to the service and they felt there had been a great improvement since our last inspection with staff having a greater understanding of their role, helped through increased training, supervision and monitoring. We saw there were regular meetings for staff groups which gave information and reminders to staff about their roles and responsibilities. We saw regular communications to staff to share information, for example, staff had received a written instruction about the need to carry safeguarding cards, when we spoke to staff they confirmed this was now in place. This showed staff and managers understood their roles and there were support mechanisms in place.

Registered persons are required to notify CQC of certain changes, events or incidents at the service. The registered manager was aware of their responsibilities in relation to this and we found notifications were submitted in a timely manner.

Quality assurance systems were in place and were used to drive improvements. People and their relatives told us they had many opportunities to share their views about the service. One person told us, "They ring me to check out how the service is going and although I have never raised any concerns and always given positive feedback I feel that they would respond if I had any problems".

The registered manager told us they carried out annual surveys to see how satisfied people were with the support they received. We saw records of the last survey from May 2016 which showed an improvement was required in the continuity of staff and the travel time allowed between calls. We could see improvements had been made to travel times and people were now happy with the continuity of staff providing their care.

The registered manager had systems in place to check and monitor the quality of the service people received. We saw they monitored accidents and incidents and took action to reduce the risk of reoccurrence. For example, one incident had led to a change in a person's risk assessment, and care plan, staff we spoke with were aware of the incident and the changes this had made for the person. The registered manager carried out monthly audits on people's care records to check care and support had been delivered in line with people's care plans. We could see where this audit had identified issues and the action that had been taken. Audits of people's MAR charts were also conducted to check the administration of medicines. The registered manager told us they monitored the calls closely using an electronic system for staff to log in and out of calls. The monitoring allowed the registered manager to see what time the call had been attended, the duration of the call and compare this to what was expected. The registered manager told us they used this system to ensure there were no missed calls, as the system would alert them if staff did not arrive at the property within the timescale set. We checked the records of this monitoring and found where issues had been identified, this had been investigated and action taken. The registered manager had a system of 4 monthly monitoring visits or telephone checks in place for people. The quality audits checked to make sure the records were accurately completed, risk assessments were up to date and people were receiving the care and support they required. These visits also were used as an opportunity to seek people's feedback and check to see if any review of their care and support was required. There were further audits conducted including externally completed audits from a local authority. The registered manager showed how these were used to monitor the quality of the service and make improvements. This showed the registered manager had systems in place to monitor the quality of the service and drive improvements.