London Care Limited

Custom Care (Cannock)

Inspection report

Ground Floor, Block F
Beecroft Court, Beecroft Road
Cannock
Staffordshire
WS11 1JP

Tel: 01543502166
Website: www.customcare.co.uk

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

What life is like for people using this service:

People were happy with the service they received. However, improvements were needed to ensure medicines were consistently administered as prescribed and risk management plans provided staff with all the information they needed to keep people safe. Quality assurance processes were in place but needed some further development to ensure they were always effective at encouraging improvement.

People and staff were encouraged to provide feedback and make suggestions. People were supported by skilled and competent staff who were confident in their roles.

People received compassionate support which met their needs from kind and caring staff. People's dignity and privacy were respected and their independence was promoted.

People received consistent care that was responsive to their needs. They had regular care staff, at call times they were happy with. The service was responsive to any concerns or comments raised and learned when things had gone wrong.

The registered manager was open and committed to making improvements.

The service didn't meet the characteristics of Good in all areas because improvements were required to medicines management, risk assessment and quality assurance processes.

More information is in the full report

Rating at last inspection: This was the first inspection since the location registered with us on 5 December 2017.

About the service: Custom Care (Cannock) is a domiciliary care agency that was providing personal care to 146 people at the time of the inspection.

Why we inspected: This was a routine, scheduled inspection.

Follow up: We will continue to monitor the service and inspect again within 12 months.

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 not always safe Details are in our Safe findings below.	**Requires Improvement**
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 not always well-led Details are in our Well-Led findings below.	**Requires Improvement**

Custom Care (Cannock)

Detailed findings

Background to this inspection

The 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 checked 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.

Inspection team:

The inspection was carried out by an inspector, an assistant inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type:

Custom Care (Cannock) is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older adults, some of whom may be living with dementia and younger disabled adults. Not everyone using Custom Care (Cannock) receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. Personal care was being provided to 146 people at the time of the inspection.

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 because we needed time to gather information about people who used the service in order to gain their consent to contact them for feedback.

Inspection site visit activity started on 4 January 2019 and ended on 11 January 2019. It included telephone calls to people and their relatives and telephone calls to care staff. We visited the office location on 7 January 2019 to see the registered manager and office staff; and to review care records and policies and procedures.

What we did:

We used the information we held about the service to formulate our inspection plan. This included statutory notifications that the provider had sent to us. A statutory notification is information about important events which the provider is required to send us by law. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also spoke with commissioners of the service to get their feedback about Custom Care (Cannock).

During the inspection, we spoke with 13 people who used the service and two relatives. We also spoke with the registered manager and regional manager along with six care staff and two care co-ordinators (office staff).

We reviewed the care records of five people to see whether they were accurate and up to date. These included care plans, daily care records and medicine administration records. We looked at records relating to the management of the service. These included five staff recruitment records, incident records, training information and quality assurance records.

Requires Improvement

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely:

• People told us staff supported them to take their medicines safely. One person said, "I am a bit forgetful sometimes so the [staff] give me my tablets as I can't always remember whether I have had them, they write in the book to say I have had them." Another person said, "I take my tablets myself but [staff] always check I have taken them and write in my plan that I have taken my tablets myself."
• Staff had been trained to safely administer medicines and some staff had developed into a role of 'medicines lead' and received extra training.
• However, Medicines Administration Records (MARs) showed inconsistency. Some showed gaps which meant we could not be sure people were consistently receiving their medicines as prescribed.
• Staff were not always provided with the guidance they needed about how and when to administer 'as required' (PRN) medicines. For example, one person was prescribed two different PRN medicines for constipation. There was no guidance for staff about what was usual for that person and at what point to administer which medicine. Records showed the person had gone without a bowel movement and no medicines had been administered. Clear guidance would have helped staff to know which medicine to administer at what point.
• We shared our concerns with the registered manager. They told us they would implement PRN protocols for all 'as required' medicines to ensure staff had the guidance they needed.

Assessing risk, safety monitoring and management:

• Risks were assessed and planned for. However, some risk assessments did not contain all the detail staff would need to manage the identified risk. One person had received professional guidance from a Community Nurse that had not been incorporated into the risk assessment. Staff were not aware of that specific guidance to manage the risks to the person's skin. We raised this with the registered manager who immediately arranged for the person's plans to be updated with their regular care staff involved.
• Regular carers knew people well but there was a risk that new care staff would not have all the information they needed to manage risks because some risk management plans lacked the required detail.
• The registered manager was aware of the need for risk management plans to be updated. There were plans in place for this work to be completed.
• Some risk assessments were detailed and provided specific guidance to staff. For example, a person displayed some behaviour which may challenge. Professionals had been involved in developing specific plans and delivering training to staff. Staff were aware of and followed the plans in place. However, the level of detail provided to staff was inconsistent across the service.

Supporting people to stay safe from harm and abuse; Systems and processes:

• People felt safe. One person said, "I have felt completely safe with all the carers even those I don't really know. It's just the way they treat me, all of them are so kind and nothing is a trouble to any of them." Another person said, "I do feel safe with all the carers, they are amiable and they really know what they are doing."
• There were systems and processes in place to protect people from abuse and we saw these worked effectively.
• Staff knew how to recognise the signs and symptoms of potential abuse and how to report and record their concerns. A staff member said, "I'd report it straight away to the coordinators or field care supervisors." Coordinators and field care supervisors knew how to report concerns to the local safeguarding authority.
• The registered manager had reported incidents of concern to the local safeguarding authority when required. Concerns and allegations were acted upon to protect people from harm.

Staffing levels and recruitment:

• There were enough staff to meet people's needs.
• People told us their calls were not missed and were usually on time. One person said, "My carers come twice a day. They are usually on time. I have regular ones and they tell me they like coming to my house." Another person said, "I think one of my calls was late but I had a call from the office to let me know. It was a while ago now."
• Records showed that people received their care calls as planned.
• Safe recruitment procedures were followed to ensure staff were suitable to work with people who used the service.

Preventing and controlling infection:

• People were protected from the spread of infection.
• Staff had access to Personal Protective Equipment (PPE) such as gloves and aprons. A person told us, "Every carer who has ever been has always worn gloves when helping me with my personal care. They wash their hands when they come in. I have a special towel that only they use and the [staff] wash them again before they go."
• Staff had been trained to understand and follow safe procedures and staff we spoke with understood their responsibilities.

Learning lessons when things go wrong:

• The registered manager showed us a learning and development' file which contained information about lessons learned when things had gone wrong.
• Staff were aware and told us learning with shared with them in a range of ways including supervisions, team meetings, electronically and informally.

Good

Is the service effective?

Our findings

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law:

• People's needs and choices were assessed, planned for and reviewed to ensure they received support that met their changing needs.
• Reviews took place annually or more frequently if required. We saw that people's plans of care reflected their current needs.

Staff skills, knowledge and experience:

• Staff had the skills and knowledge required to provide effective care because they received suitable training, competency checks and supervision.
• One person said, "Most of my carers have been doing the job for years but I do know they do training on a regular basis because they [tell me] when they have to do it." A relative said, "I have total confidence that [my relative] gets the best possible care. All of the carers I have met give me confidence that mum is getting everything she needs."
• Staff told us they had thorough induction training and regular updates which equipped them with the skills needed to provide effective care. Records confirmed this.
• A staff member said, "I think all the training options are great. There are always opportunities to learn." Another staff member said, "My recent supervision was the best I've ever had. I felt really supported and reassured and what I requested was sorted for me."

Supporting people to eat and drink enough with choice in a balanced diet:

• People were supported to eat and drink enough and had choices.
• One person said, "I like pretty simple things to eat but whatever I fancy the carer makes it for me."
• When people required specialist diets because of risks, plans were in place and followed by staff. For example, one person required a purred diet because of choking risks and fortified food (additional nutrients added) due to a risk of losing weight. Staff described how they prepared food in line with the guidelines in place.

Staff providing consistent, effective, timely care within and across organisations:

• Staff worked together well to provide consistent care. Daily records were detailed enough for care staff to understand what was required at the next call. A staff member said, "We try to document everything and make sure it's in depth."

• Staff worked well with people's families when required to ensure effective care was delivered. A relative said, "The carers usually ring me first if [my relative] isn't too good and then I ring the doctor if I need to."
• Staff contacted doctors and other health professionals to ensure people had access to the healthcare support they required. Records showed people had access to professionals including community nurses, psychiatric nurses and speech and language therapists.

Ensuring consent to care and treatment in line with law and guidance:

• People told us they were asked for consent to their care. One person said, "At first they always used to ask me before they did anything for me but now they know me, so we just get on with things together."
• 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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.
• Staff understood the MCA and had been trained to ensure they followed the principles of the MCA to protect people's legal and human rights. A staff member said, "I always gain consent before I do anything."
• Where a third party had legal decision-making powers on behalf of a person who lacked capacity, evidence of this had been gained and appropriately recorded.
• People's decision-making ability had been considered. However, the provider needed to ensure that decision specific mental capacity assessments and associated best interest's decisions were appropriately recorded. The registered manager had plans in place to ensure the appropriate records were completed.

Good

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported:

• People were consistently happy with the care they received and the way they were treated.
• People's comments included, "I am very happy with my care, nothing is a trouble to my carers", "I feel the carers do really care about me. It's the way I am treated all the time" and "We have a bit of a laugh and a joke and nothing is ever a trouble to them."
• A relative said, "My [family member] has needed care for quite a while now and I feel that Custom Care look after them very well. Sometimes, when [my family member] has a new carer they aren't always happy but I know that someone will always go to see them. We have never been let down at all."
• Staff demonstrated a kind and caring attitude. One staff member explained how they supported a person who could become anxious and upset. They said, "I have a dance with [Person's name]. They like that and it always helps lift their mood." This showed how staff cared about people's wellbeing.

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

• People told us they were supported to make their own choices and decisions.
• Care plans considered people's communication needs and gave staff detailed information about how best to communicate with a person, to help them express their views and be involved.
• People were visited before their care started to ensure their views and preferences were considered. Detailed care plans were developed and people were contacted by telephone and visited in person to ensure they were happy and any required changes could be actioned.
• Care plans encouraged staff to give people daily choices. For example, a person's care plans stated, "Ask [Person's name] if they would like to wear a necklace."

Respecting and promoting people's privacy, dignity and independence:

• People's privacy and dignity was respected and their independence promoted.
• People told us, "I am treated with respect by everyone who comes to my home and yes they do maintain my dignity. I can get washed pretty much on my own but if they need to come in the bathroom they always knock to come in" and "I am treated very well by all my carers, even those who I don't know very well are so respectful to me and they treat me with dignity. I couldn't ask for anything better at all."
• People said staff allowed and encouraged them to maintain their independence. A person said, "I do what I can for myself and they do the rest." Care plans were written in a way which encouraged staff to promote independence and staff followed these plans.

Good

Is the service responsive?

Our findings

Responsive – this means that services met people's needs

People's needs were met through good organisation and delivery.

How people's needs are met; Personalised care:

• People received personalised care that was responsive to their needs.
• People were happy with the times of their care calls and told us staff arrived on time or informed them if they were running a little late. A person said, "Timings of my calls are spot on. The [staff] are always on time or they have been up to now."
• People and their relatives were involved in planning and reviewing their care. One person said, "I have a care plan, I don't read it but the [staff] write in it every time they come. About every 6 months someone from the office comes and goes through it with me and my daughter and if anything has changed they put it in."
• Care plans contained the detail staff needed to ensure individualised care was delivered. For example, one person's care plan included how they liked to pause to look at themselves in the mirror and that staff should allow the person the time to do this.
• People's care plans included personalised information such as likes, dislikes and preferences. Staff knew this information and used it provide care in the way people liked. One person said, "I only have female carers I wouldn't like a man helping me with anything personal." Another person said, "I do feel my carers know me well. I sometimes think they know me better than I do myself. They seem to be one step ahead all the time we get on very well and I love to chat to them."
• People's diverse needs were not always consistently assessed and planned for including any needs relating to the protected characteristics under the Equalities Act 2010 such as age, culture, religion and disability. However, the provider had recognised this and plans were underway to update assessment documentation to ensure consistency in planning to meet people's diverse needs.

Improving care quality in response to complaints or concerns:

• People and relatives felt able to raise to concerns if required and there was a suitable complaints policy and procedure in place. One person said, "I would complain if I wasn't happy with something but I have never needed to. I would ring the office and tell them."
• People were happy with the responses they received when a concern was raised. A relative said, "When the carers started coming we had a few glitches with the times, a call was never missed but sometimes there wasn't really long between the calls. I had a word with the manager and it's now spot on, the carers come when they are supposed to each day."
• When formal complaints had been received we found they were recorded, investigated and responded to appropriately. Lessons were learned and improvements were made when necessary. For example, extra training had been arranged for staff in response to a complaints and learning was shared with staff to reduce the risk of reoccurrence.

End of life care and support:

• No-one was receiving end of life care at the time of the inspection.
• The registered manager told us how a specific care plan would be implemented when required which considered people's preferences, wishes and arrangements.

Requires Improvement

Is the service well-led?

Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements:

• Improvements were required to the systems used to monitor and improve the quality of care.
• Some people required their food and fluid intake to be monitored due to specific risks. Food and fluid charts were not always consistently completed. Audits had not taken any action to encourage improvement in this area. The registered manager was aware of this and was in the process of developing a new audit tool to ensure all charts were checked and action taken to make improvements when required.
• We found issues with the quality of some people's risk management plans. The registered manager and provider had already identified this issue and arranged one to one sessions with a clinical support manager to help staff improve their care planning skills. These sessions were taking place on the day of the inspection.
• Audits of medicine administration records (MARs) had not always been effective in encouraging improvement. Gaps had been identified in audits but effective action was not always taken to drive improvements.
• The registered manager had already identified the issues we did and was implementing new, more robust quality assurance systems. At the time of inspection these were not fully embedded so we could not assess their efficacy and sustainability.
• Records did not clearly show how decision specific mental capacity assessments had been completed when required and best interest's decisions were not always clear. One person had a best interest record without a mental capacity assessment to evidence they lacked mental capacity to make their own decision. A recent quality audit by the provider's 'quality team' had not identified this issue. The registered manager was responsive to our feedback and said they would take action to make improvements. We will check these improvements have been made and sustained at our next inspection.

Leadership and management; Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong:

• There was a registered manager in post who understood their responsibilities of registration with us. They were supported by the provider to deliver what was required.
• People, relatives and staff said the management were approachable and supportive. A staff member said, "Since [the registered manager] came things have stabilised. She says we can go to her with anything. I feel supported and it's a good company to work for."
• When the registered manager took up the post, they wrote to people who used the service. They

introduced themselves and apologised for any previous issues people may have experienced. They made a commitment to people to make improvements in areas that people had raised concerns about.
• The registered manager and provider sought people's feedback via surveys, quality assurance telephone calls and home visits. They had an action plan in place to address the concerns people raised. This showed that action was taken to gather people's feedback and make improvements.
• The registered manager and provider had identified most of the issues we found during the inspection. They had plans in place to address shortfalls. We saw that improvements had already been made in the last few months and both were committed to improving the quality and safety of the service.

Engaging and involving people using the service, the public and staff:

• The registered manager developed a newsletter to help keep people up to date and involved in service development. People felt confident they could approach the office staff.
• Staff felt engaged and involved in the development of the service. A staff member said, "Staff meetings are regular and we have the chance to discuss anything we want. What we say is listened to."

Continuous learning and improving care:

• The registered manager displayed a commitment to continuous learning and improving care.
• Incident and accidents were analysed regularly and action was taken to reduced reoccurrence and continuously learn.

Working in partnership with others:

• There were positive examples of the service working in partnership with other agencies and professionals to improve outcomes for people.
• The service was working in partnership with other professionals to ensure a person could continue to safely live in their own home.