

London Care Limited

Custom Care - Wolverhampton

Inspection report

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12 September 2018

13 September 2018

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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?

Requires Improvement ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This was our first inspection of Custom Care – Wolverhampton. The inspection site visit took place on 10 September 2018 and was announced.

Custom Care is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults, younger disabled adults, and children who live in their own homes. Not everyone who uses the service received a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; support with tasks related to eating and drinking and personal hygiene. Where they do, we also take into account any wider social care provided. The service currently supports 458 people in the community receiving a regulated activity.

At the time of our inspection 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.

People told us they felt safe with the support they received from staff. Staff understood how to protect people from harm however, care records were not always up to date and reflective of people's needs. Risks to people were known by staff. Although there were sufficient numbers of staff; not all people were receiving care at their preferred times and by consistent members of staff. People received support to take their prescribed medicines safely. Staff understood their responsibilities in relation to hygiene and infection control.

People received care from staff who had the skills and knowledge required to effectively support them. Staff gained people's consent before providing care and supported people to make day to day choices. Staff supported people to meet their nutritional needs and assisted them to access health care professionals when required.

People received support from staff that were kind and caring. People's privacy was respected, and their dignity and independence promoted. People did not always receive care that was responsive to their needs. People knew how to raise any concerns or complaints and felt happy to approach staff. The provider had a system in place to handle and respond to complaints.

The registered manager understood their role and responsibilities. Staff felt supported by the management team and were confident that they could approach the registered manager or provider and would be listened to. People and staff were encouraged to give feedback, and their views were analysed to improve the service delivered. The provider worked in partnership with other agencies and teams, and there were systems in place to drive improvements.

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 felt safe with the staff that supported them. Staff understood their responsibilities in protecting people from harm. There were sufficient numbers of safely recruited care staff to meet people's needs. People received their medicines as required. Staff maintained good hygiene and used protective clothing when needed.

Is the service effective?

Good ●

The service was effective.

People's needs were assessed prior to them receiving support. People received support from staff who had the skills and knowledge to meet their needs. Consent was sought from people before care was given. People were supported with their nutritional and health needs when required.

Is the service caring?

Good ●

The service was caring.

People were supported by staff that were kind and caring. People were involved in making choices about their care. People's independence, dignity and privacy were promoted.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

People did not always receive their call at their preferred time. Care records were not always reflective of people's needs. People's preferences were known by staff. People knew what to do and who to speak with if they had a concern.

Is the service well-led?

Good ●

The service was well-led.

People and staff felt the registered manager was approachable. Staff were supported in their role and the registered manager

understood their roles and responsibilities. People were given the opportunity to share their views on how the service was run. Monitoring systems were in place to check the quality of the service provided.

Custom Care - Wolverhampton

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 was the service's first inspection. The inspection site visit took place on 10 September 2018 and was announced. The inspection team consisted of two inspectors and three experts by experience. An expert by experience is a person who has personal experience of caring for older people and people living with dementia. The expert by experiences contacted people or their relatives visit by telephone on 10,11,12,13,14 and 17 September 2018. We gave the service 24 hours' notice of the inspection site visit because we wanted to ensure that someone would be in the office to assist us with the inspection.

Before the inspection we looked at the information we held about the service, including notifications. A notification is information about important events which the provider is required to tell us about by law. We also contacted the local authority for information they held about the service. Prior to the inspection the provider completed a Provider Information Return (PIR). 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 sent out questionnaires to people who use the service.

We spoke with 30 people who used the service and 12 relatives on the telephone. We spoke with the registered manager, regional manager and 21 members of staff. We looked at seven care records, three staff files, staff rotas, quality assurance audits, staff training records, complaints and compliments, incidents and accidents and communication documents along with a selection of the providers policies.

Is the service safe?

Our findings

There were mixed opinions from people and their relatives about staff being on time for their calls. People we spoke with said their regular care staff were punctual but other staff often arrived later than their expected time. Comments included, "They are always on time. They are reliable," and, "Staff call four times a week they are on time." Whereas other people told us, "Staff are meant to come at 8am but they have been as late as 11am." The provider operated a short term reablement service that supported people who were discharged from hospital alongside a longer-term home care service. The reablement nature of the support provided to people meant that the level of assistance provided changed regularly as people's independence increased. This meant call times and staffing levels were adjusted as people's needs changed and resulted in some call times being varied.

Staff told us there were enough staff to meet people's needs and said they were not rushed when providing people's care. We looked at the system used to schedule care visits. We saw the service used an electronic scheduling system to produce a rota detailing which staff were allocated to each visit. We saw there was sufficient numbers of staff to meet people's needs but found people did not always receive care from a consistent member of staff. We saw processes were in place to identify calls that were late or might be missed; and people told us office staff mostly let them know if a call was running late. We saw records of the monitoring of late calls and could see that this was being monitored and an explanation sought. This showed there was sufficient staff available to meet people's needs and effective systems were in place to monitor call times.

People's individual risks were known by the staff who supported them. One person said, "Staff use a hoist, so it means two staff visit." A relative commented, "They move [person] with a hoist and talk them through everything they are doing which relaxes [person]." Staff we spoke with told us they alerted the office staff to new risks or concerns they had identified during their visits to people. Information was then shared with staff verbally to ensure people continued to receive the appropriate care and support that met their needs. One member of staff told us, "We are constantly updated with the individual needs of people." This indicated staff understood people's individual risks and what action they should take to keep people safe. We looked at people's risk assessments and found some information regarding people's specific risks required updating so that information and guidance was reflective of people's current needs. For example, one person required the use of a bed rail; we found an assessment had not been completed. We also found some aspects of the care record did not identify how staff should meet people's specific support needs. For example, one person required the use of a hoist; care records provided limited information about this and how care should be provided in a safe way. Although staff could explain how they provided care and support to people so people were not at risk of harm; in the absence of up to date records there was a risk that people could receive inconsistent care. We discussed this with the registered manager who explained they were in the process of reviewing people's care records.

People who required support from staff to administer their prescribed medicines received the support they needed. One person said, "Staff give me my medicines in the morning, they make sure I have it and its always on time." Another person told us, "The staff check that I have taken my medicine." A relative

commented, "Staff make two 15minute visits each day to check [person] is ok and that they have taken their medicines safely." Staff told us they had received training and felt confident to administer people's medicines. One member of staff said, "I give people their prescribed medicines, I take the medicine from the blister pack and put it in [persons] hand and watch them take it. I then record it." Staff also told us managers carried out regular competency checks to ensure staff were safe to support people with their medicines. We found there were processes and checks in place to ensure people received their medicines safely.

People told us they felt safe receiving care and support in their own homes. One person commented, "I feel safe and relaxed with the carers." Another person said, "I am very happy and I'm safe with them."

People were kept safe from potential abuse. Staff we spoke with were able to explain to us how they would identify signs of abuse and knew how to raise concerns. One member of staff said, "Safeguarding is about protecting people from abuse and I would speak to the office." All the staff said the registered manager would act to protect people from the risk of harm or abuse. We spoke with the registered manager who had a good understanding of how to report concerns to the local safeguarding authority to keep people safe. This meant people were protected from potential abuse or harm.

Staff told us the provider had completed pre-employment checks to ensure they were suitable to work with people. One member of staff said, "I had an interview and employment checks completed before I started to work at the service." Pre-employment checks included references, identity checks and Disclosure and Barring Service (DBS) checks. DBS helps employers make safer recruitment decisions and helps prevent unsuitable staff from working in a care setting. We checked the provider's recruitment process and could see that the necessary checks had been undertaken to ensure staff were safe to work with people.

People were protected from the risk of infection. One person said, "Staff always wear gloves and aprons and wash their hands they are very good." Another person commented, "The staff are excellent, they wash their hands first then put on their gloves they are very professional." Staff we spoke with had a good understanding of infection control and confirmed they had sufficient amounts of Personal Protective Equipment (PPE) provided.

We looked at how the provider and management had considered care practices and looked at lessons learnt when accidents or incidents occurred. We saw there had been some issues around the administration of medicines. In response the registered manager had arranged training to reduce the likelihood of re-occurrence along with monitoring any issues that had arisen.

Is the service effective?

Our findings

The vast majority of people told us that their care and support needs had been assessed before they started to receive support. Assessments considered people's health and medical history, mobility and dietary needs. Information had been used to develop people's individualised care records.

People and their relatives were positive about the care staff and said they had the skills and knowledge to meet their needs. One person said, "Staff are experienced they know how to help me into the chair." Staff we spoke with said the training they had received was relevant to their roles. One member of staff said, "We are offered a lot of training."

The management team monitored staff's training needs and ensured training was kept up to date. New staff told us they had completed an induction to equip them with the skills and knowledge to support people safely. One member of staff said, "The induction included training and shadowing shifts." Staff who are new to the care sector were also required to complete the care certificate which is a set of standards to develop staff's knowledge and skills.

Staff told us they had regular contact with their managers and had access to regular one to one meetings to discuss developmental needs and any concerns. All the staff we spoke with felt supported in their role. One member of staff said, "There is always someone available to help you should you need it." Along with regular management contact, staff were supported to improve their care practice by being observed providing care to people and then receiving feedback from their manager.

People were supported by staff who knew how to meet their nutritional needs when they were assisted with their meal preparation. One person told us, "They always ask me what I want to eat and drink. They do a smashing job with my food." Another person said, "The staff listen to what I want and make my meals just as I ask them to do." Staff we spoke with knew people's food preferences and individual needs and we saw care records described what assistance was required with eating, drinking and food preparation.

Where required people were supported to access healthcare services. One person said, "Staff look after me really well and will call the paramedics if I need any help with my breathing." A relative commented, "Staff have called 111 twice, they noticed a mark and another time [person] was not well." Care records we looked at also included details of people's healthcare needs along with the contact details of healthcare professionals where required. We saw staff had supported people to access district nurses and other healthcare professionals based on individual need.

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 decision, any made on their behalf must be in their best interests and as least restrictive as possible. The application needs to be made to the Court of Protection for people living in their own home. At the time of our inspection no one was receiving care or support that was subject to a court order. Where

required people's care assessments documented where a Lasting Power of Attorneys (LPA) had been appointed; this is a representative who is appointed to make decisions in relation to health and wellbeing or finances and is able to make decisions on a person's behalf.

We checked whether the service was working within the principles of the MCA. People told us staff always sought their consent before providing their support. Staff we spoke with demonstrated an understanding of the principles of the MCA and could explain what it might mean to people using the service. For example, comments included, "People are offered a choice," and "Respect people's wishes and decisions."

Is the service caring?

Our findings

The vast majority of people told us their regular care staff were kind however, we received some comments from people that at times they felt rushed. These included, "My main carer is reliable, she is a natural carer. The other carers are usually in a rush." Another person told us, "My regular carers are great but some of the stand in carers are unreliable and rushed." The registered manager explained that they had recently been a period of time when staff had taken annual leave and therefore people's regular care staff were not always available. Other people told us they were supported by staff who were kind and caring. One person said, "Staff are very friendly and chatty." Another person said, "The carers are like angels, they are genuine carers and have fitted in like part of the family." People said they had built up positive relationships with the regular staff who supported them. One person said, "I look forward to my carers coming. They are all very friendly and we have a good natter. They look after me well." People said staff always checked with them if they required any other help before they left and ensured everything they needed was within easy reach. For example, drinks, snacks and the telephone.

People told us they were involved in all decisions about how they wanted to receive their care and support. One relative said, "Staff listen to what is asked of them. [Person] care record highlights their dislikes and likes and the way [person] wants to be washed and dressed; staff follow that information. They look after [persons] welfare." Staff told us they had got to know people well and were aware of the things that were important to a person. They talked about the people they supported in a caring and respectful manner. Staff told us they had the information they required to provide personalised care and support to people. They could tell us about people's routines and preferences in how their care should be provided. For example, whether they preferred a wash or a shower, what they liked to be called, what they preferred to wear and what they liked to eat and drink. Staff also knew people's individual communication needs. For example, one member of staff explained how a person used facial expressions and body language to communicate with them.

People told us staff supported them to maintain their independence by encouraging them to do as much as they could for themselves. One person said, "Staff let me do the things I can do myself and help if I am struggling." Another person told us, "I like to be as independent as I can. The staff just accompany me to the bathroom and let me wash myself unless I ask for a hand." Staff we spoke with were able to give examples of how they encouraged people to maintain their independence. One member of staff said, "Some mornings [person's name] is able to wash their legs and I do other parts. I encourage them to do as much as they can themselves."

People's dignity and privacy was respected and promoted. One person said, "Staff look after me in a very respectful way as they wash and dress me." Another person told us, "I have a body wash and they put a towel over the appropriate places, we have a chat which removes any embarrassment." A third person said, "I have no problems about privacy. Staff are chatty people but are not nosey. At night they close the curtains and doors to make sure things are kept private." A member of staff said, "I treat people with dignity and respect and I am patient with people and don't rush them." Another member of staff commented, "I will shut the curtains and leave the room if people are able to undress or dress themselves." A third member of staff

said, "If anyone else is in the room I will ask them to leave if I am providing personal care." 100% of the 23 respondents to the CQC questionnaire said staff treated them with dignity and respect when providing care or support.

People and staff told us confidentiality was maintained. Staff we spoke with were aware of the need to protect people's personal and private information and shared examples how they put this into practice. For example, not discussing other people in a person's house. Most people said they had a copy of their care record which they kept in their home; other confidential records relating to people's care and support were securely stored in an office. This ensured people's personal information was treated confidentially.

Is the service responsive?

Our findings

Not all people received personalised care that was responsive to their needs. Some people told us they did not get their calls at their preferred times and they had to wait for their care. One person said, "I should get my morning visit at 8am but several times it has been 11am by the time someone has come." Responses received from our CQC questionnaire confirmed care staff did not arrive on time nor stayed the agreed length of time for the call. We also found people had mixed views about whether they had been involved in the development of their care record. One person said, "Yes I am involved." Whilst a relative commented, "My relatives care plan is out of date and very brief the carers are doing their very best but we have not had any discussions about risks."

Some people said Custom Care had taken over their care package from other agencies and a review of their care needs had not been undertaken since transferring to Custom Care. This was confirmed by the registered manager, although they said reviews of people's needs were being undertaken at the time of the inspection. The Provider Information Return stated care records were being implemented to ensure they were person centred and reflective of people's individual needs. Care records we looked at were personalised and provided an overview of people's needs at each of their calls. Staff we spoke with said information about people's changing needs were shared with them via the communication books held in a person's home or conversations with colleagues and office staff. However, we found some people's records were not up to date and reflective of their needs. Although the registered manager was working to resolve the issues we found some people had not always received a responsive service.

People and their relatives told us they felt confident to raise any concerns or worries they might have directly with the care staff or by contacting the agency. One person said, "I would be comfortable to complain to the head office." Another person told us, "I would contact the manager, I can talk to them about anything." A third person said, "If I needed to complain I would call the office." One relative we spoke with said they had raised a concern and it had been resolved satisfactorily. Staff we spoke with knew how to direct and support people to make a complaint.

The registered manager told us about the complaints process and the system in place to record complaints received. We looked at recent complaints and found these concerns had been investigated and a response provided to the complainant. We found some concerns raised were in relation to consistency of staff. The registered manager was aware of this and was in the process of implementing changes to address these concerns such as establishing a reablement team to improve the consistency of staff. This demonstrated the manager took account of people's views and complaints to make improvements to the service.

At the time of this inspection, the provider was not supporting people with end of life care. However, the registered manager said if people required end of life care they would have conversations with people, their relatives and professionals to discuss a person's wishes and preferences in relation to end of life care.

Is the service well-led?

Our findings

Most people said the service was well-led. One person said, "It is the best care agency, they are very good." A relative commented, "Every-time I ring them I always get an answer, they know all the answers and the staff always know what they are doing so someone must be managing them well." There was a registered manager in post who understood their responsibilities and requirements as a registered person and worked closely with external professionals and staff to ensure people received good quality support. They were aware of the requirement to notify us of certain events. For example, safeguarding concerns or serious injuries and we saw systems were in place to comply with this. The registered manager kept their knowledge up to date by attending training and information sharing events as well as taking part in initiatives to improve care practice such as Dementia friends.

Most people were satisfied with the service they received from the staff who supported them. However, a few people raised concerns about the consistency of care staff and the timing of their calls. We shared this information with the registered manager who explained for those people in receipt of reablement support meant the level of assistance provided changed frequently as people's independence increased. This had resulted in adjustments being made to people's call times and availability of consistent staff to provide care. As well as operating a reablement service the provider had recently taken over care packages from other care agencies and some of the paperwork was not reflective of what people wanted in terms of care and call times. The registered manager had identified these issues and was taking proactive action to respond and to rectify the situation. For example, setting up a reablement team and recruiting additional staff.

The registered manager was supported by a team of senior care co-ordinators and office staff who dealt with day to day issues and the scheduling of calls. Staff told us they felt supported in their roles and said they were kept up to date with any changes within the organisation and felt valued. One member of staff commented, "I love it, they are very supportive." Another member of staff said, "I absolutely love my job and I'm proud to wear my uniform and proud of how my clients are looked after." Staff explained the registered manager and the office staff were available to speak to should the need arise. One member of staff commented, "[Management] are always at the end of the phone." Staff were confident any issues they might raise would be listened to by the registered manager and they were aware of the whistle-blowing policy. One member of staff said, "I would speak to CQC, local authority or the police if I had any concerns." Whistle-blowing means raising a concern about a possible wrong doing within an organisation.

Staff successes were celebrated by the provider who recognised staff who had gone above and beyond what was expected of them in their role. We found the management of the service provided staff with the support they required. Other initiatives introduced by the registered manager included working with schools whose students were studying for a Health and Social Care qualification who arranged Christmas dinner and party.

Audit systems were in place to assess and monitor the quality of the service provided to people. People and their families were also able to submit feedback to the provider about the quality of service they received through surveys. This information was analysed to see where improvements could be made within the service.

Although we saw systems were in place to monitor standards of care people received. We found some people's care records were not up to date and reflective of their needs. This was alleviated by staff's understanding of people's needs and the communication systems in place.

The registered manager as well as the provider reviewed and monitored incidents and accidents, complaints and safeguarding concerns to identify patterns and trends along with taking steps to learn from the events to reduce the likelihood of a re-occurrence. For example, the provider had produced various printed cards for staff to carry around with them and refer to such as, how to deal with threats and aggression or safeguarding concerns.

Electronic monitoring systems were used to monitor call times, this ensured any late or missed calls were picked up quickly when staff did not arrive at a person's home within the permitted timescales. Electronic records we sampled identified where calls were late and detailed the action staff had taken such as contacting the member of staff or person to inform them staff were running late. We also saw the provider and registered manager worked with other agencies such as the local authority to improve care delivery and had produced an action plan to make improvements in the service delivered to people. This showed effective systems were in place to monitor the quality of service provided and make improvements.