

Customised Care Services Limited

The Greenway

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This inspection took place on 29 January 2015 and was announced. The provider was given 48 hours' notice because the location provides an outreach service and we needed to be sure that someone would be in.

We last inspected this service in May 2014. At that time we found the provider was in breach of regulations because staff told us they restrained people even though they had not undertaken any training on the use of restraint and the provider did not have a policy and procedure in place

about the use of restraint. The provider sent us an action plan detailing how they planned to deal with these issues. We found the service was now meeting the regulation.

The service provided an outreach support programme to people that lived in their own homes. This included supporting people to access activities, community facilities and to develop their independence. The service was registered for the provision of personal care. At the time of our inspection one person was using the service.

The service had a registered manager in post. A registered manager is a person who has registered with the Care

Summary of findings

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.

Relatives told us they believed their relative was safe. They said their relative was treated well and the service knew how to support them and meet their needs. They told us the registered manager was approachable and listened to what they had to say.

Staff were aware of their responsibility with regard to safeguarding adults. Risk assessments were in place which set out how to support people in a safe manner. There was enough staff working at the service to keep people safe.

Staff were supported by the service through one to one supervision and training. People's capacity was assessed and they were able to make choices about their care and

staff understood their responsibilities with regard to the Mental Capacity Act 2005 (MCA). MCA is law that supports people to make choices where they have the capacity to do so. People were supported to eat a healthy balanced diet and had choice over what they ate. The service supported people to attend medical appointments.

People were treated with dignity and respect. The service sought to promote people's independence and privacy. Staff interacted with people in a caring manner.

Care plans were in place and staff had a good understanding of how to meet people's needs. Relatives told us the service was reliable. People knew how to make complaints and staff were aware of their responsibility for responding to any complaints received.

People told us the registered manager was approachable and helpful. The service had various quality assurance and monitoring systems in place. Appropriate arrangements were in place in relation to medicines.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe. Staff had undertaken training about safeguarding adults and were aware of their responsibilities with regard to safeguarding.

Risk assessments were in place and staff had a good understanding of how to support people who exhibited behaviours that challenged others. There were enough staff working at the service to keep people safe. Checks were carried out on staff before they began working at the service.

Systems were in place to promote safety with people's medicines. Checks were made to help reduce the risk of financial abuse.

Good



Is the service effective?

The service was effective. Staff had access to training and had one to one supervision meetings with their manager.

People were supported to make choices and staff understood their responsibilities under the Mental Capacity Act 2005 including assessing capacity. People were able to make choices about what they ate.

The service supported people to attend medical appointments.

Good



Is the service caring?

The service was caring. Staff interacted with people in a caring manner. The service promoted the choice, privacy and independence of people.

Good



Is the service responsive?

The service was effective. Staff had a good understanding of how to meet people's needs. Care plans were in place which were personalised around the needs of individuals.

People knew how to make a complaint and told us any issues raised had been addressed. Staff were aware of their responsibilities with regard to complaints.

Good



Is the service well-led?

The service was well-led. There was a registered manager in place and there were clear lines of accountability. Relatives and staff told us they found the registered manager to be approachable.

The service had various quality assurance and monitoring systems in place. Some of these included seeking the views of people that used the service and their relatives.

Good



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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection team consisted of one inspector. Before the inspection we reviewed the information we already held about this service. This included previous inspection reports and action plans, details of its registration, statutory notifications and any safeguarding alerts.

During the inspection we met with one person that used the service and observed how staff interacted and worked with them. We spoke with one relative of a person that used the service. We spoke with three staff which included the registered manager and two support workers. We examined records including one person's care plan and risk assessments, staff recruitment and training records for four staff, minutes of meetings including staff meetings and care review meetings and various policies and procedures.

Is the service safe?

Our findings

A relative told us they felt the service was safe. When asked if their relative was safe they told us, “Yes, of course I do feel confident that they [the person that used the service] are safe.”

Staff told us and records confirmed that they had undertaken training about safeguarding people. Staff were aware of the different types of abuse and understood their responsibility for reporting any allegations of abuse. The service had a safeguarding procedure which made clear their responsibility for reporting any allegations of abuse to the relevant local authority. The registered manager told us there had not been any allegations of abuse since our last inspection.

Staff understood issues relating to whistleblowing. The service had a whistleblowing procedure in place. However, this did not make clear that staff had the right to whistle blow to outside organisations. We discussed this with the registered manager who sent us an amended version of the procedure the day after our visit which made clear staff could contact outside agencies including CQC should they need to.

Systems were in place to reduce the risk of financial abuse. Records and receipts were kept of any purchases and these were checked by the registered manager. We examined some financial records which indicated monies had been spent appropriately in line with the assessed needs of people.

Detailed risk assessments were in place which set out how to manage and reduce risks people faced. These covered a variety of risks such as travelling in vehicles, using various community facilities such as pubs and shops and working with behaviours that were a challenge to other people. Clear guidance was in place about how staff should work with people to de-escalate situations that might lead to behaviours that challenged others.

Staff told us they were expected to read people’s risk assessments and they had a good understanding of the individual risks people faced and how to manage those risks. One staff member said they had got to know a person well by working closely with them over a number of years. They were able to assess the person’s moods and see any

early signs that the person was unsettled and likely to exhibit behaviours that were a challenge to others. They knew how to respond to this, for example by diverting them into doing something they enjoyed such as a trip to a pub.

The registered manager told us that although managing risk was important they did not seek to prevent people from taking risks if that was potentially beneficial to a person’s wellbeing and in line with their wishes. For example, people were supported with daily living skills in the community which involved a degree of risk, but we saw clear risk assessments in place about how to do this in as safe a manner as possible.

People’s level of support needs had been assessed by the local authority that commissioned the care. The person using the service at the time of our inspection was assessed as requiring two to one staff support at all times that they used the service. We saw they were supported by two staff on the day of our visit and a relative confirmed that there were always two staff on duty to support the person. Staff told us that the staffing levels were adequate to meet the person’s needs and promote their safety.

Staff told us they had completed pre-employment checks before they began working at the service. We checked the records of the four staff employed by the service. These confirmed that checks had been made including details of people’s past employment history and the obtaining of references. The service had carried out criminal record checks for three of the four staff employed. For one staff they had a Disclosure and Barring Service (DBS) check from a previous employer. We discussed this with the registered manager who made arrangements to apply for a new DBS check for the staff member during the course of our inspection.

At the time of our inspection the service only had a limited role with supporting people with medicines. They had no responsibility for the ordering, obtaining, storing or disposal of medicines. The care plan for the person using the service stated that staff had to witness medicines being administered by a family member. Staff signed to show they had witnessed this on the person’s daily log sheet which was then checked by the registered manager. We saw completed daily logs which showed staff had witnessed the administration of medicines in line with the person’s care plan.

Is the service effective?

Our findings

Relatives told us that staff had the skills and experience to work with their relatives. They told us the same staff had worked with their relative for a long time and had got to know their needs.

At the previous inspection of this service in May 2014 we found they were in breach of regulations. This was because staff told us on occasions they used restraint when working with people but they had not received any training on the use of restraint and the service did not have a procedure in place for this. During this inspection we found this issue had been addressed. Staff told us and records confirmed that they had undertaken training in positive handling and the service now had a procedure in place that covered the use of restraint. The registered manager told us it was only ever to be used as a last resort if absolutely necessary to protect the safety of people that used the service or others. They told us it had not been necessary to use restraint since our last inspection. This was in part because the training covered how to support people without having to resort to the use of restraint if possible.

Staff told us and records confirmed that they undertook regular training that was relevant to the needs of people that used the service. New staff undertook an induction programme which included working alongside more experienced staff to learn how to support individual people and training provided by the registered manager about the service. Staff said they had one to one supervision meetings with the registered manager approximately every six to eight weeks. Records confirmed this. Staff said they found supervision helpful and that it gave them the chance to discuss their working practices and how best to support people. One staff member said of their supervision, "We can talk about anything we want."

Staff told us they had undertaken training about the Mental Capacity Act 2005 (MCA) and records confirmed this. Staff

had a good understanding of issues relating to the MCA. They told us the person they worked with had capacity to make choices about the day to day support the service provided. This included choices about activities and food. Staff told us they regularly discussed people's needs with family members who were able to provide information about their likes and dislikes which helped them to provide care and support in line with the wishes and preferences of people. The manager and staff had an understanding of the Mental Capacity Act 2005 and how the act should be applied to people living in their home which included applying to the Court of Protection if people lacked capacity. The service did not have any applications under the Court of Protection.

People were supported with meals as part of their outreach package. The service had kitchen facilities that people were able to use. Staff told us they supported people to prepare meals and this helped them to develop their independence. Photographs of different foods were used to help people make a choice about their meal. The care plan we looked at contained information about supporting the person to maintain a healthy balanced diet and staff told us they helped people to eat healthily and to avoid take away food. People were also supported to eat in cafes and pubs which was in line with their likes and preferences as detailed in their care plan.

The service worked with people to promote their health. They supported the people to access regular exercise in a form which they enjoyed such as walks in woods and parks. The service supported people to attend medical appointments such as meeting consultant psychiatrists and GP's. They were pro-active in supporting the person's health. For example, staff noticed that a person's behaviour changed after they began taking a different medicine. This was discussed with the consultant psychiatrist who arranged for the person to revert to their original medicine which helped the person.

Is the service caring?

Our findings

Relatives told us staff treated people with respect and acted in a caring manner. One relative told us, “I do know they will take care of my relative.” They said their relative enjoyed their time using the service and had made progress over the years they had worked with them.

Staff told us that the person they worked with was able to understand spoken language and used a variety of techniques to communicate themselves. These included hand gestures and facial expressions. We observed staff interacting with the person and it was evident that they were able to understand the person’s communication. Staff had a good understanding of how to communicate with the person. For example, they said it was important not to overload the person with too many choices as they found this difficult to process, but to offer simple and clear choices. Care plans included information about people’s likes and dislikes, for example in relation to food and activities. The care plan had been signed by a relative of the person which indicated they were involved in developing it, which they confirmed.

We saw that staff interacted with the person in a friendly and respectful manner. Staff explained to the person what was happening and what they planned to do. Staff responded promptly to the person when they sought staff attention.

Staff told us that treating people with respect and dignity was a top priority for them and the service. One staff member said, “Everyone is very conscious of what they are doing and they do their best for service users.” Staff told us people’s privacy was promoted as staff left the person alone to attend to as much of their own personal care for themselves as they were able. The service supported people to become more independent in other ways, for example with preparing food, doing laundry and understanding money. Care plans made clear that support provided was to be done in a way that promoted people’s dignity, for example by ensuring privacy when providing personal care.

The registered manager told us that the same four support workers regularly worked with the person that used the service and they themselves covered shifts if required. This meant staff were able to build up a good relationship with the person, which their relative told us was very important. The registered manager explained that he saw one of his key roles was inspiring staff to see each person they worked with as an individual and to provide care and support in a personalised manner based around the person’s individual needs. They said they did this through their regular meetings with staff. They said this meant treating people with respect and giving people time and space to make their own decisions and then respecting people’s wishes.

Is the service responsive?

Our findings

A relative told us the service was able to meet their relative's needs and that they were satisfied with the level of support provided. They said, "I think the support is good." The same relative said, "We talk about what they [the person] like. They follow what I tell them." Relatives told us that the service was reliable, saying, "They are not late and they have never cancelled a session."

Detailed care plans were in place which set out how to meet people's individual and assessed needs. Staff told us they were expected to read care plans and they had a good knowledge of the contents of people's care plans. We were told that plans were written and reviewed with the input of the person, their relatives, their keyworker and the registered manager. We saw that the care plan in place for the person using the service was soon due to be reviewed and their relative confirmed that they had been invited to the review meeting, telling us, "There is a review due soon. I got a letter from the manager inviting me to it." Staff told us care plans were reviewed every 12 months or more often if required. This meant the service was able to respond to people's needs as they changed over time.

Daily logs were maintained which detailed what support people were given each day. The registered manager told us these fed in to the care planning process as they provided important information about what people had enjoyed doing or what situations might increase the risk of behaviours that challenged other people.

Care plans were personalised focusing on meeting people's needs rather than carrying out tasks. For example, goals were in place which were based around doing and achieving things that were important to people and that they enjoyed doing.

Staff told us they worked closely with people's family. They had a handover with family members at the beginning of every shift which enabled relatives to provide information about people and what activities might be most appropriate on any given day. This helped staff to plan their activities to best meet the person's needs at the time.

Relatives told us that they knew how to make a complaint and any issues they had raised had been dealt with. A relative told us, "If there is a problem we resolve it." They told us they wanted more information from the service about what activities their relative had done and this was provided. Staff were aware of their responsibility for responding to and reporting any complaints received.

The service had a complaints procedure in place and the registered manager and care staff were aware of their responsibility for reporting any complaints that were made to them. The complaints procedure included timescales for responding to complaints. However, it included incorrect information about who people could complain to if they were not satisfied with the response from the service. We discussed this with the registered manager who sent us an amended version of the procedure with correct details the day after our inspection. The registered manager told us the service had not received any complaints since the last inspection.

Is the service well-led?

Our findings

Relatives told us they found the registered manager to be accessible and approachable. They told us that if they had any concerns they were able to raise them with the manager and these were acted upon. Relatives said they were able to contact the registered manager if needed. One relative said, “He has given me his number and said I can call anytime at all.”

The service had a registered manager in post. Staff we spoke with were aware of the management structure within the service. Staff told us they found the registered manager to be approachable and helpful. Staff comments included, “He is very supportive to all the staff” and “You can talk to him anytime, he is good at listening.” Staff said when the registered manager was not on duty they were able to contact him by phone, one staff member told us, “I can phone him immediately if I have any problems.”

Staff told us and records confirmed that the service had staff meetings about three times a year. Staff said that anybody was able to raise issues at staff meetings and also any staff were able to call for a staff meeting if they felt an issue needed to be discussed. We observed staff interacting with the registered manager in an open and relaxed manner. This reflected an open management culture in the service where all staff were supported and encouraged to lead discussions on matters of importance to them.

The registered manager told us the service held a survey twice yearly. A questionnaire was sent to people that used the service and their relatives. The most recent survey was in November 2014. We viewed the completed questionnaires which contained positive feedback. A relative told us they spoke with staff every day about the service provided and were able to speak with the registered manager anytime they liked.

The registered manager told us accidents and incidents were recorded and we saw records of this. The registered manager said that accidents and incidents were analysed in case if there were any similar recurring accidents or themes to see if these could be reduced or avoided. They were able to provide examples of how accident and incident reports had shown a persistent behaviour that challenged others and as a result the service was able to change the way they worked with a person which led to a reduction in accidents and incidents.

The registered manager told us they carried out various checks and audits. For example, they checked people’s daily logs to ensure appropriate activities had taken place and that medicines were administered. Care plans were regularly checked and up dated as required. Checks were made on monies spent on behalf of people that used the service. We saw evidence of these checks.