

London Care Limited

Custom Care (Harborne)

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

The Inspection took place on 19 January 2016 and was announced. We told the provider that we were going to visit 48 hours before our inspection. This was because the service provided domiciliary care and we wanted to be sure that staff would be available to talk with us about the service.

There had been a change of provider at the location since our last inspection so this was the first inspection for the new provider.

Custom Care provides care and support to people living in their own homes. At the time of our inspection the service provided care to people across Birmingham, Sandwell, Walsall and Wolverhampton.

There was a registered manager in post who was present throughout our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People and their relatives told us that they felt safe with their staff. Staff were trained in safeguarding adults and children and understood how to protect people from abuse.

Summary of findings

People had been involved in the planning of their care and received care and support in line with their plan of care. People told us that staff were usually on time for their care call. People who needed help with their medicines received the help they needed.

Risks to people were minimised because there were arrangements in place to manage identified risks with people's care. Checks were carried out prior to staff starting work to ensure their suitability to work with people who used the service.

Staff gained people's consent before providing care and ensured people were supported to make day to day choices. Arrangements were in place to ensure that staff

understood the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Relatives told us that they were involved in making decisions for people who were unable to make decisions for themselves.

People were able to raise concerns and generally felt that they received a good response from the office staff. Most people were happy with the service they received and told us staff were caring. There were arrangements in place to monitor the quality of the service provided and understand the experience of people who used the service.

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.

People felt safe with the staff that supported them and staff had the skills and knowledge to keep people safe from the risk of abuse and harm.

Risks to people were assessed and managed.

There were sufficient staff to meet people's needs.

Staff had been recruited safely and people received their medicines as prescribed.

Good



Is the service effective?

The service was effective.

People received support from staff who had received training and support to carry out their role.

People's consent was requested before care was provided. Staff's knowledge of the Mental Capacity Act 2005 and Deprivation of Liberty safeguards (DoLS) was limited; steps were in place to address this.

People who required staff support to eat and drink received the support they needed.

Good



Is the service caring?

The service was caring.

Privacy, dignity and independence were promoted.

People were supported by staff that were caring and kind.

People were able to make decisions about their care.

Good



Is the service responsive?

The service was responsive.

People were involved in decisions about their care and were able to raise their concerns if needed.

Staff were kept informed about people's needs. Care records had been improved so the information to inform staff was personalised to people's needs.

Good



Is the service well-led?

The service was well – led.

Most people were satisfied with the service they received.

Staff felt supported to do their role and knew how to raise concerns.

The quality of the service was regularly monitored through and a series of audits and checks.

Good



Custom Care (Harborne)

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 inspection took place on 19 January 2016 and was announced. We told the provider that we were going to visit 48 hours before our inspection. This was because the service provided domiciliary care and we wanted to ensure that the manager and staff would be available to talk with us about the service.

We looked at the information we held about the service. This included notifications received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. Before the

inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also contacted the local authority and asked for their views; they shared some recent information about the service with us.

We spoke by telephone to 20 people who used the service or their relatives. We spoke with eleven staff. This included care staff, care co-ordinators, senior care staff, the registered manager and regional manager.

We looked at the care records of four people to check the care they received. We looked at four staff files to check the recruitment process, training and the support they received to carry out their role. We looked at other records related to how the service operated. This included electronic records for managing staffing allocations, complaints and quality audits.

Is the service safe?

Our findings

People and the relatives we spoke with told us that they felt safe with the staff and knew who to speak with if they didn't feel safe. One person told us, "I do feel safe with the staff that come. I don't know what I would do without them".

Staff told us they had received training in protecting people from abuse and they were knowledgeable about the different types of potential abuse. One staff member said, "It was made very clear to us that if you see anything of concern you must report it to the office straight away. I know the manager would then let social service and CQC know about any concerns". We saw the provider had procedures in place so staff had the information they needed to respond and report concerns about people's safety.

There were procedures to identify and manage the risks associated with people's care. This included risks in the home or risks to people. Staff told us that they had access to risk assessments so they knew how to support people safely. Staff told us and records confirmed that they had received training in areas such as moving people safely and fire safety training.

The regional manager told us that there was a system in place for identifying the number of staff hours needed and there were sufficient numbers of staff employed that they were able to cover for unplanned absences for example, staff sickness. They told us that as the service was growing and taking on additional care packages they had identified the need to employ two additional senior staff to support care staff in their role of delivering care to people. All the staff we spoke with told us that there was enough staff to cover all the care calls.

Some people needed two staff to help provide care and support. Staff told us if the second person had not turned

up for a two person call they would ring the office and another staff member would be sent to the call. Staff told us that they knew what action to take in an emergency situation for example, if someone was unwell or they could not get access to a property.

Staff told us that there was always staff available for support and advice. During office hours staff told us that office staff and the registered manager were always available. Staff told us that there was also an on call system for out of hours for advice and support. A staff member told us, "I feel well supported in my role. If I need help or advice there is always someone to provide this to me".

Staff told us that prior to commencing in post, all the necessary pre-employment checks had been completed, including checks with the Disclosure and Barring Service (which provides information about people's criminal records). We looked at the files of four staff members and saw that the provider had a robust recruitment process to help reduce the risk of unsuitable staff being employed by the service.

Some people we spoke with needed support to take their medicines. One person told us, "The staff remind me and pop them in a cup for me. I am pleased with the help I get". Where people needed support we saw there was a procedure to assist them. Staff told us that they were confident giving medicines because they had received medicines training. Staff told us that they had records in place in people's homes so they knew what medicines to give and at what time. Staff told us that they were also observed by senior staff to ensure they were competent to give medicines competently. A staff member told us, "It is well organised for the people that I help with their medicines. It is in blisters packs and the records are very clear about what medicines you give and when". Completed Medication Administration Records (MAR) were returned to the office for auditing and filing.

Is the service effective?

Our findings

People and their relatives spoke positively about the staff that supported them. People told us that staff had the skills and knowledge needed to meet their needs and that they were happy with the care they received. A person told us, “They are good; they seem to know what they are doing”. A relative told us that they were very happy with the service their relative received.

Most people told us that they knew who the staff would be who is coming. One person told us, “I have my regular carer and she is really great. She comes in and gets on with things. She knows how I like things done”. Another person told us, “It’s mainly the same care staff in the week. Sometimes it is the night and weekends when you are not sure who is coming”. Some people told us that this was the one thing that bothered them, the staff being changed around.

Staff told us that they had received training to meet people’s health and safety needs. This included training to support people to move safely. Staff told us that they had completed an induction before they worked unsupervised. A staff member told us, “I did four days induction and I worked alongside some really good staff who showed and explained things to me. I learnt a lot about people’s needs and how people wanted things to be done. I felt well supported”. Staff told us that they felt supported by the management team and with the frequency of supervision they received. A staff member told us, “You can ring or call into the office to speak with the manager she is helpful and will listen”.

All the people we spoke with told us that they or their relatives were involved in decision making about the care and support they received. Staff spoken with were aware of how to promote choices and enable people to make day to day decisions about their care. A staff member told us, “We always encourage people to make their own decisions about everyday things. Like the clothes they want to put on and what they want to drink. I know some people we go to need help to make some bigger decisions about their life. Their family would be involved with the decisions they need help with”. Another staff member told us, “I always make sure I ask people’s consent before I do anything. I

also show them the food that is available so they can make a choice about what they want to eat. If I was helping them wash I would say. Would you like me to help you get washed”.

MCA is important legislation that sets out the requirements that ensure that where people are unable to make significant and day to day decisions that these are made in their best interest. DoLS are in place so that any restrictions in place are lawful and people’s rights are upheld. The registered manager told us that no one that they were providing care and support to had a DoLS in place. Staff understood that they needed to involve people with making choices and decisions about their care. However, staff demonstrated limited knowledge of DoLS. The registered manager told us that they were introducing a MCA supervision for all staff. Each staff member would be seen on an individual basis and senior staff would work through some guidance that had been developed by the provider. She told us that they would also be providing some further training and awareness for staff in relation to DoLS so that staff understood this legislation and would have the knowledge needed to ensure that people’s rights were protected.

People we spoke with told us that they were supported to have food and drink at the times they required. One person told us, “I have meals delivered and the staff help to heat them up and ask me what I want to drink”. Records we saw detailed the support that people needed to eat and drink to maintain their health and wellbeing. A relative told us that they were satisfied with the help and support their family member received to eat and drink.

All the staff we spoke with told us that they would inform the office staff immediately if they had any concerns about an individual. For example, If a person was unwell or there had been a change in their care needs. A staff member told us, “I would let the office staff know straight away if I was concerned about a person”. Some staff were able to describe to us the action they had taken when a person became unwell or they couldn’t get access to a person’s house. Their knowledge and description of the action they took showed that they dealt with situations effectively. Staff were able to tell us how they worked with other professionals and shared information when needed. Care records showed which healthcare professionals were involved in people’s care.

Is the service caring?

Our findings

People we spoke with told us that staff were friendly and caring and treated them with dignity and respect. Comments included. "I am very happy. No matter what the weather is like outside. When they [Staff] turn up at my door they put their smiling face on. They can't do enough for me". And another person told us, "My regular carer is marvellous. I love it when she can sit for a few minutes and have a little chat".

People told us that care staff respected their privacy and dignity. They told us that staff would close the door when helping with their personal care. A person told us, "They are good girls and they make sure I am covered up when helping me". A staff member told us, "I always make sure that I respect a person's privacy and dignity. One of the people I support lives with another person. When I am helping them I always make sure the door is closed. I always ask them where they would prefer to get dressed".

Most people told us that they had regular staff. All the people we spoke with told us they were happy with their regular staff. People told us that when their regular staff were on holiday or off sick they didn't always know who

would be coming. All people told us that staff stayed for the allocated time. A person told us, "They always get everything I need done before they go. They don't rush me although I know they are very busy".

Staff had a good understanding of people's care and support needs. Staff were able to describe to us how they involved people in their care and how they reassured people and put people at their ease.

Most people told us that they had been involved with planning and making decisions about their care. One person told us, "They ask me how I want things done. The staff do listen to me" Another person told us, "The girls are great and they always ask me what I need doing".

Some people told us that the service had contributed towards them maintaining their independence. A person told us, "I need a bit of help to have a shower, in case I fall. I can do most things for myself. They [the staff] are really good and let me do what I can for myself".

Staff told us that they understood their responsibility to maintain people's confidentiality. They told us that information was kept safe and secure.

We saw that the employee handbook which was distributed to all staff contained information about providing care in a way that upheld people's privacy, dignity and respect.

Is the service responsive?

Our findings

People told us that their care and support needs had been discussed with them when the service first started. All the people we spoke with told us that they had a care plan in their home and that staff always asked them what they wanted help with. A person told us, “I feel the staff always consult with me about my care”. A relative told us, They [care agency] do keep the care plan up to date. When [Person’s name] came out of hospital they reassessed their care needs and updated the care plan. We have been satisfied with the care”.

Staff told us that they had access to information about how to support and care for people in all of the people’s homes that they visited. They told us that the records were kept up to date. Staff told us that if they were providing care to a person they had not met before or the person was new to the service they always received the information they needed about how to care for the person safely. A staff member told us, “The care records are always in the house for us to read. We are always told about a person so you are not in the dark about what to do. If I am not sure about anything I would ring the office”.

We looked at the care records of four people who used the service. Information was lacking in the one person’s care records. For example, there was a lack of information about how the person’s health care needs were met. However, we saw that the other three files had the information recorded about people’s individual needs and how these needs should be met. The registered manager told us that a lot of improvements had been made to people’s care records and they were in the process of ensuring all care records were to the required standard. She told us that the local authority had also provided guidance and support to help drive the improvements needed.

People and their relatives told us that they knew they could contact the agency office if they had any concerns. The majority of the people we spoke with told us that they were happy with the service they had received. A relative told us, “I had a few things that needed sorting out. I spoke to the staff and it was dealt with. I was satisfied with how they dealt with things”. Staff told us that they would refer any concerns people raised to the registered manager. The provider had a complaints procedure in place. We saw there was a structured approach to complaints in the event of one being raised. We saw that complaints received had been investigated and acted upon.

Is the service well-led?

Our findings

People were mainly satisfied with the service they received. A few people we contacted told us that the timing of their care call was not in line with what they had agreed. For example, for one person it meant that their breakfast and lunch was only two hours apart because staff were calling late for their morning call. Another person told us that there care call was consistently late and records we looked at confirmed this. We shared this information with the registered manager who told us that an immediate review of the timing of these calls would take place. They confirmed to us the action that they had taken to rectify the timings of the calls for the people we had highlighted.

There had been concerns identified in the Sandwell, Walsall and Wolverhampton area. The provider had transferred the running of these services into the Birmingham office where there was a registered manager in place and established systems and procedures for running a care agency. We contacted all four local authorities that commissioned a service with Custom Care. Birmingham commissioners told us that they had no concerns with the provider. Sandwell, Walsall and Wolverhampton had noted that improvements had been made and suspensions in place had been lifted so the provider could take on new care packages.

There was a registered manager in post. The registered manager understood the responsibilities and requirements of their registration. For example they had completed the Provider Information Return (PIR) in the timescale requested and submitted statutory notifications to CQC. There was a management structure in place to ensure that the service was appropriately managed. The provider had identified that the size of the service needed additional senior staff support to support care staff out delivering care to people. These posts had been advertised so the support needed would be provided. The registered manager told us that they received the support they needed from their senior manager's in the organisation.

All the staff we spoke with told us that they felt supported by the registered manager, senior staff and office staff. A staff member told us, "I think the service is well managed and communication is good. If there is ever an issue you can raise it and it will get sorted. There was a problem with

my rota and they sorted it out" Another staff member told us, "I enjoy what I do and I feel supported by the manager". Staff that we spoke with were aware of the providers whistle blowing procedures and were confident that any concerns raised with the registered manager would be dealt with.

There were systems in place to monitor and gather the views of the people that used the service. This included sending out questionnaires and office staff making telephone calls to people to ask them about the service. We received mixed comments from people about this. Some people told us that they had received a recent call asking about their care. Some people told us that they had not received a call for a long time and some people told us that they never received a call. Spot checks were carried out on staff to ensure care was being delivered according to people's care plan. All staff that we spoke with confirmed that these checks took place. Complaints and concerns were captured, recorded and responded to so improvement in the service could be made. Staff meetings were held. Minutes of these meetings showed that regular meetings took place and there was a structured agenda showing that information was shared with staff about the running of the service. Communication books were audited to check the times of calls and tasks completed. Audits had identified areas for improvements. For example, a recent audit had showed that on some occasions only one staff member had signed the records of a double up call and both staff needed to sign. Some gaps were left at the end of an entry and sometimes writing was difficult to read. We saw that action plans were in place to address these issues and feedback given to staff so that the improvements needed were made. There were systems in place to monitor missed or late calls and these showed that the reason and cause were explored to prevent reoccurrence and to drive improvement in the service. Checks were made on medication administration records (MAR) during spot checks by senior staff to ensure staff had administered medicines correctly. We saw that completed MAR's were returned to the office for auditing and filing.

We saw that the office had a health and safety risk assessment in place to ensure a safe environment was provided. A service continuity plan was in place to guide staff on action to take in the event of an emergency.