

Custom Home Care Ltd

Custom Home Care

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?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Custom Home Care is a domiciliary care service providing personal care to people with a range of support needs, living in their own homes. At the time of this inspection, the service was providing care and support to 36 people.

People's experience of using this service and what we found

People continued to receive good quality care from Custom Home Care. Risks to people were assessed and minimised, and people were protected from abuse. There were enough staff available to meet people's needs. People received their medicines, as prescribed, from staff who were trained to provide this support safely. People were protected from the spread of infection.

The service was predominantly well run and staff told us the manager was supportive and operated an 'open-door' policy. The management team completed a range of checks on the safety and quality of the service on an ongoing basis, to ensure any necessary improvements were identified and implemented. The new manager understood elements of the service needed to improve and concerns identified at inspection, the manager was already aware of and actively working to address. We made a recommendation about the management of staff training requirements as records were sometimes disorganised .

People were supported by staff who were competent and skilled. Staff asked people for their consent before providing them with any care. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests. The service's policies and systems supported this practice. Staff supported people to maintain their health, and they referred people to community health professionals when necessary.

People consistently told us staff were kind and they received support from the same core group of staff, which promoted good continuity of care. People said they felt well-treated by staff and had opportunity to give feedback about the service at regular intervals. Staff supported people to maintain their independence and to remain involved in decisions about their care. People's privacy was respected.

People knew how to complain about the service if they needed to. People's communication needs were assessed, and their care records contained information which supported staff to communicate with people effectively. People's care records were personalised. This supported staff to get to know people and provide care in accordance with their preferences.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 28 June 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Good ●

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 Home Care

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was completed by one 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

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community.

The service did not have a manager registered with the Care Quality Commission. This means 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. This was because it is a domiciliary care service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

Prior to the inspection we reviewed information and evidence we already held about the home, which had been collected via our ongoing monitoring of care services. This included notifications sent to us by the home. Notifications are changes, events or incidents that the provider is legally obliged to send to us without delay. We also sought feedback from partner agencies who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the

judgements in this report.

During the inspection

We spoke with six people who used the service and three relatives about their experience of the care provided. We spoke with seven members of staff including the owner, the administrative manager, the manager, the deputy manager, the quality officer, and three care workers.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- We saw a policy on safeguarding vulnerable adults was in place and the management team were clear about their responsibility to report safeguarding incidents as required and in line with safe procedures.
- There were no recorded safeguarding concerns in 2019 at the time of inspection. Discussions with staff confirmed they understood how to protect vulnerable adults from abuse.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risk to the person's health, safety and well-being were assessed and measures were in place for staff to reduce or remove the risks.
- The provider had systems in place to ensure accidents and incidents were recorded, investigated and reviewed to identify any learning which may have helped to prevent a reoccurrence. At the time of inspection there were no recorded accidents or incidents in the last 12 months.

Staffing and recruitment

- Staff and relatives said they felt there were enough staff deployed to meet people's needs. All staff felt the call schedules were well managed and they had enough time to deliver good quality care. One staff member said, "We are allowed plenty of time for calls. If we went over on a call time it was alright. [The management team] told us just make sure they (people) get the right care."
- Since the last inspection we found the service had not always followed safe recruitment practices. However, we saw clear evidence the new manager was aware of this and had retrospectively reviewed most staff recruitment files to ensure all necessary background checks were completed before we came to inspect.
- After the inspection the manager sent supporting evidence to the CQC to confirm all staff were safely recruited.

Using medicines safely.

- People and relatives spoken with confirmed they received their medicines in line with their prescription.
- Medicines records and care plans contained detailed information about what medicines people took, if they had any allergies and who their local GP and pharmacy were.
- Staff received training in administering medicines, and received an observed competency check from a senior member of staff before administering medicines alone.

Preventing and controlling infection

- The provider had a policy and procedure in place for controlling the risk of infection spreading. Staff

confirmed they were provided with Personal Protective Equipment (PPE) such as gloves and aprons to use when supporting people in line with infection control procedures.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant 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 were assessed based on their views, choice and individual requirements. Support plans were written in conjunction with the person receiving support, where possible, to help ensure these plans met their needs.

Staff support: induction, training, skills and experience

- People and their relatives spoken with said staff were safe and competent when delivering care. People commented, "Yes, [staff] know what I need, I have different carers in and they all are nice" and "All the carers understand what they need to do". A relative commented, "When [staff] need to use a hoist it is all done fine".
- New staff completed a blended learning program of classroom-based training, e-learning and a period of shadowing with an experienced staff member before they began to work unsupervised. All staff said the quality of training they received was good and this was renewed at appropriate intervals. We saw some evidence of service specific training, such as training on drugs and alcohol and pressure care.
- We feedback to the provider the systems they used to record and monitor staff training commitments was disorganised. We recommended improvements in this area and immediately following the inspection the provider sent an action plan of how and when this will be addressed.
- Staff were not always supported through regular supervisions and appraisals in line with the provider's policies and procedures. The manager was aware of this before we came to inspect and assured us a supervision and appraisal schedule was now in place and in use.
- Despite our concerns around the frequency of supervisions and appraisals, all staff spoken with said they felt well supported by the management team. Comments include, "The managers are always on the end of the phone if I need them. They are like your friends, you can open up to them" and "I can always go to [manager's name] when I want, her door is always open so to speak".

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to make healthy food choices. One person said, "I tell staff what I am having and they just do it".
- People's care file showed that their needs had been assessed in relation to nutrition and hydration and took into consideration their preferences and dietary requirements. Plans for eating and drinking were developed jointly with people and where appropriate, with other health professionals, such as dieticians, GPs and speech and language therapists.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other

agencies to provide consistent, effective, timely care

- People were encouraged to maintain good health and well-being, and the service supported people to access their GP and attend regular health checks.
- We heard examples of how staff saw people's mental and physical well-being as equal and went beyond a person's care plan to ensure all of their needs were met. One person told us, "The carers are brilliant, they really help me with my mental health and know if I need more support that day, they would always make sure when they leave I am ok". Another person said, "[Custom Home Care] will phone the doctor for me, they seem to have a better outcome when they phone".

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

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- Staff had undergone training in the MCA and clearly demonstrated their practical awareness of the need to gain consent before providing care.
- Staff understood the importance of gaining consent before providing support. People commented, "[Staff] always let me know what we are doing and check with me" and "Yes, [staff] always ask when I am ready".

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- There was a strong focus on building quality relationships with people and their families. This started with matching the right staff to people and ensuring people's care was provided by the same core group of staff. Comments include, "I enjoy my visits from the carers, they stay with me and check that I'm ok", "There was one [carer] I didn't gel with, so I phoned the office and I haven't seen them since" and "I get the same carers and we get on well, we have a good laugh together".
- Relatives we spoke with said their family member received a good standard of care and staff were kind. Comments include, "All the carers are lovely, they really make a difference to my mum" and "Yes, I am happy with the staff that come in, dad always tells me they have a good chat and he tells them jokes, he would tell me if he didn't like someone".
- Through talking to staff and the person who received a service, we were satisfied care and support was delivered in a non-discriminatory way and the rights of people with a protected characteristic were respected. Protected characteristics are a set of nine characteristics that are protected by law to prevent discrimination. For example, discrimination based on age, disability, race, religion or belief and sexuality.

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

- People were involved in developing their care plans. Staff visited people in their homes to assess their needs and draw up a plan of care. People confirmed they were actively involved in this process, and where appropriate, people's relatives had also been consulted.
- We saw the new manager and deputy manager as part of getting to know the people who received a service, they were prioritising visits to each person to complete a review of their care. This helped to ensure people received the care they wanted and any adjustments to their care and support were made in line with people's preferences.
- People's choices in relation to their daily routines were listened to and respected by staff.
- The service valued involvement from people's families and encouraged them to be involved in their care as much or as little as they felt comfortable with. One relative said, "I have been contacted if mum is not 100% which is relief for me as they can be relied on".
- During the inspection we received some comments that people had not received a copy of the staff rota since the appointment of the new manager. One relative said, "Mum likes a rota so she knows who is coming and that they know the key pad to get in, not having a rota really makes her worry". We feedback this concern to the management team and they assured us rotas would be reinstated and this was a momentary lapse due to the recent change in leadership.

Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us staff treated them with respect and listened to any requests they made. People commented, "[Staff] help me wash and dress and they are never rough, always very gentle" and "I have never had a problem, I feel very at ease with the carers".
- People's care records clearly recorded which tasks people could do for themselves and what they needed support with. This helped to promote people's ongoing independence. People told us staff supported them to remain as independent as possible.
- People's privacy was respected and staff were aware of the need to ensure people's personal information was protected.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care plans contained information about their life history and their preferences. People's care plans described the support staff needed to provide during each care visit and they were easy to follow. People told us staff knew them well and understood their routines. This supported staff to deliver care to people in accordance with their preferences.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed when they started using the service and their care plans provided clear guidance to staff about how to communicate effectively with people.
- The provider was able to provide information to people in alternative formats if this was required.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff provided social support visits to people and supported some people to access the community. Care plans contained information about people's families, important relationships and their personal interests and hobbies, to support staff to meet their needs in this area.

Improving care quality in response to complaints or concerns

- Systems were in place to manage complaints and the provider's complaints procedure was given to people who used the service. It explained how people and their relatives could complain about the service and how any complaints would be dealt with. We saw there had been no received complaints since we last inspected the service.
- People and their relatives told us they could confidently raise any concerns with staff or the management team.

End of life care and support

- People were encouraged to share their wishes for when they were nearing the end of their lives.
- The service worked with other health professionals within the community, such as district nurses, to provide end of life support.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

- The service was mostly well-run, which was reflected in the high levels of satisfaction conveyed by staff and people who used the service. Care staff were clear on their roles and responsibilities to monitor quality and safety of care delivered.
- The lack of a consistent leader impacted on some of the service's back-office functions, such as ensuring all staff had been safely recruited and received supervisions and appraisals at the frequency as required by the provider's policies and procedures.
- Despite these concerns we found no evidence this impacted on service delivery and evidence showed the standard of care people received was good. After the inspection the provider gave assurances staff were safely recruited and supervisions and appraisals will be well managed going forward. As these practices were not consistent throughout the entire inspection period, this supported a rating of requires improvement in well-led.
- At the time of inspection there was a new manager and deputy manager in post. They both had relevant experience in managing a service and were clear on their responsibilities in relation to duty of candour and when to notify the CQC of incidents of concern. The new manager told us it was their intention to register with the CQC and had taken steps to start the application process. In addition to improvement actions recommended by the CQC, the new manager had clear plans in place to improve service.
- There were a range of quality assurance systems in place and these were mostly effective at monitoring the quality and safety of services provided. We feedback to the provider these could be further improved at a provider (senior management) level.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider's ethos, vision and values were very person-centred. This ensured people were placed at the heart of the service and were the focus of everything the service worked to achieve.
- The provider employed a dedicated and caring workforce, who were passionate about providing good care. The management team were very caring and approachable. One staff member said, "It is best company I've ever worked for. I've been working in care for 18 years. You get the time to support the clients and Custom Home Care actually care. Managers take time to go out and meet people. I've never worked in this type of environment before. Everyone knows everybody, it feels a bit like a family".

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Protected characteristics, including sexuality, religion, race and disability, were respected and supported.
- Surveys were sent out annually to assess people's level of satisfaction with the service. People and their relatives we spoke with were all very positive about the service.
- Regular staff meetings were organised to update staff and support their continuous learning.
- The provider had links with the local community and key organisations to the benefit of people who used the service and to help with the development of the service.