

London Care Limited

# Custom Care (Harborne)

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

We carried out an announced comprehensive inspection of this service on 19 January 2016. After that inspection we received concerns in relation to concerns were that there was a lack of support for people when they required help with their health care needs, and not contacting people's relatives or external agencies when people's care needs changed. We were also told that people were receiving their calls late which meant people were without their calls at the agreed time. As a result we undertook a focused inspection to look into those concerns.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Custom Care on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

Custom Care is registered to provide a personal care service to adults in their own homes. On the day of the inspection we were told the registered manager had left the organisation. We were assisted by the acting manager who has submitted an application with us to become the registered manager.

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.

Information contained in care records was not always updated to reflect people's changing needs so staff had the information required to support people. People did not always receive their calls as agreed.

The provider had established adequate quality monitor processes to identify if the service was meeting people's needs or how it could be improved. However audits had not always led to improvements in the quality of the service.

Staff gave a positive view of the changes being made and felt supported. The provider acknowledged improvements were still required and an action plan was in place to work towards which was monitored and reviewed. This showed that some improvement had been made.

People were supported with their healthcare needs and appropriate referrals were made when required.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service well-led?

Good ●

Quality assurance processes were in place to monitor the service to ensure people received a quality service but these had not been fully implemented. The service had identified the improvement required and was working towards an action plan.

People were encouraged to provide feedback on the quality of the service they received and action was taken to address any shortfall within the service delivery.

We could not change the rating for Well-led. We will check this during our next planned comprehensive inspection."

# 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 was 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.

We undertook an unannounced focused inspection of Custom care on 17 May 2017. The team inspected the service against one of the five questions we ask about services: is the service well led?

We had received some concerns about the provider not supporting people when required with their health care needs, and not contacting people's relatives or external agencies when people's care needs changed. We were also told that people were receiving their calls late which meant people were without their calls at the agreed time.

This inspection was unannounced and carried out by one inspector.

We reviewed the information we held about the service. This included information that we had received via our website and complaints about a service. We were also notified that the local authority had lifted a suspension that was imposed in October 2016 because improvements had been made in the delivery of the service.

During our inspection we spoke with seven staff and eight people who used the service. We looked at staff rotas, records of staff meetings, complaints, staff training, staff allocation and the concerns that had been raised about the provider.

# Is the service well-led?

## Our findings

The last comprehensive inspection was completed 19 January 2016 and the location was rated as good.

The service had been suspended in October 2016 by the Local Authority as improvements were required in the delivery of the service. The local Authority had monitored the service since then and the suspension was lifted in April 2017 because improvements had been made. Although the suspension had been lifted we had received some concerning information about people receiving their calls late and that when people's health care needs changed the appropriate family member or healthcare professionals were not informed. We carried out this inspection on 17 May 2017 to check the service was still being well led.

At this inspection the acting manager told us, and we saw, that there were still improvements needed and the provider had identified these improvements and an action plan was in place. Although Care plans contained information about people's care needs, we saw that one person's needs had not been reassessed on return from hospital. In addition, there was a lack of detail of the tasks staff were required to undertake in particular catheter care and stoma care. The acting manager told us all care records were being reviewed and updated, we saw that this was part of the provider action plan and some care records had already been completed. The acting manager acknowledged that this was an area for improvement which had also been identified as part of the provider's action plan

The acting manager told us people were asked to give their feedback on the quality of the service provided. This was done by sending questionnaires to people to complete about the service provided to them. In addition telephone calls and reviews of people's care were completed. The acting manager told us that they used the information to improve the service. We saw examples where improvements had been made as a result of people's views and the provider's internal audits of policies and procedures. For example care plans being updated and staff practices being monitored. Audits and analysis of complaints, safeguarding's and concerns was being implemented so that trends could be identified and action taken to minimise reoccurrences.

During the inspection we spoke with people using the service. While most people told us that the service was improving some people felt that further improvements were required. We were told that staff did not always clean up after they had been supported. Six out of the eight people spoken with told us that staff always ensured that they put things away once they had been supported. Two people told us that staff put most things away but not always and one person told us that they [staff] had put incontinent products in the normal bin. Their relative had spoken with the staff about this and it no longer happened. We discussed this with the acting manager who told us that this would be investigated further.

Some people told us that calls were not always on time. One person with told us that they had late calls on two occasions. They told us, "The office did send someone else each time so I was not without support, this was a while ago it's been ok since and the staff are really nice." Another person told us that a call should have been 9.30am and staff had not arrived until 11am. The previous call was 8.05pm the previous evening

which meant that the person had not been provided with care from the agency for 15 Hours. This showed that some people felt they did not receive the service they had requested. The same person told us that call times were changed and they were not informed. When the person contacted the agency they were told that there needed to be a four hour time delay when being supported with medicine. However, the person was not supported with their medicine so this was not a reflection of the real reason for the time change. The person told us that the time was reversed back to the old time, but felt that should not have happened. One staff member told us, "Sometimes calls are planned for the same time and this means some people have to have their call later than they want." Some people told us that the staff don't always record the time they come and go. We discussed our findings with the acting manager.

All the people we spoke with and their relatives told us they were happy with the care staff that supported them. Comments included, "Very good kind caring staff." "The girls are lovely, friendly and very respectful." "Never felt that Dad is not safe with the staff, he enjoys their company and they cheer him up." "Excellent care staff, don't think they could treat me better than they do."

We were told that people were not always supported when their healthcare needs changed. One relative told us that their relative had been poorly and said, "They don't mess about, any worries they are on the phone to me straight away, if they can't get me they call the doctor for [named person]. I don't have any worries about that." Another person who used the service told us, "Staff are very supportive they tell my family if I am not well. I had a cough the one time and they arranged for me to see the doctor, I feel very safe with them [staff]." We saw from care records that external agencies were contacted if required, for example the district nurse or doctor if the person was not able to arrange this for themselves.

There were mixed views about communications with the office staff. Some people told us that on some occasions the office didn't always get back to them when they rang but others said that the office staff were responsive and if they called then someone would always get back to them. This showed that people did not always receive a consistently good service however one member of staff told us, there have been many changes over the last few months which have certainly made big improvements. They told us, "I now have confidence in the organisation. If you go into the office or contact them I feel so much more supported and comfortable, before it was a night mare getting a response from the office if you had any concerns."

All staff spoken with felt supported by the acting manager and the organisation. One member of staff told us, "I now feel part of the team. The new manager is very approachable and willing to listen to us. For example, if I have a problem with my rota, or I raise a concern this is immediately dealt with. It is now a nice place to work." Staff spoken with told us that they were able to complete the calls that they were required to do. A weekly rota was sent to them so they knew which calls to complete. Staff told us that they mainly had the same people to support and this meant that people who used the service had continuity of care from the same staff. This meant that staff were able to build a relationship with the people they were supporting and got to know them well. Another staff member told us, "The organisation has had a good shake up and things are happening now that did not happen before, for example supervision, spot checks, meetings, and above all listening to people's views and staff views, and trying to make the improvement that both us [staff] and service users tell them."