

London Care Limited

Custom Care (Cannock)

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

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 Care (Cannock) is a Domiciliary Care Agency (DCA) registered to provide personal care. People are supported with their personal care needs to enable them to live in their own homes and promote their independence. At the time of the inspection the service supported 155 people with personal care in their own homes.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

Care files for people did not always have risk assessments for their medical needs. For people who required catheter or stoma care, there was no specific risk assessment to guide staff on how to support them safely. Some people needed their medicine as a patch which was stuck onto their skin. The provider had not ensured this application was managed safely.

The provider had no systems in place for auditing care plans. Following feedback, the registered manager told us they had identified a process they were going to put into place.

The provider had Effective systems in place to safeguard people from harm and abuse. All recorded safeguarding concerns had been reported to the appropriate authorities.

The registered manager took the necessary action to implement the required learning identified for service improvements through a trend analysis

Care plans were an ongoing document and written using the information from the full assessment. People's care files detailed the personal care they required from staff.

The registered manager ensured all staff's training was up to date.

People told us about the professional and friendly support they received from Custom Care (Cannock) and the positive impact they have had on their lives.

People's communication needs were clarified through the assessment process and staff adapted their approach to ensure people with additional needs could access information required.

Complaints were managed robustly and in a timely way.

The registered manager completed a quarterly events analysis of the service, that focused on compliance

issues. An improvement action plan was then devised to assist with the development of the service.

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 policies and systems in the service supported this practice.

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 requires improvement (published 13 February 2019).

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

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 Care (Cannock)

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 carried out by one inspector and one assistant inspector.

Service and service type

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

Notice of inspection

This inspection was announced.

We gave the service 24 hours' notice of the inspection. This was because people are often out and we wanted to be sure there would be people at home to speak with us.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We received feedback from one healthcare professional.

During the inspection

We spoke with the registered manager, regional manager, 14 members of staff, eight people and one relative. We looked at 14 people's care records, records of accidents, incidents, and complaints received by the service. We looked at, recruitment records, staff supervision, appraisal records, training matrix, and audits completed by the registered manager.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at the services policies and procedures.

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 requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Care files did not always have risk assessments for people's medical needs. Where people required catheter or stoma care, there was no specific risk assessment to guide staff on how to use these. People were at risk of being cared for by staff who had no guidance on how to support their health condition safely. However, staff confirmed they felt confident working with people who required support.
- One person's care file contained contradictory information. Their mobilising risk assessment stated, 'I'm unable to walk at all, I must use the mo-lift at all times.' A is a sit to stand transfer platform. However, their call visits stated, 'I will then walk to the kitchen with the carer'. People were at risk of having incorrect information to support them with their care needs. Staff did confirm that they knew how to support this person safely.
- However, there were risk assessments in place for some health conditions. For example, for one person living with dementia, the risk assessment identified hazards and existing control measures in place.
- People's care files contained risk assessments for the use of equipment in people's homes, to ensure transferring people was completed safely.
- Care files contained detailed environmental risk assessments to guide staff of any hazards within people's homes when providing support.

Using medicines safely

- People's files did not contain body charts for prescribed medicines. Where people had been prescribed medical patches there wasn't always guidance where to place these. One person's told staff to rotate the patch site but a second person's had no guidance. People were at risk of not having their medical patch rotated, which could cause skin irritation. Case notes did not evidence if the site the patch had changed. Guidance given for the medicine is not to use the same patch site for 21 days. The registered manager stated they were going to address this during the inspection.
- Staff were trained to administer medicines safely and their competency to do so was checked regularly.
- Staff accurately completed Medicines Administration Records (MAR). The MAR charts provided a record of which medicines were prescribed to a person and when they were given.
- Where people were prescribed 'as required' (PRN) medication, the service had protocols or guidance in place to ensure that staff knew when to administer PRN medicine.

Systems and processes to safeguard people from the risk of abuse

- Effective systems were in place to safeguard people from harm and abuse. All recorded safeguarding concerns had been reported to the appropriate authorities.

- Staff had a good understanding of what safeguarding meant when working with people. One staff member told us, "I have (completed safeguarding training) and I learnt that you must put the service user's safety and needs first all the time. Report anything that you have any concerns about."
- People and relatives spoken with confirmed they felt safe with the care they received from care staff. One relative told us, "The [care staff] at Custom Care (Cannock) are managing [health condition], they re-position [person] and look after them so well, I haven't got a bad word to say about them."

Staffing and recruitment

- Required staff recruitment checks including criminal checks with the Disclosure and Barring Service were carried out to ensure people were protected from being supported by unsuitable staff.
- There were enough staff to support people's needs. People felt the staff were on time for most of their calls; one person told us, "Sometimes they are late, not often, due to traffic, I don't mind, I look forward to seeing them" and a second person said, "Yes, they are mostly on time. The office call if not or sometimes the carers call me to say they are running a few minutes late"
- Staff were of the opinion that there were enough staff and sufficient scheduled time between calls. One staff member told us, "I have adequate time between my calls and I am informed in good time when a call is cancelled."
- The registered manager had systems in place to monitor any missed and late calls, to identify trends and patterns.

Preventing and controlling infection

- Staff were trained in the prevention and control of infections.
- Staff told us they had access to personal protective equipment, such as disposable gloves to use to help prevent the spread of infection.

Learning lessons when things go wrong

- All accidents and incidents were recorded and reviewed by the registered manager.
- The registered manager took the necessary action to implement the required learning identified from incidents through a quarterly trends' analysis.

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 assessments were person-centred and considered all aspects of their lives.
- Care plans were an ongoing document and written using the information from the full assessment, and through consultation with people and / or their relatives.
- People's care files detailed the type of support that they required from staff. They had a 'How I can be supported to achieve my goals' that outlined the daily support they required at each visit.
- Staff told us people's care plans contained sufficient information to enable them to meet people's needs. Staff told us they had a good understanding of the way people wanted care delivered.

Staff support: induction, training, skills and experience

- People told us they felt staff had the skills and training needed to support them. One person said, "Yes, I tell them what to do. I have [health condition], I am very unsteady on my feet and can fall back. The carers get me walking, we use the frame and walk to the kitchen and then to the lounge."
- We reviewed the training matrix for the staff team and could see that staff had received all their mandatory training.
- Staff all told us they had enough training to be able to meet people's needs.
- Staff told us that they received supervision and felt this was beneficial.

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

- People were supported appropriately with their dietary requirements.
- People had a 'my eating and drinking preferences' in their care files that highlighted food they did and did not like.
- Staff confirmed they always ensured people were offered food or a drink. One staff member told us, "I do prepare food for one of my customers and I try to make sure that they eat a varied diet. I also ensure that food does not go out of date."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff worked in partnership with professionals from health and social care to meet people's changing needs.
- People were supported to access health professionals when needed. One person told us, "[Staff member] saved my life. I have [health problem] and they came to see me on the Monday morning, I wasn't right, breathless, [Staff member] said we can't wait for the doctor I am calling the paramedics, and they did."

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.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered manager had completed a mental capacity assessment for one person they thought did not have capacity to make decisions. However, there was no specific decision made from this assessment. There was no evidence of best interest meetings taking place or any professional or family member involvement. It was not clear on the purpose of the assessment as no clear decision had come from this. The registered manager acknowledged this and stated they would ensure they document contained any decisions needed.
- However, staff demonstrated a good understanding of MCA and told us how this applied to people. One staff member stated, "Yes we learnt key principles, deprivation of liberty. We have to encourage people to make their own choices and if we do make a decision it's always in that person's best interests."
- All staff stated that they had received training and had an understanding of the MCA.

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

- People told us about the professional and friendly support they received from Custom Care Cannock and the positive impact they have had on their lives.
- The service ensured that people's cultural, religious and sexual needs were explored and recorded in their care plans.
- One person told us, "[Staff member], has washed up and tidied, got me a nice cup of tea. I like all the staff and they know me well, what I like and how I like it." A second person told us, "I'm very pleased with service of care, they do everything I want them to, they are friendly and have a chat and I trust them too."
- Staff knew people well and promoted their equality and diversity. One person told us, "They all treat you with respect."
- Staff told us they had a good understanding of people's needs and how to support them. When we asked staff how well they know the people they support, they felt they had enough time for this.

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

- People confirmed staff knew how they liked things to be done. One person told us, "Last night's carer set up all my breakfast for the next morning, they are great."
- Care plans were drawn up with people, using input from their relatives where required. All care records had evidence people with capacity had consented to their care.
- People's care records clearly evidenced the support and personal preferences people had asked for at each visit.

Respecting and promoting people's privacy, dignity and independence

- People's right to confidentiality was protected. All personal records were stored securely and in a place of their choice within people's own homes.
- The provider had appropriate systems in place to protect people's confidential information, whilst ensuring this was readily available to those authorised to view it.
- People and relatives agreed staff were kind, respectful and had compassion. One person told us, "Yes, they always knock at the door and they speak to me nicely, I like them."

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 received care which was personalised to their needs. One person told us, "I am very happy with the service, I would recommend them to other people to use."
- Some people told us they wished call times could be a little more consistent but confirmed they were kept informed if the staff was going to be late. In the office we observed a member of the management team reviewing rota's and call runs. They told us this was to ensure the right staff were allocated care calls, so staff could make each visit at the time the person requested.
- All peoples care files contained a 'social activities that are important to me' guide that contained specific information. For example, one person's stated, 'I enjoy going to the day centre on a Monday'.
- Staff were knowledgeable about the needs, choices and preferences of the people they provided care and support to. One staff member told us about how well they knew people, "Very well I go to my clients, same ones every day and night.... My longest client I have had for five years, loves me coming, she loves my cups of tea I make for her."

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 clarified in their assessment and staff adapted their approach to ensure people with additional needs could access information required.
- The registered manager told us they had a spreadsheet with peoples preferred method of communication on. Where some people had opted to have easy read and large print information given to them.

Supporting people to develop and maintain relationships to avoid social isolation

- People told us that the staff were engaging and chatted to them when offering support.
- The registered manager told us they had formed good relationships with companies in the community. For example, at Christmas they partnered with a company, where they sent Christmas presents to people they worked with, who would not have received any presents.

Improving care quality in response to complaints or concerns

- People and relatives confirmed they would know how to make a complaint. One person told us, "I would call the office. I have made a complaint... I reported [care worker] to the office and I never saw [care worker] again. A second person told us, "I haven't made a complaint, I am satisfied with the service."

- The provider had received three complaints in the past 12 months.
- Complaints were managed robustly and in a timely way by the registered manager and further action was then signed off by the regional manager. The registered manager completed an audit of complaints every three months that looked at 'trends.'

End of life care and support

- At the time of inspection, the service was not supporting anyone receiving end of life care.
- Staff completed end of life training to help support people's needs that they work with, when required.

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 requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider's quality system had failed to identify inconsistent and missing information in people's care records. Following our inspection, the registered manager said, "We now have a plan in place to improve this process moving forward."
- The registered manager completed an audit on Medicines Administration Records (MAR). However, these were not effective in identifying that body maps were not completed for people who were prescribed medical patches or highlighted that the patch site had been rotated.
- The registered manager told us that office staff would be responsible for communicating and organising staff rotas. However, some staff told us they felt communication between care staff and office staff was not always effective. They told us, "Rotas are sent out at short notice or sent out on a weekend when office is shut."
- However, the registered manager had a number of quality and trends audits that they completed to monitor the progress of the service and to look at improvements.
- The registered manager completed an events analysis of the service quarterly, that focused on compliance issues, for example with complaints, medicines and incidents. An improvement action plan was then produced to focus on specific actions moving forward to assist with the development of the service.
- The registered manager had an effective late calls audit, where they would compare how many calls they had in a period, against the number of calls that were classed as late or missed. This formulated into a graph to evidence spikes and focus on any trend that occurred.

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

- There was a clearly defined management structure within the service.
- Staff all spoke highly of the culture within the organisation. Staff told us, "Yes with all the different care company's I worked for this is the best so far" and "I do feel that I can raise any concerns with my manager and that the appropriate action, if any, is taken."

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

- The provider had a policy in place relating to duty of candour. This detailed the importance of transparency when investigating something that goes wrong.

- The registered manager understood their Duty of Candour, to be open and honest when things went wrong, and had recorded when they had informed the next of kin following an incident or accident. They told us, "Next of kin details are on the care plan and our systems. Consent is in their information, so we know who we can speak to."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff received training in relation to Equality and Diversity Rights as part of their induction.
- The service gained feedback from people in the past 12 months. They completed a yearly survey. The registered manager stated any feedback back that required action would be put in an actions and improvement plan.
- People confirmed that the service had approached them and given them the opportunity to feedback on the running of the service.
- The registered manager told us they sent out newsletters on the service to people and staff and a Halloween poster so that people could put on their doors to say no to trick or treaters.
- One staff member commented, "Yes. I call the manager and sit with them reporting all of my concerns. They genuinely listen and care."

Working in partnership with others

- Staff worked in partnership with other services to help ensure people's needs were met. There was evidence in people's care records to show where staff had built working relationships with the local authority, social services, safeguarding, GPs and occupational therapists.