

Williams CM Ltd

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Inspection report

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Ratings

Overall rating for this service

Inadequate ●

Is the service safe?

Inadequate ●

Is the service well-led?

Inadequate ●

Summary of findings

Overall summary

About the service

Williams CM Ltd is a domiciliary care service providing personal care to 16 people at the time of the inspection. The service supports adults with dementia, learning disabilities or autistic spectrum disorder, physical disability and sensory impairments.

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

People were placed at risk of harm because the provider had failed to address the concerns identified at the last inspection. People received support from staff who had not always received appropriate training and had not been safely recruited. Where people received support with their mobility needs, staff had not always been suitably trained to carry out this support. There was poor oversight of medicines administration and we found errors the provider had not identified. Infection control practices remained poor and staff did not always follow government guidance around the use of Personal Protective Equipment (PPE). This place people at risk of harm.

The provider had failed to establish effective systems to monitor the quality of care people received and drive improvement. Records relating to the care people received with their personal care and medicines were not reviewed to ensure people received a safe standard of care. Recruitment processes had not been established which meant some staff may not be safe to work with people. Feedback from people and staff reflected some concerns with the provider and staff did not always feel listened to. The provider had not worked in partnership with others when making decisions about some people's care.

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

Rating at last inspection and update

The last rating for this service was inadequate (published 1 April 2021) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. This service has been in Special Measures since 31 March 2021. At this inspection enough improvement had not been made and the provider was still in breach of regulations and therefore remains in Special Measures.

Why we inspected

We carried out an unannounced focused inspection of this service between 19 January and 9 February 2021. Breaches of legal requirements were found. We identified breaches in relation to safe care and treatment, staffing, fit and proper persons employed and good governance. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has remained Inadequate. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Williams CM Ltd on our website at www.cqc.org.uk.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to safe care and treatment, staff training, recruitment processes and governance at this inspection.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

Special Measures

The overall rating for this service is 'Inadequate' and the service remains in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe and there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it. And it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not safe.

Details are in our safe findings below.

Is the service well-led?

Inadequate ●

The service was not well-led.

Details are in our well-Led findings below.

Williams CM Ltd

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

The inspection was conducted by two inspectors.

Service and service type

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

The service did not have a manager registered with the Care Quality Commission. This means the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 29 June 2021 and ended on 2 July 2021. We visited the office location on 29 June 2021.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals 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.

We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service and two relatives about their experience of the care provided. We spoke with six members of staff including a field care supervisor and the manager. We also spoke with the provider. We reviewed a range of records. This included three people's care records and medication records. We looked at two staff files in relation to recruitment and supervision.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We requested information from the provider and manager in relation to safe recruitment checks, staff training, and quality audits. Some of this information was received. We spoke with the local authority who were responsible for funding people's care.

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 Inadequate. At this inspection this key question has remained the same. This meant people were not safe and were at risk of avoidable harm.

Using medicines safely; Assessing risk, safety monitoring and management

At our last inspection the provider had failed to ensure effective systems were in place for the safe management of medicines and infection control. They had also failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

- The provider had failed to address risks we identified at the last inspection in relation to the management of medicines. Medicines administration records (MAR) had not been audited, which meant the provider was not aware if there had been any errors in people receiving their prescribed medicines. The manager told us they had not audited the records, and some had not been collected from people's homes for several months. They told us they relied on people's relatives to tell them if there were any concerns about medicines.
- There were limited medicines records available for us to review, however one person's medicines records contained gaps in recording. This meant we could not be sure the person had received their medicines on that day. The manager told us they were not aware of the recording gaps and had not carried out an audit to check for errors. This meant there was on-going risk to people receiving their medicines safely.
- Following the inspection visit the provider sent us copies of five people's medicines audits they had completed following the inspection. Most of the records were complete, although we saw there was a gap in one person's administration records which had not been identified in the audit. Safeguarding actions included within the audit document had not been completed. For example, a lack of evidence of robust procedures when handwriting the MAR and unclear information about 'as required' medicines may place people at risk of harm.
- People were placed at risk when receiving support with their mobility as staff had not received training to ensure they could support people safely. Some staff had not completed training in moving and handling since they began working for the provider. Other staff had completed theoretical training but had not recently had their competency assessed to ensure their skills and knowledge were up to date. This placed people at risk from receiving inconsistent or unsafe care with their mobility.

Preventing and controlling infection

- The provider had failed to address concerns identified at the last inspection in relation to poor infection control, and a lack of awareness of government guidance in relation to COVID-19. For example, during the

inspection staff, including the provider, were not wearing face masks. Risks to people and staff had not been assessed and where people were particularly vulnerable to the potential impact of COVID-19, this had not been considered.

- We asked to see a copy of the provider's policy about the management of COVID-19. The manager told us they were not aware of such a policy. Following the inspection, the provider sent us a COVID-19 office audit, however this document had not been completed correctly and did not reflect robust processes in place for the management of an outbreak.
- We received mixed feedback from staff about testing procedures. One staff member told us they had not been required by the provider to complete tests. However, following the inspection the manager sent us records which reflected the outcomes of weekly staff testing.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Despite the concerns we identified, people and relatives told us they were happy with the support they received with their mobility and medicines. One person told us, "Staff transfer out of bed using a hoist, there have been no mishaps." People also told us staff wore face masks and used gloves and aprons when providing care.
- Following the last inspection 10 out of 16 care plans had been reviewed by a field care supervisor. Those we reviewed contained detailed information about people's care and support needs as well as guidance for staff on people's life histories and individual preferences.

Staffing and recruitment

At the last inspection the provider had failed to establish robust recruitment processes which meant people were not supported by staff who had been recruited safely. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 19.

- During the inspection visit we requested three staff recruitment files. Of the three files we requested the manager was only able to locate two. They told us the other file may be located in an unregistered office, previously occupied by the provider.
- The manager told us they had audited the staff files to ensure they contained the required information. We found some auditing had taken place and notes within the files detailed some information that needed to be obtained; however, no action had been taken to gather the outstanding information.
- There were significant gaps in staff records. Information about people's employment history, gaps in employment and references from previous employers had not been gathered. There was no evidence of application forms or interview records in the files we reviewed. Furthermore, the provider had not ensured all staff had been subject to Disclosure and Barring Service (DBS) checks prior to commencing or recommencing their employment.

This placed people at risk of receiving support from staff who had not been safely recruited and may be unsuitable to work with people. This was a continued breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the inspection, the provider sent us evidence of DBS checks that had been completed for eight staff members. However, some of staff had previously left the company and returned months later. Checks for those staff members had not been renewed, and the provider had not implemented risk assessments in the absence of effective recruitment processes.

At the last inspection the provider had failed to ensure staff had sufficient training to meet people's needs. They had also failed to ensure they had sufficient staff to meet people's care needs. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Although some improvements had been made and people were now supported by a consistent staff team, not enough improvement had been made at this inspection and the provider was still in breach of regulation 18.

- The provider had failed to establish systems to ensure staff received appropriate support, training, professional development and supervision. Staff training records were not available at the time of inspection visit. We were unable to view complete records of staff training and induction, and supervision records were also not available.
- Following the last inspection, the provider told us a training plan had been developed for all staff members. We asked two staff members about these plans, but they were not aware of such a plan. Staff told us they did not always receive appropriate training. One staff member told us they had not received any training since they started working for the provider.
- Staff did not receive an effective induction to ensure they had the skills and knowledge required to meet people's needs. Two staff members told us they had not receive any induction training. One staff member said, "I just arrived and started work. I was offered shadowing shifts but didn't feel I needed them."

This placed people at risk of receiving support from staff who may not have received appropriate support or training to enable them to carry out their role effectively. This was a continued breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

At the last inspection we found people had been placed at risk of harm as the provider had failed to establish systems to safeguarding people from abuse. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made and the provider was no longer in breach of regulation 13.

- We reviewed management records and found there had been no reported safeguarding concerns. However, staff told us they would report any concerns to the manager or field care supervisor.
- We discussed safeguarding with the manager who showed us the systems they had established to record and report any safeguarding concerns. The manager was aware of their responsibilities in relation to safeguarding and knew they were required to notify us of any incidents or events, as required by law.
- People told us they felt safe when receiving support from staff. One person said, "I feel safe with the carers. Carers are good and if they notice a problem, they will point it out. Nothing is ignored."

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 Inadequate At this inspection this key question has now remained the same. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

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

At the last inspection the provider had failed to ensure quality monitoring systems were in place to ensure people received safe care in line with their needs. They had also failed to act on concerns, which place people at risk of prolonged poor-quality care. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- The provider had failed to make improvements to governance and oversight systems. Following the last inspection, the provider told us they had established a care notes audit record and further audits to ensure quality of care. At this inspection we found no evidence of these audits. We asked to see copies of audited care records but were told these were not available.
- Feedback from people and relatives about the care staff who supported them was largely positive, however numerous concerns were raised about the manager and provider. One person told us, "The manager said they were coming to see me. I waited in all day and they never came." A relative said, "I tried to speak with the owner when there was a change to our call times, my calls were never returned."

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

- At the last inspection the manager left the service while the inspection was underway. A new manager had been appointed who told us they had applied to become the registered manager. However, there was no record of an application having been received because the provider and manager had failed to follow CQC's application process. Following the inspection, we were contacted by the provider who told us the manager had left their employment and they were recruiting for a new manager who would apply to become registered with CQC.
- The manager was not clear about the regulatory requirements of their role and told us they did not feel supported by the provider.
- The provider had failed to ensure there were effective systems in place to support staff and ensure they had the skills and knowledge required to meet people's needs. We saw that spot checks had now been carried out by the field care supervisor and staff had been given some feedback on their practice. However,

some staff told us they had concerns about the way they were treated by the manager and provider. One staff member said, "Some people have been upset by the provider, they do not feel they are sympathetic." Another staff member commented, "The provider is not supportive, I am upset about how I am spoken to. Staff should be treated better."

- The provider had failed to display the rating for their previous inspection on their website as required by law. We reviewed the provider's website both before and after the inspection visit and found it reflected their rating as 'requires improvement' where it should have been 'inadequate'.
- The provider had failed to take adequate steps to make improvements at the service. Although some care plans and risk assessments had been reviewed and spot checks carried out on staff, there was no evidence that robust governance and oversight systems had been established to ensure people were protected from the risks identified at the last inspection.
- We found little evidence to support the actions the provider had told us they had taken following the last inspection. We identified continued concerns in relation to management of medicines, staff recruitment and training, infection control, staff support and governance. Following the last inspection, the provider told us they would review assurance measures in a weekly meeting with the manager. The manager told us they were not aware of these meetings and were unable to provide us with minutes or actions from these meetings.

The provider had failed to establish systems to assess, monitor and improve the quality and safety of the service provided. This placed people at risk of harm. This was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Some people told us they had been visited by the manager and asked about their experiences of care. We reviewed records of these conversations and found people were generally happy with the staff who supported them and felt they were caring. People reflected there had been an improvement in the consistency of staff who supported them. One person had commented, "I always get carers that I know."
- Staff expressed mixed views about their involvement with the service. One staff member said, "Things have got a lot better; we are now getting paid on time." However, other staff members felt support from the manager and provider was poor. One staff member said, "The support from the field care supervisor is good, but the provider is not available to speak to, they either don't answer your call, or say they are busy."
- At the last inspection we found the provider had not acted in accordance with the duty of candour and had failed to share information about a safeguarding incident with the person's relative. At this inspection we did not identify any concerns in relation to duty of candour but were unable to establish if the provider was working to the requirements due to a lack of available records.

Working in partnership with others

- Decisions about people's care were not always made in partnership with others. On the day of the inspection visit we observed the manager making telephone calls to people giving them short notice that their support was going to end. Information had not been shared with the local authority prior to this decision being made, which left some people with very limited time to arrange support from a new provider.