C M Community Care Services Limited

CM Community Care Services Birmingham

Inspection report

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30 November 2021

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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

Summary of findings

Overall summary

About the service
CM Community Care Services Birmingham is a domiciliary care service which provides personal care to adults with a range of support needs in their own houses and flats. At the time of this inspection the service was supporting 33 people with personal care.

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
Systems were in place to protect people from abuse. People and their relatives felt safe care was provided. Most people received support from a regular staff team. Staff had received medicine training. Staff competence was assessed to ensure they were following safe medicine practices.

Staff had received infection control training and told us what Personal Protective Equipment [PPE] they should wear and when. Relatives told us that staff wore PPE when entering their family member's home.

The individual needs of people were assessed so staff knew how to meet these needs in line with people's wishes and safety requirements. Staff supported some people with their meals and drinks and to access healthcare support where this was needed.

Staff had good knowledge about the people they supported. Staff told us they enjoyed working at the service and found it rewarding. People's independence was promoted and respected.

Staff enabled people 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.

People and their relatives were able to give feedback about the care and support provided in a variety of ways. Examples included, during care reviews, the spot checks of staff performance, telephone and video calls.

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

Why we inspected
The service was registered with us on 24/06/2020 this was the first inspection.

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?

Good

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our Well-led findings below.

CM Community Care Services Birmingham

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 carried out by one 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.

The service did not have a manager registered with the Care Quality Commission. The registered manager had de-registered with us a few weeks before the inspection. This person was still employed in the service but not as registered manager. The nominated individual for the service was present at the inspection and they told us they would make an application to also be the registered manager. A nominated individual is a named person, who is registered with us. The provider delegates responsibility to this person for overseeing the service on a regular basis. A registered manager and 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 we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 30 November 2021 and ended on 03 December 2021. This involved speaking

with people, their relatives and staff. We visited the office location on 30 November 2021.

What we did before inspection
We reviewed information we had received about the service. The provider was 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 also spoke with the local authority to get their view of the service provided. We took this into account when we inspected the service and made the judgements in this report.

During the inspection
We spoke with six members of staff including the manager, the nominated individual, care assessors and co-ordinators and care staff. We spoke with two people who used the service, four relatives about their experience of the care provided and two social care professionals. We reviewed a range of records. This included two people's care records. We looked at two 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 also reviewed.

Good

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

●Staff were aware of the different types of abuse and the signs of abuse to look out for. A staff member said, "Abuse could be financial, physical or neglect. If I had any concerns at all I would report to the manager". A person said, "The staff are kind to me". Where required referrals had been made to the local authority safeguarding team and the Care Quality Commission were also notified as is legally required.

●We saw a copy of a document called, 'Service User Guide' [SUG] that had been given to people when they started to use the service. The document highlighted details for people and their relatives to contact in the local authority safeguarding department if they had concerns.

Assessing risk, safety monitoring and management

● Risk assessments had been undertaken to identify people's individual risks. Care plans had been produced to instruct staff what support people needed and how to keep people safe. A staff member told us, "We [staff] know what we should do to keep people safe. All the information we need is electronic, so we always have access to it". A relative told us, "Records are in the house to tell staff what to do".

● Relatives told us their family members were safe. A relative confirmed, "I have no worries about their [person's name] at all. The service provided is safe".

●Staff observed and monitored people to identify any changes to their well-being. If needed, staff contacted health and/or social care professionals on people's behalf if they were unwell or their needs changed. A social care professional told us, "If staff have concerns, or they feel equipment is required to keep people safe, they contact us".

● The manager and senior team carried out thorough assessment of need and support planning including environmental hazards and concerns. This ensured the person's property was safe for them and for staff to work in.

● Systems were in place for any accidents and incidents to be reviewed by the manager.

Staffing and recruitment

●The nominated individual for the service told us recruitment was on-going. They confirmed they had enough staff to support the people already receiving care packages. They also confirmed they would not accept any more complex care packages until they had more staff. This was confirmed by a social care professional. They said, "The manager will not accept new care packages unless they are sure they have the capacity to fully meet people's needs. This minimises risks of poor care".

●Some relatives told us different staff provided their family members support. This was usually if a staff member was on holiday. Other relatives told us the same staff visited their family member.

● The services electronic care system would highlight if a care call was late so quick action could be taken to

address this. The majority of relatives told us staff arrived on time and stayed the agreed duration. A relative said, "The staff come on time give or take 15 minutes but that is alright". A health professional told us, "From what I know staff stay the correct time. If they have five minutes spare they may sit and chat to the person".

●Staff had been recruited safely. Pre-employment checks had been carried out to ensure staff were suitable for the role. This included full Disclosure and Barring Service [DBS]check, work history analysis and references.

Using medicines safely

●Staff understood their responsibilities in relation to medicine management. Staff told us, and records confirmed, they had received medicines training. Staff had their competency assessed to ensure they followed safe medicine practice.

●Where staff supported people with their prescribed medicine relatives were happy how this was managed. One relative said, "The staff give the tablets correctly".

● The provider's electronic monitoring system would highlight if there was an issue of concern. For example, a staff member not attending a care call to support with or administer medicine. This would prevent incidents of people not receiving their medicines.

Preventing and controlling infection

●The provider had an infection and control policy in place and staff were aware of this.

● Staff had received training in infection control.

●Staff told us Personal Protective Equipment [PPE] was available to them. A staff member told us, "We [staff] were never short of PPE at any time through the pandemic". We saw stocks of PPE were available in the office for staff to collect when needed.

● Relatives confirmed staff wore PPE. One staff member said, "I would never go into any person's house without wearing PPE, it would not be safe for them or me".

Learning lessons when things go wrong

● Staff understood their responsibilities to raise concerns. They told us the management team would listen to them and felt any concerns would be acted on and dealt with appropriately.

Good

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and relative and staff feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed and reviewed. People and relatives, where possible, were involved in developing care plans. A relative told us, "I know about the care plan. The care plans are in their [person's] house so I can look at them". Another relative said, "The manager from the office rings and asks me to talk about the care plan when it needs reviewing".
- People's preferences, likes, and dislikes, past life histories and background information were recorded in their care documentation. This included, people's medical conditions, where they used to live and where they worked. This gave staff an overview of each person's life.

Staff support: induction, training, skills and experience

- Staff we spoke with confirmed they received a range of training and had to update this regularly. A staff member said, "The training we [staff] have is good. I enjoy training and have learnt a lot".
- Induction training was in place to support new staff into their role. This included on-line training, some face to face training and shadowing more experienced staff. One staff member told us, "I had never worked in care before so any guidance I had from managers and other staff was helpful. I found the induction training was good. It gave me an insight into what the job involved".
- New staff were required to complete the care certificate and documents were available to confirm they had completed or were completing the course. The care certificate comprises of nationally recognised standards that care staff must work with to provide appropriate safe support.
- Relatives told us they felt the staff had the correct skills and knowledge to support their family member. A relative said, "They [staff member] know what they need to do, and they do their job well". A staff member said, "I feel competent to carry out my work. If I am unsure, I ring the office to speak with the manager. There is always a senior or manager on call to give staff guidance".

Supporting people to eat and drink enough to maintain a balanced diet: staff working with other agencies to provide consistent, effective, timely care; supporting people to live healthier lives, access healthcare services and support

- Where required staff assisted people with the preparation of food and drink. A relative said, "We [family] ensure the fridge and freezer is full. They [person] tell the staff what they want to eat and drink. It works well as [person] has a range of food and drink to select".
- People were supported by staff who were aware of their healthcare needs. A relative said, "If staff are worried about them [person] they telephone me. Sometimes they have contacted the doctor for me".
- Staff worked closely with health and social care professionals to ensure people's changing needs were addressed, and people received the support they needed. A social care professional confirmed staff

contacted them when required for an assessment by an occupational therapist or other professional.

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

- People's capacity had been considered when their needs had been assessed. People and relatives confirmed staff involved them in decision making when required.
- People and their relatives had been involved, consulted with and had agreed with the level of care and support provided.
- Some relatives had power of attorney or lasting power of attorney to enable them to make decisions on their family member's behalf.
- Staff told us how they sought peoples consent and offered choices to people during their care. A relative told us, "The staff ask their [person's] permission before they look after them".

Good

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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 and their relatives confirmed the staff were kind and friendly. A relative said, "The staff are kind and polite and always have a little chat". A social care professional told us feedback from people was that staff were kind and caring.
- Staff told us they had a good relationship with the people they supported. One staff member said, "It's hard not to get involved with people. I see them every day. I care about them".
- One hours' free support had been provided to some people who lived alone and were at risk if ill-being due to isolation. One person had used their time going for a walk outside with staff. A photo of the person walking outside showed happiness, they were smiling. Other people had used the time for engaging in conversations or board games with staff.
- The manager and staff team were committed to meeting the cultural and religious needs of people. Assessment of need documents confirmed people had been asked about their cultural and/or religious needs.
- Staff demonstrated an understanding of people's care needs and the importance of respecting diversity.
- People could feel confident and able to live their lives the way they wished regardless of any specific or protected characteristics. Information was available for people and staff to access services and groups if they wished to. An example of this was 'a guide for care and support services working with older lesbian, gay and bisexual people'. The document looked at ways people could be supported to be open about their specific protected characteristics and individual needs.

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

- Care plans were developed with input from people and their family members whenever possible.
- Staff demonstrated a good understanding of people's needs and how they encouraged people to make choices about their care. A staff member told us, "I always talk to people about their care needs. Just because they want something done in one way one day, they can change their minds".

Respecting and promoting people's privacy, dignity and independence

- Staff maintained people's independence wherever possible. A person told us, "I like to do what I can for myself. The staff just help me to do what I can't do myself".
- People's right to confidentiality was respected and protected appropriately in accordance with General Data Protection Regulation (GDPR). The nominated individual told us how people's paper and electronic information was kept secure in the office. They gave examples of locked storage and ensuring staff kept computerised information safe by keeping it on their person.

Good

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. 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 that was person centred. A relative told us, "The staff know them [family member] well. They know their preferences in terms of their routines".
- People's records highlighted their individual preferences and wishes to ensure support was provided in the way the person wanted.

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.

- Information on people's individual methods of communication was included in their care plan.
- The nominated individual confirmed information could be provided in different formats such as large print and a number of different languages if required.

Improving care quality in response to complaints or concerns

- Information was available to people on how to raise concerns or make a complaint if they had a need to.
- People and relatives told us they felt able to raise any concerns. One relative told us, "I ring the office if I need to confirm something. I have not ever made a complaint".

End of life care and support

- At the time of the inspection, no one supported by the service was receiving end of life care.
- The nominated individual told us they would work closely with relatives and healthcare professionals, including GPs to support people at the end of their life.

Good

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The manager had voluntarily de-registered with us in November 2021. The nominated individual knew there was a legal requirement for a registered manager to be in post. They confirmed they would be applying to be the registered manager and had commenced the registration process.
- Systems were used to monitor the quality of the service provided. These included audits and spot checks to identify shortfalls in service delivery.
- The IT system automatically monitored staff arrival and departure times on care calls and alerted the management to any potential late or missed care call.
- Staff had left employment when the government furlough scheme ended. Recruitment was on-going to minimise risks related to this.

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

- Survey forms were used for people, their relatives and staff to give their views on the service provided. A person told us, "Sometimes [staff name] comes to see me and asks if I am happy with my care. I am". A relative told us they had filled out a survey form but felt they could contact the office at any time if they needed clarity or just needed to speak with someone.
- Recent completed survey forms were being analysed. It was noted that satisfaction rates were good.
- Staff were encouraged to raise any concerns or worries they may have about the care provided, including whistleblowing. Staff confirmed they would use this process if they needed to and was confident any issues would be investigated.

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

- People, relatives, staff and external social professionals all made very positive comments about the manager who was previously the registered manager. A relative described the manager as, "Very kind, helpful and approachable". An external social care professional told us the manager was very good and covered all assessment of need and people issues in depth and with devotion. Staff told us the manager was supportive and approachable.
- The provider and staff were committed to delivering a good, personalised service to people. A staff member told us, "The manager's and staff all try their best to give 100% to people. I do not finish work until people are safe and well".

● People and relatives told us the service provided met their needs and wishes. One relative told us, "They [person] are treated as an individual. It is not a one size fits all service".
● The provider was totally committed to supporting the well-being of staff. This always included staff having access to a senior member of staff via office opening hours and the on-call out of office telephone system. A confidential staff helpline and stress management training. A staff member told us, "I had an upsetting work experience. I got full support from the management so was able to move on".
● Through discussions with the nominated individual it was clear they were aware of and acted in line with the duty of candour requirements. "We [organisation] are open and transparent at all times. If there is a need to say sorry we do".
● The nominated individual knew their role and legal responsibilities, including notifying us, the Care Quality Commission about any important events that happened in the service.

Working in partnership with others; continuous learning and improving care
● A social care professional told us the provider worked in partnership with them. They told us they undertook joint reviews of people's support packages and always contacted them [the social care professional] if there was a concern or people's needs changed.
● The nominated individual showed us a raft of information to confirm good working relationships and partnership working with other agencies. They had a membership with National Activity Providers Association [NAPA] which gave ideas for enhancing conversation between staff and people. Also, to secure activity equipment for the free hours' activity time allocated to some people.
● Relatives told us and staff confirmed they [staff] had acted quickly when there was a concern for people's health or well-being. For example getting in contact with health and/or social care professionals for additional equipment to enhance a person's life.
● The nominated individual told us they had identified one area of personal care that was not being consistently met was that of hair care. They showed us care plans that had been recently produced specifically to ascertain what hair care needs people had and how they were to be met.