C M Community Care Services Limited

CM Community Care Services Limited - 30 Waterloo Road

Inspection report

30 Waterloo Road
Wolverhampton
West Midlands
WV1 4BL

Tel: 01902426364

Date of inspection visit:
30 April 2018
01 May 2018
03 May 2018
09 May 2018

Date of publication:
21 June 2018

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

CM Community Care Services limited is a domiciliary care agency. It provides personal care to people living in their own homes in the community and provides a service to older adults. Not everyone using CM Community Care Services receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. The inspection was prompted in part by complaints shared with CQC about the service people received. This inspection examined those risks. This announced site inspection took place on 03 and 09 May 2018.

At the time of our inspection, 96 people were supported with their personal care needs by the service. There was a registered manager in post. 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.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained Good.

People continued to be safe when receiving support and staff understood how to protect people from harm. People's risks were assessed, monitored and managed to ensure they remained safe. People were supported by sufficient numbers of staff who were recruited safely. People's medicines were managed safely. Staff understood their responsibilities in relation to hygiene and infection control.

People continued to receive effective care. People continued to receive care from staff who had the skills and knowledge required to effectively support them. Support was delivered in line with good practice guidance. People's rights were protected because the manager and staff had an understanding of the Mental Capacity Act 2005 (MCA). Staff supported people to meet their nutritional needs and supported them to access health care professionals when required. People were involved in how their care was planned.

People continued to receive support from staff that were kind and caring and responsive to their needs. People's privacy was respected, and their dignity and independence promoted. People were able to make choices about their day to day lives. People knew how to raise any concerns or complaints and these were responded to in a timely manner.

The service continued to be well led, and the manager understood their role and responsibilities. Staff felt supported by the management team and were confident that they could approach the manager or provider and would be listened to. People and staff were encouraged to give feedback, and their views were acted on

to develop the service. The provider worked in partnership with other agencies and teams, and there were systems in place to drive improvements.

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 remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

CM Community Care Services Limited - 30 Waterloo Road

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 is 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.

This comprehensive site inspection took place on 03 and 09 May 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because we needed to be sure that the registered manager would be available to support the inspection. The inspection team consisted of one inspector and three experts by experiences. An expert by experience is a person who has personal experience of caring for older people and people living with dementia. The expert by experiences contacted people or their relatives prior to our site visit by telephone on 30 April and 01 May 2018.

Before the inspection we reviewed safeguarding alerts; share your experience forms and notifications that had been sent to us. A notification is information about important events which the provider is required to send us by law. We spoke with 22 people who used the service and 20 relatives. We spoke with 17 staff and the service manager. We looked at the care files of six people who used the service to see if their information was accurate and up to date. We reviewed three staff files to see how they were recruited and checked information about their training. We also looked at records relating to the management of the service. This included audits the manager had in place to ensure the quality of the service was continuously monitored and reviewed.

Good

Is the service safe?

Our findings

People told us they felt safe when staff visited them in their home. One person said, "I do feel safe. I have three calls a day with two staff. I need help to get out of bed and they assist me by holding and supporting me safely so that I don't fall." Another person told us, "I feel very safe. I have a medicine call and I feel very safe knowing they are coming and making sure I have took my tablets." Staff we spoke with demonstrated a clear understanding about their responsibilities to protect people from the risk of harm or abuse. They were aware of the different types of abuse that might occur and explained the signs they would look out for. Staff were able to describe the actions they should take, and were confident to report any concerns to the manager. The manager demonstrated an awareness of safeguarding procedures and reported any concerns of potential abuse or harm to the local safeguarding authority.

Risks to people's safety were monitored and managed effectively. One person said, "I am prone to falls so I have to have two carers they make sure I am safely in my wheelchair so I can get about with no trip hazards on the floor." Staff we spoke with said they had completed training to ensure they used equipment correctly and said that their work practices were also regularly assessed. One member of staff said, "They do spot checks they don't say when, they will just turn up to check you are doing everything in line with the care plan." Records we looked at identified individual risks people might face and provided clear guidance for staff to refer to in order to reduce risks. Information was regularly reviewed and updated when the person's needs changed. Environmental risk assessments had been undertaken in people's homes. These assessments took into account fire safety and risks in relation to flooring or furnishings. Staff told us they understood the actions they should take if an emergency occurred such as not being able to gain entry to someone or finding a person had fallen. One member of staff told us, "I would contact the office or the emergency services." This meant staff understood how to care for people safely.

People told us there were enough staff to meet their needs and support them to stay safe. However, people had mixed views about the timing of their visits. One person said, "They do not always arrive on time, we occasionally have a problem." Another person told us, "Timings can be erratic." A third person said, "They do arrive mostly on time and have never missed coming to me. They do stay the time and will phone if they are running late." CM Community Care Limited operates both a short term re-ablement service along with providing longer term support to people. The re-ablement nature of the support provided to people meant that the level of assistance provided changed regularly as people's independence increased. This meant call times and staffing levels were adjusted as people's needs changed and resulted in some call times being varied. Staff felt there were sufficient numbers of staff to meet people's needs and explained that they worked within defined geographical areas. One member of staff said, "There is enough staff and you are never left on your own to complete double calls. Calls are well planned so there is always enough travel time between the calls." We looked at how calls were planned and assigned to staff and saw a computerised system was used to assign and record calls. We also found the number of staff required to meet people's needs were available and this was considered in the preparation of the call runs.

We saw the provider followed safe recruitment processes and staff confirmed that the required employment checks were undertaken. For example, Disclosure and Barring Service (DBS) checks before staff started to

work with people. DBS checks help the provider reduce the risk of employing unsuitable staff to work with vulnerable people.

People had their medicines as prescribed. One person said, "I have a lot of tablets and they put them all out for me in order and give me some water to have with them." We saw that when people needed support to take their medicines, systems were in place to ensure this was done safely. A member of staff said, "We have all been trained to give medicines, the medicines are in a dosset box. Some people you can give medicines into their hands others need more support. If people refuse their medicine we report it to the office." Where people received support with their medicine we found accurate records were kept and care plans identified the assistance people required.

We looked at the systems in place to ensure hygiene standards were maintained. One person told us, "They have always got gloves and aprons on." Staff we spoke with could describe how they worked to prevent the spread of infection and confirmed that they were able to access stocks of Personal Protective Equipment (PPE) as required.

We looked at how accidents and incidents were managed. We saw that the manager had systems in place to learn and make improvements when things went wrong. For example, the manager would review and monitor the outcomes following any incidents to ensure appropriate action was taken and the relevant agencies informed along with considering whether anything could be done differently in the future.

Good

Is the service effective?

Our findings

People told us before they began to receive support an assessment of their needs was completed. CM Community Care Limited operates a reablement service in which people are encouraged to regain skills, confidence and independence following a period of ill health. For example, after a hospital admission due to a fall or a stroke. Staff we spoke with said they assisted people to become as independent as possible during the time they were receiving support from the service. Help provided through the reablement programme was time limited and people were made aware of this when their needs were initially assessed. Discussions with the manager and staff confirmed they had a good understanding of people's support and communication needs. Care records we looked at showed involvement of people along with an assessment of a number of areas including personal care and medical history when developing people's care plans. We found people's needs were adequately assessed and plans were in place to meet them.

The majority of people we spoke with said staff had the skills to provide effective care. One person said, "I think they are well trained and look after me well." Another person commented, "Yes I would say most of the staff are well trained, sometimes you get the odd one that isn't." Staff told us ongoing training was available to ensure they felt confident in their role. One member of staff said, "I feel confident I have got the skills to meet people's needs. You can always ring up or have more training if you are unsure of something." New staff received an induction that prepared them for their role, and the manager ensured both new and existing staff were trained to undertake any new areas of care that staff were unfamiliar with. For example, End of life care. Staff we spoke with said they had one to one meetings and they were able to discuss any training need or concerns during these meetings. This showed staff had the skills and support to provide effective care to people.

People who we spoke with who were assisted with their meals were happy with how this support was provided. One person told us, "They get me egg on toast for breakfast with a drink, a microwave meal and a cup of tea for lunch and make a sandwich for me at teatime with a drink. I cannot feed myself so they give it to me and they make sure I swallow it safely." Another person commented, "They get whatever I fancy." Staff we spoke with were aware of the importance of supporting people to maintain good nutrition and hydration. Care records we looked at contained information about people's dietary needs, support required from staff and any health conditions which might be affected by their diet. This showed people were supported to eat and drink sufficient amounts to promote their health.

The staff and management team worked with other agencies to meet people's needs and deliver effective care. For example the service worked closely with the local authority in relation to the reablement service. We saw that when people were discharged from hospital, their needs were assessed and reviewed and people's care records adjusted as required.

Most people we spoke with were able to make their own arrangements in relation to their healthcare. However, we saw that referrals were made to healthcare professionals in a timely manner when needed. One relative said, "The carer will tell me if I need to get a doctor or district nurse." A member of staff told us, "If someone is not feeling well I might call the GP, their family or the office. If needed I would contact the

emergency services to get them to come out." This demonstrated people were supported to maintain their health and wellbeing.

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. The application needs to be made to the Court of Protection for people living in their own home. At the time of our inspection no one was receiving care or support that was subject to a court order.

We checked whether the service was working within the principles of the MCA. People we spoke with were able to make decisions about their care and support and said staff always sought their consent before providing assistance. One person told us, "They always say can I do anything else for you and wouldn't dream of doing anything without asking first." Another person said, "They won't do anything without asking me first." One member of staff said, "If someone refused something I would respect their decision; I would try to encourage them and try again later. I would write it down and let the office know." Records we looked at showed people's agreement to receive assistance with their support needs. Staff we spoke with also demonstrated their understanding about the MCA and were aware of how this could impact on their role.

Good

Is the service caring?

Our findings

People told us staff were caring and treated them with kindness and respect. One person said, "All of them are very good to me, caring and thoughtful. I could not do without them." Another person told us, "They are wonderful girls, they are my shoulder to cry on and they cheer me up straight away. They help me cope." Staff we spoke with were knowledgeable about people's needs and understood the best communication methods for the people they supported. For example, one member of staff told us they communicated with one person by writing information and questions down. Other staff explained some people used gestures and body language to communicate with them.

People were supported to make decisions about how their needs were met during the planning and assessment process. They said their wishes and views were listened to by staff and we saw their care plan was developed using this information. One person said, "Yes I make all my decisions about what I want and need." Another person commented, "They always include me in conversations and ask my opinion as well." One member of staff said, "I always listen to what people tell me and I will talk through what we are going to do to see what they think and if they are in agreement." This showed people were enabled to have as much control in their lives as possible.

People had access to independent advocacy services if required; although no one was currently being supported by an advocate at the time of the inspection. Advocates are people who are independent and support people to make and communicate their views and wishes.

People told us they were treated with dignity and respect by staff. One person said, "I am fully respected. They keep me covered when washing me and wait for me to finish on the loo before coming in to get me." Another person commented, "I have a bed wash and they keep me partially covered at all times when doing it." A relative said, "They are very respectful and always make sure the door is closed when they are providing care. They are very thoughtful." Staff we spoke with were able to share examples with us of how they maintained people's privacy and dignity. One member of staff said, "I always make sure people are covered when providing personal care and the blinds are down and doors closed." This demonstrated peoples dignity and privacy was respected. We found the provider ensured all confidential information about people was stored securely so that personal information was protected along with conforming to changes in the Data Protection regulation.

Staff supported people to regain their independence. One person told us, "I wash myself and they do the bits I can't reach." Another person said, "Staff do encourage me to do as much as I can for myself." Staff we spoke with explained they helped people when needed but tried to encourage people to remain as independent as possible. One member of staff said, "I encourage people to do what they can for themselves and am there to help them when needed." This demonstrated that people's independence was promoted by the staff that supported them.

Good

Is the service responsive?

Our findings

People told us they were involved in planning their care and support and the service provided was responsive to their needs. One person told us, "Yes I did the [care plan] with staff and I have a copy in the house." A relative commented, "We both do [the care plan]. It was recently changed and [person] has increased to four calls a day instead of two; it will change back when I have recovered. They do review the care plan and a copy is in the house." Care records we looked at were personalised and contained information that was individual to a person and included details regarding their protected characteristics such as race and beliefs along with details of a person's individual needs and preferences. For example, a preference for female staff to provide personal care which we saw was adhered to. People's individual communication requirements were considered when developing their care record. For example, information could be provided in another format such as Braille or verbally if required. Staff confirmed that information about people's changing needs were shared through effective communication systems in place. For example, mobile technology was used to share information with staff.

This inspection was prompted in part by information shared with CQC about the quality of service people received. Although we found people and their relatives knew how to raise concerns or make a complaint to the provider they had mixed views on whether they thought their complaints were listened and responded to appropriately. One person said, "Yes I have raised a complaint but they have not called me back." Staff we spoke with knew how to direct and support people to make a complaint. People were also provided with a copy of the provider's complaints policy, and when required, the manager had responded to people in line with this. We reviewed the complaints log and found there was a system in place to record complaints received. We looked at recent complaints and found these concerns had been investigated and a response provided to the complainant. We found some concerns raised were in relation to communicating with the service. We saw the manager was aware of this and was in the process of implementing a number of changes to address these concerns such as appointing call handling staff to respond to people's calls. This demonstrated the manager took account of people's views and complaints to make improvements to the service.

At the time of this inspection, the provider was not supporting people with end of life care. However the manager said if people required end of life care they would have conversation's with people, their relatives and professionals to discuss a person's wishes and preferences in relation to end of life care.

Good

Is the service well-led?

Our findings

Although there was a registered manager in place the day to day running of the service was the responsibility of another manager. At the last inspection this manager told us that they were intending to apply to become the registered manager of the service. At this most recent inspection they explained although they had not yet applied to register; it continued to be their intention to become the registered person. They understood the responsibilities as a registered person and worked closely with external professionals and staff to ensure people received good quality support. They were aware of the requirement to notify us of certain events. For example, safeguarding or serious injuries and we saw systems were in place to comply with this. The manager kept their knowledge up to date by attending training and information sharing events as well as taking part in initiatives to improve care practice such as Dementia Friends. People also received information and advice in relation to specific health issues when they were initially assessed by the service. For example, information from the Alzheimer's Society, the Stroke Association or cancer organisations. We also saw the provider had ensured information about the service's inspection rating was displayed as required by law.

The majority of people we spoke with said the service was well-led. One person said, "Yes I do think it is well led and the office response is good if I talk to them about anything." While a relative commented, "It's so so; communication could be improved between office and carers." The manager was supported by a team of co-ordinators who were responsible for the day-to-day support people received and who provided support to the care staff in the community. One staff member told us, "Any concerns I contact the office and they sort it out."

Staff were supported in their roles. They explained the manager and office staff were always available to speak with and that they received supervision sessions that gave them the opportunity to discuss any training needs and future development. One member of staff told us, "I have supervision with the manager and I feel they happen often enough and we can walk in and speak to someone straight away if we need to. We also have team meetings and speak with other carers I feel very well supported in my role." Staff said they were confident any concerns they might raise would be listened to and responded to appropriately by the manager and provider. They were aware of the provider's whistle blowing policy, including raising concerns to external agencies if required. Whistle-blowing means raising a concern about a possible wrong doing within an organisation.

People were able to provide feedback about the support they had received through survey's sent out to people from the provider. We reviewed the analysis of the responses received and saw the majority of people said the quality of service they received was good and that service had improved over the last twelve months. We also found effective systems had been developed to monitor the quality of the service people received. These included a number of internal checks and audits. For example, the manager regularly assessed and monitored complaints, safeguarding concerns and incidents and accidents they used this information to identify any trends or patterns. Conversations with the manager and staff demonstrated information gathered was used to make improvements so issues were less likely to happen again. For example the manager had developed a communication action plan to improve communication processes

within the service.