

C M Community Care Services Limited

CM Community Care Services Limited - 30 Waterloo Road

Inspection report

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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

This announced inspection took place on 25 April 2017. At our last inspection on 2 August 2016 they were rated overall as requires improvement because the provider was not meeting the requirements of the law with regards to informing us of events which had taken place. At this inspection we found improvements had been made.

C M Community Care provides personal care to people in their own homes. At the time of our inspection they were providing care to 95 people in their own homes.

There was a registered manager in place at the time of our inspection. 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.

People told us they felt safe with the staff who provided their care. Staff knew how to protect people from suspected abuse and what to do should they suspect abuse had taken place. People's risks were managed by staff who had the knowledge to ensure the care they provided was safe. There were sufficient staff to meet people's needs. Staff supported people to have their medicines when they needed them.

People told us staff had the knowledge and skills to support them. Staff told us the training they received enabled them to meet people's needs. People had capacity to make decisions about their care. Staff supported people to meet their nutritional needs when required. Staff understood what action to take when people's health needs changed.

People were supported by kind and considerate staff. People told us staff encouraged them to maintain their independence. People were supported by staff who respected their privacy and dignity.

People were involved in their care and supported by staff who understood their needs and respected their individual choices and preferences. When people had complained there was a system in place which meant they would be listened to and any appropriate action would be taken.

People told us they were happy with the care they received and would recommend the service to others. People had the opportunity to comment on how the service was run. Staff felt supported in their role. The quality assurance system in place meant that people received care which was safe and effective and responsive to their individual needs.

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.

People received safe care from staff who knew how to recognise signs of abuse and how to report it. Staff understood how to manage risks to people's health. There were sufficient staff to meet people's needs. The provider had safe recruitment practices. People received their medicine when they needed it.

Is the service effective?

Good ●

The service was effective.

People told us staff were well trained to meet their needs. Staff had received training in the Mental Capacity Act. People were supported to make choices about their care. People were supported as needed to access food and drink to meet their nutritional needs. People were supported to access healthcare professionals by family members but staff knew the process in place when people's health needs changed.

Is the service caring?

Good ●

The service was caring.

People told us they were supported by kind and considerate staff. People were encouraged to maintain their independence. People's privacy and dignity was respected.

Is the service responsive?

Good ●

The service was responsive.

People were involved in decisions about their care. Staff knew people's choices and preferences. People were comfortable in raising complaints and when they did they were listened to and action taken to resolve them.

Is the service well-led?

Good ●

The service was well led.

People told us they were happy with the care they received and

would recommend the service to other people. People had the opportunity to comment on how the service is led. Staff were supported in their role. The quality assurance system in place ensured people received good care.

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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 checked 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 inspection took place on 25 April 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service we needed to be sure that someone would be in.

The inspection team consisted of one inspector and two experts by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. In this case their area of expertise was older people. We reviewed the information we held about the provider and the service and looked at the notifications the provider had sent us. A notification is information about important events which the provider is required to send us by law.

We contacted the Commissioners of the service to gain their views about the quality of the service provided. We used this information to plan our inspection.

We spoke with 10 people who used the service and five relatives to gain their views of the service provided. We spoke with six members of staff and the manager. As part of our inspection we looked at three people's care records and a selection of people's medicine records and four staff records. We looked at records relating to how the provider monitored the quality of the care people received and the complaints the provider had received. We also looked at records produced by the system provider used to evidence staff's

call rotas and the times people got their planned calls.

Is the service safe?

Our findings

At our last inspection in August 2016 we rated the service as "good" under the key question "is the service safe?" At this inspection we found the provider to still be meeting the standards required of a good rating.

People and their relatives told us they felt safe with the support they had from the staff at C M Community Care. One person said, "They are good carers, they make me feel safe. They lock up everything. I trust them". Relatives told us they felt their family members were safe with the support they received. One relative commented, "The staff know what they are doing and they keep [name of person] safe". Staff told us they had received training in how to protect people from abuse and were able to describe to us how they would recognise any signs of abuse and what they would do to protect them. One member of staff said, "I would tell my supervisor". Records we looked at demonstrated the provider had escalated concerns to the local authority when they suspected any potential abuse had occurred.

People told us they felt risks to their health and safety were managed well by the staff who supported them. One person said, "I can't stand and the staff help me up and steady me". Staff had the knowledge and skills to manage people's assessed risks. One member of staff shared with us how they moved someone safely from their bed and gave us step by step instructions on what they had to do to ensure the persons safety. Records we looked at demonstrated the provider had considered risks to people's health and safety and risk assessments were in place.

People told us they had the same staff to support them and staff stayed the correct amount of time to ensure the care they received was completed safely. One person said, "It is normally the same member of staff unless they are on leave then there is a regular fill in". Another person commented that when they did run late the office called them to let them know. Some people told us there had been an issue with call times particularly recently on a night. We spoke to the manager about this and they told us two members of staff had recently changed their working pattern and new staff had been recruited as a result. Staff told us they had enough time to travel in between calls but had to phone the office if they were running late. One member of staff commented, "We have enough time with travel". The manager told us the system they had in place flagged up to staff in the office if they [staff] were likely to miss a call which meant they[manager] could respond to it prior to the call being missed. People confirmed they had not had any missed calls. One person commented, "Ten years and no missed calls". We looked at records to see how the provider scheduled visits and we saw they took into account the distance staff had to travel to get to their next call. People were supported by sufficient staff to meet their needs.

Staff told us they had a robust recruitment process in place. One member of staff said, "I had to bring in documents to prove who I am. I had to apply for an enhanced Disclosure and Barring check (DBS) and had to wait until it arrived before I was allowed to start work". Disclosure and Barring checks enables employers to make safe recruitment decisions. We looked at records which demonstrated what staff had told us. This meant the provider had a safe recruitment system in place to ensure the staff were suitable to work with

vulnerable people.

Not everyone we spoke to was supported by staff to take their medicine. Those who received support told us the staff who supported them always wore protective gloves and put medicine directly into their hands or into a different receptacle, whichever they chose. People also told us staff signed their records to indicate they had taken their medicine. Staff told us they had to complete training before they could support people with their medicine and they had spot checks to ensure this was done safely. The provider had a system in place to monitor when people had their medicine and to ensure staff were signing their records to demonstrate staff had signed correctly and we saw regular audits took place. Records we looked at indicated people got their medicine when they needed it.

Is the service effective?

Our findings

At our last inspection in August 2016 we rated the service as "requires improvement" under the key question "is the service effective?" This was because people told us staff had not been trained to meet their needs. At this inspection we found the required improvements had been made.

Most people told us they thought staff had the right skills to provide the care they needed. One person said, "They are all very good. They know what they are doing". Another person told us, "The staff are very good with the hoist". People acknowledged the older staff were more confident in meeting their care needs but realised new staff had to gain the confidence required. One person said, "The older staff are more aware of my needs. I am here to direct though and I watch everything. I say if I am uncomfortable but they always check anyway". A relative confirmed what some people had told us. They said, "The main carers we have are excellent and know how to use the equipment. New carers seem to think they can but sometimes I am here to provide guidance". Staff and the manager told us they received training from the registered manager in how to move people safely and this was completed in the office with the equipment they held there. However, if the equipment a person used was different they shadowed staff who were competent in using the specific equipment before doing it themselves. Another relative said, "Yes I think they are very well trained". Staff told us they received training which helped them to provide effective support to meet people's needs. One member of staff said, "We have more than enough training". Newly recruited staff told us about the induction they received prior to commencing their role. They told us they had a week's induction where they learnt about the role and then spent time shadowing more experienced staff to learn the role. One member of staff explained to us how they had taken on more responsibility as the week progressed and was confident in using the equipment by the end of their induction period. People received support from staff who had been trained to support people with effective care to meet their needs.

People told us staff always asked before they provided any care. Staff understood they needed to gain consent from people before they provided any care. One member of staff told us all the people they supported were able to make their own decisions about their care and were able to give consent where it was required.

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. Staff told us they had not received any training with regards to the Act, but they explained to us how they supported people to make their own choices about their care. The manager told us that at the time of our inspection all the people they supported had the capacity to make their own decisions about their care. We saw training had been organised for the staff so they understood the principles of the MCA and how it affected people's care.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in respect of

people in their own homes applications should be made to the Court Of Protection. The manager told us at the time of our inspection they were not supporting anyone who had been deprived of their liberty.

Not all the people we spoke to received support to meet their nutritional needs. Those that did were happy with the support they received and told us they were happy with the choices they were offered. One person said, "Staff always ask if I am hungry and what do I fancy for lunch. I have a selection of microwave meals but they will always ask what I fancy". One person who required support to eat their meals explained to us, "The staff always ask what I want for my meal. They always sit with me where I can see my food and use the cutlery appropriately. They never make me feel as though they are doing anything other than being normal with me". People also told us staff left out drinks for them before they left. People received support to meet their nutritional needs.

People told us they were supported by family to attend medical appointments, but felt that if they asked for support the service would provide it. One relative told us, "They didn't hesitate in taking [name of person] to A&E the other day. They didn't dither about like previous companies; they have just got on with it". Staff we spoke to told us they would call the office to alert staff to check with relatives if anyone's health needs had changed.

Is the service caring?

Our findings

At our last inspection in August 2016 we rated the service as "requires improvement" under the key question "Is the service caring?" This was because some people told us that staff did not always respect their belongings and some office staff did not always treat them in a caring way. At this inspection we found the required improvements had been made.

People told us they had developed kind and caring relationships with the staff who supported them. One person said, "They are encouraging and caring. I look forward to them coming". Another person told us staff are "Absolutely first class." Relatives were happy with the care people received.

People told us they were involved in making decisions about their care. One person said, "I can ask them for anything and they do it for me". Another person said, "I tell them what I want. They always do what I ask". A relative told us how the manager had involved them and another healthcare professional in deciding what equipment would be best to use for their family member. People told us they had developed positive relationships with the staff that supported them. One person commented, "My main carer is like a friend. We get on really well". Another person commented, "We have a bit of a rapport going".

People told us staff respected and encouraged their independence. One person said, "They help me to help myself. They never rush me". Relatives told us that staff respected their family member's independence. One commented, "The staff are very patient and support [name of person] to stay as independent as possible. For example, it would be easier to use the commode but they will take time with [name of person] to walk slowly to the toilet". Staff gave us examples of how they supported people to remain independent. For example, they told us how they had received guidance from another healthcare professional to ensure this person always got themselves up from a sitting position to help them remain independent in walking. This meant people were supported by staff to remain as independent as possible.

People and their relatives also told us staff respected their privacy and dignity. A relative commented, "They treat [name of person] with dignity. Another relative told us they felt their family member was treated with dignity as they were supported to dress in the way they wanted according to their individual preferences. Staff told us they had received training in respecting people's dignity and gave us examples of how they ensured people were treated with dignity and respect. For example, they told us they always took one person into another room to deliver personal care even when sometimes their family said it was alright to provide care in front of them. This meant people were supported by staff who respected their privacy and dignity.

Is the service responsive?

Our findings

At our last inspection in August 2016 we rated the service as "requires improvement" under the key question "Is the service responsive?" This was because people were not always supported by the same staff consistently. At this inspection we found the required improvements had been made.

People and their relative's told us they received support from consistent staff which meant staff knew them well and how they preferred to have their care needs met. One person said, "I normally get the same staff and my girls are absolutely fantastic". A relative commented, "We usually have regular girls and if there is a problem they will let me know." Staff told us they had the same regular runs and if someone was off sick sometimes they were asked to fill in for other members of staff. They told us this had been a problem in the past but it had improved recently as new members of staff had being recruited.

People and their relatives told us they were involved in their care and were happy with the care they received. People told us they had care plans which staff could refer to which ensured they got the right care however, people were confident in saying staff knew them well and didn't always need to refer to their care plan. A relative told us they had a system in place with the care staff who supported their family member. They communicated with each other by leaving notes which meant they felt involved in the care. Staff gave us examples of how they supported people to have care which reflected their own choices. For example, one member of staff told us how they supported one person ensuring the person's normal morning routine was respected. People were happy with the care they received and felt involved in their care. People told us that staff stayed the correct amount of time and delivered care which met their own individual needs. Records we saw reflected people's choices and confirmed people and their families were involved in regular reviews of their care to ensure their care reflected their current needs. One person told us they enjoyed reading their care plan. They explained, "So I know what's going on with my care plan I read it". This demonstrated the provider had ensured people and their relatives were involved in their care and staff respected the choices people made.

People told us they were happy to raise concerns with the management of the service. Two people acknowledged there had been difficulties in the past with complaints not being passed on to management but that this had recently improved. One person told us, "I don't have any complaints; I would ring the office if I needed to. I find the office staff helpful and am sure any worries I had would be dealt with". A relative commented, "If I have ever been upset about anything they have listened to my concerns". We looked at the system the provider had in place when people did raise complaints. We saw when people had raised concerns they had been investigated and then responded to. We saw the provider had a system which documented outcomes and which noted if any patterns had developed so that any changes needed could be implemented. People told us and we saw the provider had a system in place which meant when people raised concerns they were listened to and action was taken to address their concerns when necessary.

Is the service well-led?

Our findings

At our last inspection in August 2016 we rated the service as "requires improvement" under the key question "Is the service well led?" This was because we had not received notifications as required by law. At this inspection we found the required improvements had been made.

We found at this inspection the provider was meeting the requirements of the law. We saw that there had been an oversight in not sending us one notification but the manager assured us that every effort would be taken to ensure this did not happen again. Discussions with the manager showed that they were aware of the types of notifications we needed to be informed about and the process to be followed to do this.

There was a registered manager in post at the time of our inspection; however the day to day management of the service was the responsibility of a different manager. This manager was intending to apply to become the registered manager.

People were happy with the care they received from C M Community Care and told us it was well led. People told us they would recommend the agency. One person said, "Everything is done as I ask and I think the company listen and do what they can. I would definitely recommend". Another person told us, "I am definitely happy with the care I am getting I would not hesitate to recommend". Relatives were also happy with the service and one relative told us they would "definitely recommend the service and scored them as 11 out of 10. Another relative commented they would recommend the service now as there had been an improvement over the last few months.

Staff told us there had been improvements with regards to the support they received in their role. One member of staff said they were supported by the management team and felt they were approachable. Another member of staff told us they felt supported because when they told the manager there was a concern or a problem about a person who used the service they acted upon it straight away. Some staff told us they had regular supervisions to talk about their role and the people they supported and others said although they did not always have regular supervisions if they needed to discuss things with the management team they were always available for them. Some staff told us they would like to have staff meetings as they felt part of a team within their own location but would like bigger team meetings. We spoke to the manager about this who said they would look at introducing this as the only reason team meetings had been stopped was due to the vast area staff covered and for some it was a long way to travel. New staff told us if they required further training or were unsure about anything they could ask for further training and it would be organised for them. Staff told us there was a more positive culture within the organisation and the improvements meant people were got better care. We saw regular meetings took place for the management team to discuss how the service was performing and any areas where improvements in the management of the service were needed.

The manager involved people in the running of the service by sending out questionnaires. The manager had

collated the information which showed what they were doing well and areas where improvements were still required. This had identified an area for improvement was communication from the office staff. The manager had responded to this by introducing a team of staff in the office who were on call to answer staff queries or pass on information. Although people had told us communication had previously been a problem the new system had meant it had improved recently.

We saw the provider had a system in place which looked at the quality of the care people received. We saw audits of people's medicine charts were completed and the system in place to plan the times of people's care was being used more effectively to monitor call times and if people received the right length of calls which had resulted in improvements to the calls people received. Staff had received training which meant that people now felt safe with the care they received. We saw improvements had been made in the service people received which meant it met their individual needs. Staff now received more support than at our previous inspection which had resulted in a more positive culture in the service. This meant people now received safe and effective care which was responsive to their individual needs.