

C M Community Care Services Limited

# CM Community Care Services Limited

## Inspection report

Lincoln Lodge  
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Wolverhampton  
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Tel: 01902426364

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Outstanding ☆

# Summary of findings

## Overall summary

### About the service

CM Community Care Services Limited provides personal care to people, including older people living in their own homes. There were 65 people using the service at the time of our inspection.

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

The service was exceptionally well led. The feedback we received, from people, relatives and professionals on the company and the staff team was overwhelmingly positive. This was supported by the motivation of the nominated individual and staff team to ensure they delivered a high-quality service for the people they supported. There was an emphasis on continual learning and the provider and staff used this to develop the service to go above and beyond for people. Putting the person at the centre of this the staff worked alongside them and their families to deliver initiatives that had been set up to enhance people's quality of life.

There were strong links with the local authority, the wider community and external agencies who they worked in partnership with. People, relatives and staff felt involved with the running of the service and were actively engaged with the provider on continually improving. They were listened to and their feedback and ideas were used to ensure the service continued to develop.

The provider had gone above and beyond to ensure people's wellbeing was considered offering numerous no chargeable activities which helped people's isolation and confidence. The provider was proactive in managing people's health needs and had created and were involved with initiatives that helped the reduction of hospitalisation. Training opportunities were offered to friends and families to help off extra support and those who had taken this had praised the importance of it.

There were robust systems in place to ensure the quality of the service was checked and monitored. When areas of improvement had been identified it was evident these were actioned. These systems were reviewed and evaluated to ensure that lessons were continually learnt and measures in place to mitigate the risk of these reoccurring. There was a clear understanding of responsibilities and this was demonstrated by the provider working in line with duty of candour. We received notification as required by staff who had clear lines of delegation and understanding of their role.

Individual risks to people were considered and safeguarding procedures were in place. Medicines were managed in a safe way. There were enough staff available for people. Infection control procedures were implemented. Lessons were learnt when things went wrong in the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was good (published 18 January 2019).

#### Why we inspected

The inspection was prompted in part due to concerns received about leadership and record keeping. A decision was made for us to inspect and examine those risks. We found no evidence during this inspection that people were at risk of harm from this concern.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.  
Details are in our safe findings below.

Good 

### Is the service well-led?

The service was exceptionally well-led.  
Details are in our well-led findings below.

Outstanding 

# CM Community Care Services Limited

## **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 Health and Social Care Act 2008.

#### Inspection team

The inspection was carried out by 1 inspector and an Expert 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.

#### Service and service type

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

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post. They were unavailable on the day of our inspection, however we spoke with them after the inspection.

#### Notice of inspection

We gave the service 24 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 31 January 2023 and finished on 10 February 2023. We visited the location's office on 1 February 2023.

#### What we did before the inspection

We reviewed information we had received about the service since our last inspection, including notifications the provider had sent to us. We also gathered feedback from the local authority.

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 9 people and 7 relatives. We also spoke with the nominated individual and 6 members of care staff. We also spoke with a health professional and reviewed feedback sent to us from other health professionals. We looked at the care records for 6 people. We checked the care people received matched the information in their records. We looked at records relating to the management of the service, including audits carried out within service. The nominated individual sent us information after our inspection for us to review.

The nominated individual is responsible for supervising the management of the service on behalf of the provider.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- People felt safe with the staff that supported them. One person said, "I do feel safe, yes. I have trouble standing up, but when they support me, I feel very secure." A relative told us, "100% yes [safe]. I can trust them."
- Risks to people were assessed, monitored and reviewed. There was clear guidance in place for staff to follow including when people had specific health conditions or needed support with eating and drinking. When incidents or changes had occurred, plans were updated to reflect this.
- Environmental risks in people's homes were considered, to ensure the safety of staff.

### Systems and processes to safeguard people from the risk of abuse

- Staff knew how to recognise and report potential abuse. One staff member said, "Safeguarding is about keeping people safe and reporting anything where you feel someone maybe at risk." Staff were confident action would be taken when they raised concerns.
- Staff also confirmed they had received up to date training in safeguarding people from abuse.
- There were procedures in place to ensure people were protected from potential abuse. When needed we saw these procedures had been followed, to ensure the correct action was taken.

### Staffing and recruitment

- There were enough staff available to support people. Relatives, staff and people confirmed this to us. One staff member said, "Yes there are enough staff, I also have the same run with the same staff member."
- People received calls for the duration they needed, by a consistent staff team who were on time. One person said, "90% of the time I get the same ones, but it is very rare strangers come around. They do not put strangers on the route." Another person told us, "They come when they say and leave when they should. It does not matter if they are late or not, they will stay to do anything I want. I am grateful for what they do."
- There was a system in place to ensure there were enough staff employed for the amount of care hours people needed.
- Staff had received the relevant pre employment checks before they could start working in people's homes to ensure they were safe to work with people, this included Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

### Using medicines safely

- People received their medicines when needed. Records we reviewed confirmed this. One person told us, "They do provide it for me, and I know what I am taking. I usually get them about the same time, but it is quite alright." A relative said, "All the medications are in the kitchen and they give them to my relation. It

seems to work out alright. If they have any new medication like anti-biotics from the doctor, I will leave a message on the whiteboard and they give them. I need to sort out a blister pack to make things easier, but I am happy everything is alright."

- When people had 'as required medicines' there were protocols in place stating when this should be administered, and we saw people received this in line with these.
- Staff administering medicines to people had completed training and their competency was checked to ensure they were safe to do so.

#### Preventing and controlling infection

- People were supported in line with infection control policies. One person said, "They [staff] always wear masks, aprons and gloves."
- Staff told us they had access to gloves and aprons which they used when they were offering support to people in their own homes. They also confirmed they continued to wear masks to reduce the risk of cross infection.

#### Learning lessons when things go wrong

- The nominated individual was able to demonstrate lessons had been learnt when things went wrong. Measures had been introduced to mitigate the risk of future reoccurrences. Information was reviewed from safeguarding's and incidents and accidents to see if anything could be complete differently if they reoccurred.

# 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 good. At this inspection this key question has changed to outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

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

- Without exception people and relatives spoke positively about the service. One person said, "I would complement the company. They do what it says on the tin. I certainly would not hesitate to recommend them".
- There was a strong emphasis on people's wellbeing. Alongside professionals, people and families the provider had introduced creative initiatives. The provider gathered information through people's reviews, feedback and surveys to gauge what maybe important to people and which initiatives would be beneficial. The provider also discussed ideas with the local authority, who shared where they felt these initiatives may support.
- The provider has introduced 'Thirsty Thursday', where a group of care staff spent one to one time, 'Having a cuppa' with individuals and their families to extend companionship. People were able to explain the positive impact this had on their lives especially a person who has recently become bereaved. They commented they had, "Greatly benefited from this additional service" and that the service and care staff had, "Gone above and beyond".
- Where beneficial to the person they had also introduced a non-chargeable hour support which focused on activities and company. Through a person-centred approach, a discussion was had with individuals to decide what activities would best suit their needs People were involved with a variety of activities during this time, including cooking and baking and community-based activities such as walking. One person who had been supported on a walk commented, "I had felt too nervous to do it alone" and "I felt lonely at times and looked forward to having some extra time to spend with someone".
- The provider had also purchased a selection of iPads which they supported people to use during these times. A relative confirmed the positive effect this had had on their relation's life, the importance of them being able to stay connected to their family and what it had meant to them.

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

- The provider had worked with people and families to develop a number of ways to help people who were isolated or in need of support. The service operated a 'Food bank', where funds were donated by the staff team or funded by the company. The nominated individual told us, "It's available for anyone who needs it." A relative told us how their relation had benefited from a number of food parcels in the previous 6 months.
- The food bank had also been extended to the wider community. The community mental health services were one of the services benefiting from this. This had strengthened community spirit and presence and

helped raised the profile of the company.

- A complimentary meal was provided to people at Christmas. A health professional commented, "I was moved by their Christmas dinner initiative, we see so much negative stuff on our visits. It's lovely to come across something so positive and thoughtful, which I feel demonstrates that they really care about the individuals." Throughout the year staff had also taken the time to deliver meals and token gifts to those most in need.
- The provider also had a strong focus on inclusiveness. During Pride Month LGBTQ+ awareness training was offered free of charge to unpaid carers. This was funded by subscription to Care Skills academy and supported and promoted by the local council. They confirmed they greatly appreciated the offer to upskill unpaid care workers in the city. The management team had also undertaken a qualification in cultural appropriation. The nominated individual told us this was "To raise awareness in the appropriate management and planning of care for those individuals with diverse cultural backgrounds and to further ensure that for those with protected characteristics that unconscious bias/ discrimination does not occur."
- Feedback was sought from people who used the service through the form of surveys. This information was then collated, and themes and trends and areas of improvements then developed. The provider had written the outcome of the surveys to people and those important to them in the form of a letter.

#### Working in partnership with others

- The provider worked in close partnership with other agencies and were proactive in preventing health decline.
- The provider was involved with a hospital avoidance campaign. This included as part of their, 'Nutrition and hydration' week distributing complimentary jelly drops to those identified at risk of dehydration. Jelly drops are innovative sugar free treats that are made up of 95% water and are designed to increase fluid intake. A relative had feedback to the service, "Please accept this as our thanks for the kindness your carers and organisation have shown over the last 2 years. In particular those jelly sweets you have provided. We were finding it increasingly difficult to persuade our relative to drink. These sweets are attractive enough that they appear to be holding their attention long enough to hydrate, and this has been vital in keeping them out of hospital."

#### Continuous learning and improving care

- There was an emphasis placed on continuous improvement. Led by the nominated individual who was a Certified Ambassador for a dementia organisation. The provider had championed some of their initiatives to continue to drive improvements for people. As part of steps to improving care MP3 players are issued by the charity with music or audio books of the persons choice. People had benefited from this. During lockdown one person was unable to go to church due to their dementia and declining mobility. With the support of staff through this the person was able to feel connected to a community that was important to them, by listening to sermons and music
- Audits and systems used for governance were well established and allowed the provider to maintain effective oversight of the safe running of the service. Audits in place were effective identifying where improvements were needed and when things had gone wrong.

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

- Feedback about the leadership and management of the service was positive. One person told us, "I think it is well managed, I am happy with them." External professionals described the management team as 'Passionate' and, 'Committed'. The provider had built a strong ethos with the belief and motto that every

person could 'Add life to years'.

- The provider had extended their training to unpaid volunteers including carers. This included offering them free access to the full 'Training Suite of the Care Skills Academy' (an online training academy). Volunteers or carers could access any specialisms that maybe relevant to their loved ones, such as specific health conditions including Diabetes or Motor Neurone Disease. Relatives confirmed the importance of this to them. One relative commented the training they had undertaken had helped them understand how their relation was feeling. They went on to say, "If the company hadn't of provided this I wouldn't have such a good understanding, I am grateful to them for this."
- The management team was described as, 'Approachable and supportive' by the staff team, who expressed they felt confident to raise any concerns or suggestions. Where concerns had been shared with the management team, these had been treated with sensitivity and dealt with confidentially.
- Where learning had been taken from incidents or events this was shared with the management team who shared learning with the wider staff team.
- The nominated individual and the management team were aware of their responsibilities in relation to duty of candour. Where things had gone wrong a learning approach had been taken to reduce the likelihood of a similar future event.
- The management team understood their roles and responsibilities well. There were clear levels of delegation. We had been notified of any events as required by law and had provided any follow up information without delay.