

C M Community Care Services Limited

CM Community Care Services Limited - 30 Waterloo Road

Inspection report

30 Waterloo Road
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West Midlands
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Tel: 01902426364

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04 December 2018

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

At our last inspection, on 14 June 2018, we rated the service Good. At this inspection we found the evidence continued to support the rating of Good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because this inspection was a focused and was carried out on 04 December 2018. The inspection was prompted by concerns that had been shared with us since the last inspection in June 2018 where the service was rated as good. The concerns related to the service not investigating complaints, risks not being identified, staff not staying for the time they should at people's homes and pressure care. No risks, concerns or significant improvement were identified during the focused inspection.

The service provides a rehabilitation service and Domiciliary care service to people living in their own home. All calls to people's home are monitored electrically, where a call is short or missed this gives an alert to the office, who then contact the staff member to establish the cause.

Care records were personal to the individual which contained detailed risk assessments including risks associated with pressure care so staff had the information to support people's safety.

Complaints were investigated in full with an outcome recorded. Complaints were responded to in writing with the outcome, giving details of any lessons learnt as a result of the complaint.

Systems were in place to monitor the quality of the service provided. This ensured the service was proactive to improvement rather than reactive.

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 continued to be Safe.

People were protected from the risk of harm because risk management plans were in place for the risk associated with people care.

People were supported by a staff team who had the appropriate training and skills to support people safely.

People's pressure care was managed with the support from external healthcare professionals.

Is the service well-led?

Good ●

The service continued to be Well Led.

System were in place to monitor the service provided so improvement could be made were needed.

Complaints were fully investigated and monitored to prevent reoccurrence.

The provider had an electronic monitoring system to ensure staff stayed the length of time allocated to meet people care needs.

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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.' The inspection was undertaken by two inspectors on 04 December 2018. The inspection was prompted by concerns that had been shared with us since the last inspection in June 2018. We were told that the service did not assess risks associated with people's care, complaints were not investigated and staff did not always stay for the length of time they should. The concerns shared with us indicated potential concerns about the management of risk and people's care.

As part of the inspection we looked at information we hold about the provider. Providers are required to notify the care quality commission about specific events and incidents that occur including serious injury to people. Records we hold showed that we were notified when event occurred. During the inspection we spoke with the branch manager, five staff and six people using the service or their relatives. We looked at records relating to four people's care, these included risk management plans for pressure care, complaints, times of calls, and systems for monitor the service provided.

Is the service safe?

Our findings

At our last inspection in June 2018, we rated the service under the key question, is the service 'Safe' as good. At this inspection the service continued to be good. We found the same level of protection from abuse, harm and risks were in place as at the previous inspection. We have inspected this key question to follow up on concerns that had been shared with us as part of our monitoring processes since the last inspection. The concerns were people were not always supported with pressure area care, risks were not always identified and staff did not always stay for the length of time that was allocated.

The branch manager confirmed that they have two different permanent staff teams one for the rehabilitation service and one for the domiciliary care services. These teams are then split into smaller teams to give people consistency with the same care staff. People spoken with told us they had the same staff where possible. The branch manager told us that they operated an electronic monitoring system. The staff must record using the electronic system, the time they arrive and leave each call. This system alerts the provider if a staff member has not arrived at the person's home, enabling them to find out why and/or make alternative arrangements in emergency situations. The branch manager told us they then advised the person what the alternative arrangement would be so people were not left without support.

The service provided a rehabilitation service, this meant people were supported until they felt able to manage without support, this maybe following on from a stay in hospital. People were assessed at the first call and there were care plans and risk assessments undertaken. The aim of the service was explained to the people and information on the service was left in each person's home. The number of calls can vary during this time because the time needed decreases as the person becomes more able.

People spoken with told us the staff always stayed the time that had been given. People had an assessment of their care needs completed at the start of the service that identified any potential risks to providing their care, and the risks staff needed to be aware of which was updated when required with the person when their needs changed. Care records we looked at were very detailed and personal to the individual with good detail of the support people received. Care records showed people were supported by district nurses and tissue viability nurses in relation to pressure care where needed. Included in people's care records we saw very detailed risk assessments to minimise risks associated with people care. This meant staff had the information about people's care needs so people were supported safely. A staff member told us, "Risks are included in the care plan that tells you everything you need to know." Records showed staff received training to ensure they had the skills to support people safely.

Staff understood how to recognise signs of abuse and told us they would report concerns to the management team straight away. The managers understood their responsibility for reporting any safeguarding concerns to the local authority safeguarding team and to us.

The agency gave us a list of people whom we could contact for feedback. From this list six were randomly selected. The agency had spoken to them to advise we may call and seek their consent. Unfortunately, we were only able to speak to one person the remaining people had asked their relatives to speak to us. We

spoke to four whom were receiving the short-term rehabilitation service and two whom were receiving the domiciliary service long term. All the people and relatives spoken with had no concerns with the service and were very happy with the care they or their relative received. They all confirmed that the service to be delivered was explained to them, that risk assessments and a care plan had been undertaken and copies were left in their home. People spoken with were positive about the care staff and the service provided.

Relative told us, the service provided was good. One relative told us "The same staff come most of the time, they know [named person] really well [named person] has dementia, they [staff] take time to talk and have an excellent rapport with [named person]."

Another relative told us, 'It's a very good service. I have no concerns about the service or the care. They are very observant they have good communication.'

Is the service well-led?

Our findings

At our last inspection in June 2018, we rated the service under the key question, is the service 'Well led as good. At this inspection the service continued to be good. We received information that people's complaints were not investigated. We looked at the complaints that had been received by the agency since the previous comprehensive inspection. There had been 12 complaints. All the complaints had been entered into the complaints log and outcomes of these was also recorded on the log. All 12 complaints had not been upheld. In the folder there was evidence of what investigation the agency had undertaken and the written responses to the complainants. We found that the commissioners had investigated one complaint and it had not been upheld.

There was a registered manager in place. 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.'

The management team were forward thinking and taking part in various research projects to enhance the lives of people using the service. The registered manager monitored the service in relation to peoples' care and where issues were identified action was taken and lessons learnt. For example, the rehabilitation service identified when people came out of hospital some people did not have anyone to get them shopping. The organisation now provided food hampers free of charge, so when people came out of hospital they had food and drinks, until such time they can arrange a shop. In addition, people who have dementia, again free of charge, were given a pendant to wear. The pendant provides the details of the person if they get lost. The provider told us all emergency services are familiar with this system.

Staff spoken with told us that the management team were very supportive and they could go to them at any time. One staff member told us, "I would not have any concerns about asking what I think is a silly question, the management are very supportive."

People and their relatives gave us positive feedback about the service. Everyone we spoke with thought the agency was well managed. People felt actively involved in the planning and reviewing of their care and they felt in charge of the support provided to them. We also saw training records which confirmed all staff had up to date training. The relatives we spoke with as part of the inspection told us that they had no concerns in relation to the competencies of care staff.

Quality assurance systems were used to review the quality and safety of the service provided. These included call times, staff training, accidents, incidents and complaints. The system then 'flagged up' any problems that may need further investigation such as developing trends or repetition of the same concerns to ensure the necessary improvements were made. The service continued to make improvements, as necessary to offer the best service they could. Actions were taken because of the auditing systems and listening to the views of people. Examples included. improving care plans to ensure they were person-centred.

