

## Care Quality Management Limited

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### Inspection report

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### Ratings

#### Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires improvement



### Overall summary

We had received some concerns about the service so we undertook an unannounced inspection, which took place on 21 and 27 of April 2015.

This was the first inspection of the service which was registered in April 2014.

Care Quality Management is a domiciliary care service that provides care and support to people living in their own homes.

There was a registered manager in post 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.

# Summary of findings

People were protected from abuse because staff had some understanding of the signs and symptoms of abuse and there were arrangements in place to raise concerns.

Improvements had been made to medication administration so people received their medication safely.

There were sufficient numbers of trained staff. Improvements had been made to recruitment procedures and practice to ensure that only suitable staff would be employed.

People told us that staff were friendly and kind. People told us that they were asked for their consent to care and support.

Staff had received some training, however some additional training was needed to ensure staff had all the skills and knowledge needed to carry out their role effectively.

People told us that they were asked for their consent to care and support.

People told us that they were happy with the care and support they received from care staff. There had been some missed calls and the manager had taken steps to ensure systems were improved to prevent missed calls from happening.

Risks to people were assessed. However, records detailing the management of risks were not always detailed and did not always contain all the information staff needed so they knew how to keep people safe.

The management of the service was stable. There were systems in place to monitor quality and to make improvements to the service.

# Summary of findings

## 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 not consistently safe

People told us they felt safe.

Improvements had been made to recruitment procedures to ensure that only suitable staff were employed.

There were sufficient numbers of staff available to meet people's needs.

Risks to people were assessed although, improvements were needed to ensure staff had all the information they needed to keep people safe.

Steps were taken during the inspection to improve the medication procedures and assessments, so that people received their medication safely.

Requires improvement



### Is the service effective?

The service was effective.

People said they received effective care and support. Staff had received some training to ensure they had the skills and knowledge to support people.

People were asked to provide consent to the care and support they received.

People received the support they needed with eating and drinking.

Good



### Is the service caring?

The service was caring.

People said they received care and support from staff that was caring.

People received support to express their views and make decisions about the care and support they received.

People felt their privacy and dignity was maintained.

Good



### Is the service responsive?

The service was responsive.

People said their needs were met in a personalised way.

Arrangements were in place to respond to people's concerns and complaints.

Good



### Is the service well-led?

The service was not consistently well led.

That was an appropriate management structure in place. The management of the service was open and receptive to continual improvement.

Requires improvement



# Summary of findings

Some improvements could be made to record keeping and communication systems to ensure people that used the service and their representatives were confident in the management of the service.

# Care Quality Management Limited

## 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 inspection took place on 21 and 27 April 2015 and the first day was unannounced. The inspection was undertaken by one inspector.

Because we carried out this inspection following some concerns we had received the inspection was carried out before the deadline set for the provider to complete and return the Provider Information Return.

In planning our inspection, we looked at the information we held about the service. This included notifications received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. We contacted the local authorities that purchase the care on behalf of people, to see what information they held about the service.

We spoke on the telephone with six people that used the service, four relatives, and three care staff. We met with the registered manager and the nominated individual. We looked at, safeguarding and complaints records, and sampled four people's care records; this included their medication administration records and daily reports. We also looked at the recruitment records of three care staff, completed questionnaires sent to the service and quality assurance records.

# Is the service safe?

## Our findings

Before we inspected the service, we received information which indicated that where people required two staff to care for them safely, there was an occasion when only one staff was sent to provide the care. We were also told that a person had not received all the calls they needed to care for them safely. The manager told us that there had been an incident of only one staff member attending a two person call and another person had experienced some missed calls. The manager told us and we saw records confirming that action had been taken to address these incidents through the services procedures. The manager told us that a new log in systems was in the process of being introduced (May 2015) and this would minimise any risks associated with staff not attending calls.

People that we spoke with told us that they received their calls on time for the correct amount of time. One person told us, "They [staff] don't rush and they stay for the right amount of time". All the people that used the service and relatives spoken with told us that people received a safe service. One person told us, "I feel absolutely safe with the staff member I have now". A relative told us, "I am very happy with the care and I feel [person's name] is safe.

All staff spoken with had some understanding about the different types of abuse and the signs to look for which would indicate that a person was at risk. Staff we spoke with had limited understanding about how to report concerns on to external agencies. However, they told us that if they had any concerns about people's safety they would report it immediately to the manager of the service. We saw that the service had procedures in place to help staff to minimise the risk of harm and to guide staff on informing other agencies. Where concerns about people's safety had occurred the manager kept us informed and had notified the local authority of these concerns.

All the people we spoke with told us that staff supported them to manage any risks to their safety. One person told us, "The staff know how to help me". Staff spoken with were generally aware of risks to people and told us they knew how to provide safe care and that risks assessments were available in people's homes for them to refer to. All staff spoken with knew the procedures for reporting new risks. Staff told us that a senior member of the staff team was on call at all times, so that staff had access to guidance and support in an emergency situation. A staff member told us, "If I was not sure about something I would ring the manager". Records we looked at included risks due to the environment, equipment used and health issues. However, additional information was needed so that risk management plans were in place, so it would be clear what staff needed to do to keep people safe.

The manager told us that following advice from the local authority they had reviewed their recruitment procedures and they now ensured that all staff had a DBS check in place prior to their employment.

A few people that we spoke with were supported to take their medicines. People told us that they were satisfied with the support they received from staff. Staff told us they knew how to support people with their medicines and had received medication training. Risks associated with one person's medicine was not recorded and were not known by staff. Care records looked at were not clear about how medicines would be given safely and risk assessments were not in place. The manager had identified that improvements were needed and was in the process of putting the new records in place so that this information was recorded.

# Is the service effective?

## Our findings

A person told us, “I think the staff are trained and do a good job”. Another person told us, “I did have a staff member who thought seemed inexperienced. However, they no longer help me. I am very satisfied with their current staff who understood my needs”. All staff said they had completed an induction before they started working and this had helped them carry out their role. They told us that they had also shadowed an experienced member of staff before working on their own. Staff told us that they had also completed some additional training sessions.

Some staff that we spoke with spoke English as a second language. The manager told us that additional support and training had been provided to ensure that staff had the basic reading and writing skills so they could provide safe and effective care to people.

All staff spoken with said they had not received Mental Capacity Act (MCA) and Deprivation of Liberty Safeguarding training and were not clear about things. Although staff told us that they would always ask people and their relatives about how they wanted care to be delivered. One person we spoke with told us, “They [staff members] always tell me what they are doing and they do ask for my consent”. The manager told us that there was no one they provided a service to who had restrictions on their liberty.

The manager had completed MCA and DoLS training. He understood that if needed capacity assessment would be carried out and recognised that providers are required to submit application to the court of protection if anyone who they provided a service to was deprived of their liberty.

One person told us that they received the help and support from staff to prepare and eat meals. They told us, “I am very happy with the staff who help me”. Two relatives told us that staff helped their family member at meal times however, they were not always sure if they were eating, because they knew their family member would refuse food. The manager and staff told us that both people received the support they needed at meal times and meals or snacks were always provided. However, care records looked at did not always detail this information.

People using the service and relatives we spoke with told us that they were confident that staff would call the doctor or the emergency services if they were unwell and unable to call for assistance themselves. All staff we spoke with told us that they would call for medical assistance if a person needed it and they would always notify the manager of any action they had taken. Records we looked at showed limited information about people’s health conditions. This information would ensure that care staff had all the information they needed to know about so they could monitor people’s health condition.

# Is the service caring?

## Our findings

All the people we spoke with said they were happy with the care staff that supported them. Most people told us that they had regular carers and this was really important to them to know the staff member that would be coming into their home to help them. One person told us, “She [staff member] is really excellent”. Another person told us, “It is not just about staff training. Staff need to be compassionate, that is what is really important to me. You either have it or you don’t, you cannot teach compassion. The staff member I have is fantastic caring, kind and compassionate”.

People that we spoke with told us that they were able to express their views and make decisions about how they received their care. One person told us, “The staff help me to do the things I want to do so I can remain as independent as possible”. Another person told us, “The staff listen to me they are caring and kind”.

All the people we spoke with told us staff respected their privacy and dignity. Staff spoken with were able to give some examples of how they ensured people’s privacy and dignity. This included ensuring doors were closed and if needed closing curtains when they supported people with their care. Staff told us that where possible they encouraged people to maintain their independence. A staff member told us, “I encourage people to do what they can for themselves I encourage people to wash themselves if they can”.

Staff told us that they discussed the importance of confidentiality during their induction. We saw records that showed that staff signed a confidentiality agreement as part of their contract of employment. This required staff to not discuss people’s personal information outside of the care environment.



# Is the service responsive?

## Our findings

One person told us, “I am very happy with the care I get”. Another person told us, “The staff are very reliable. I am very happy with how things are done”. And, “They never rush me and the staffs always stay the full time”.

People told us that they had been involved in assessing their care needs with staff and had been involved with planning their care. One person told us, Another person told us, “It is important that the right staff support me and I feel that I have been involved in that decision”. A relative told us that an assessment of their relatives needs had been completed and they had been involved in the assessment.

Staff told us that they asked people about what help they wanted. Staff told us that any concerns or changes in care needs would be passed onto the manager. Records looked at showed that systems were in place to assess people’s needs and plan people’s care.

The manager told us about the systems in place to match the individual needs of people with the skills, and preferences of people that used the service. A relative told us that the gender, and spoken language was very important to their family member and the manager had been able to meet this need. The agency also provided live in carers to some people. A person told us that they had been involved in some staff interviews to ensure that the right staff member was appointed to support them.

All the people we spoke with knew how to complain about the service and were confident that concerns would be listened to. Two people told us that they had raised some concerns and they were satisfied with how the matters had been dealt with. A relative told us, “The manager was very good and came out and spoke with us and looked into our concerns and also provided us with additional help and advice”.

# Is the service well-led?

## Our findings

This was the services first inspection since registration. There was a registered manager in post with no changes of manager since registration with CQC, so the management of the service had been stable. All conditions of registration were met and the registered manager had kept us informed of events and incidents that they are required to inform us of.

Most people that we spoke with thought the service was managed well. One person told us, "It is the best care agency I have dealt with. Another person told us, "The manager is approachable and is helpful". A person who used the service and two relatives told us that communication from the office staff could be better at times. One person told us, "The care staff are very good but things can be a bit disorganised at times, but I cannot fault the carers". Another person told us, "I think the manager could do with a bit of help at times. He [the manager] tries to do everything".

People told us that on the whole the care staff provided a good service and that staff were friendly and helpful. People told us that they were asked if they were happy with the service. This had been through telephone discussions or people had been asked to give feedback through a questionnaire. One person told us, "I like this care agency because it is not too big. The manager takes time to talk to you. He [the manager] knows you". However, two relatives we spoke with told us that they had not completed a questionnaire to share their views about the service and their family members care.

All the staff we spoke with told us that they could raise any concerns that they had with the manager and that the manager was always available to offer support and advice.

In discussions with us, the manager showed that he wanted to provide a good and safe service and was responsive to issues raised and improvements that could be made. For example. When we returned for the second

day of the inspection steps had been taken to make improvements to the recording and assessing of risk in relation to people who were supported by staff to take their medication. The manager told us that they had also arranged a staff meeting to share the outcome of the inspection and that they would be arranging MCA and DoLS training for all staff.

The service had been monitored by the local authority who had required improvements to be made to the service. A suspension on new care packages was in place. We saw records of the action plan that had been completed by the manager and they told us about the improvements that they had made and were making to the service.

Records we looked at were generally organised. However, additional information was needed to care records we sampled so staff had all the information they needed to meet people's care needs safely and effectively. Records needed to detail people's healthcare conditions and inform staff of what they needed to do to keep people safe. Records also needed to give clear information about supporting people at mealtimes. Some policies and procedures needed to be updated to reflect current practice, for example DoLS.

We saw that there were systems in place to monitor the service to ensure that it was delivered as planned. This included auditing care records and carrying out on the job checks on care staff, in people's homes to ensure that staff were carrying out their caring duties in a professional and caring way. Some of the people we spoke with and staff confirmed that these checks had taken place. We saw records of job checks and these included actions where improvements were needed. We were informed of some missed calls before our inspection. A relative we spoke with also told us about some missed calls. We saw records to confirm that the manager had recorded these incidents and had dealt with the staff concerned through their personnel procedures. The manager told us that a new staff log in system was about to be introduced to improve the service and minimise the risk of missed or late calls.