

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

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

This inspection took place on 2 August 2016 and was announced. On 26 August 2015 we carried out a follow up inspection to check whether the requirements of two warning notices we had issued in respect of safe care and treatment and governance were being met. At that inspection we found that sufficient improvements had been made to meet the requirements of the warning notices. The service was rated as requires improvement. At our recent inspection we found that further improvements were being made.

CM Community Care Services Limited -30 Waterloo Road provides personal care for people in their own homes. At the time of our inspection there were approximately 279 people receiving a 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.

The registered manager was not always fulfilling their legal responsibility to keep us informed about any accidents or incidents that occurred whilst people were receiving a service. This is a breach of regulations. You can see what action we told the provider to take at the back of the full version of the report.

People were receiving an improved service because they were not experiencing missed calls however, improvements in the management and monitoring of the quality of the service were needed to ensure that people received a personalised service at their preferred times and with more regular staff.

People were kept safe from harm because staff were knowledgeable about the types and signs of abuse and the actions to be taken if abuse was suspected. Risks associated with people's care had been assessed and plans put in place to manage them. Recruitment processes helped to ensure that only suitable staff were employed to support people in their own homes.

There were sufficient numbers of staff available to ensure all calls were attended.

People were supported to receive their medicines as prescribed.

People were supported by staff that received training, supervision and advice to carry out their roles.

Staff ensured that people gave consent to the care they received and supported them to make decisions and choices about their day to day care so that their human rights were promoted.

People were supported by staff that were kind, caring and respectful and that helped people to remain as independent as possible.

People were involved in planning their care and reviews so that changing needs were identified.

People were able to raise any concerns they had.

## 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 were protected from harm staff were able to recognise abuse and take the appropriate actions to raise concerns.

Risks to the health and safety of people were known by staff so that they were able to provide safe care and support.

There were sufficient numbers of safely recruited staff to ensure that people's needs were met safely.

People received support to take their medicines as prescribed.

### Is the service effective?

Requires Improvement 

The service was not always effective.

People received care and support that met their day to day needs but not always at the agreed times or by the same regular staff.

Staff were provided with ongoing training, support but people felt some staff needed better training.

People were supported by staff that ensured people were involved in decisions about their care and their human and legal rights were respected.

People were supported with their dietary needs and the service worked with other professionals to ensure that people maintained their health and wellbeing.

### Is the service caring?

Requires Improvement 

The service was not always caring.

People were supported by individually caring staff that respected their privacy and dignity. People felt the office staff did not always speak politely to them when they rang the office.

Some people felt staff did not always respect their home and

belongings.

People were supported to make choices about the care they received.

### **Is the service responsive?**

The service was not always responsive.

People were involved in planning their care and reviews of care so that changing needs were identified.

People received a service from staff that were flexible in the tasks they carried out but did not always receive a service at their preferred times.

People felt able to raise concerns and express their satisfaction or otherwise about the service they received.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not consistently well led.

The registered manager was not always fulfilling their legal requirements.

People were receiving an improved service but further improvements were needed to fully meet people's needs.

Systems in place to monitor and improve the quality of the service were not sufficiently robust to identify shortfalls and areas of improvement. Systems did not identify developing themes and trends.

**Requires Improvement** ●

# 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 inspection took place on 2 August 2016 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 was carried out by two inspectors.

We reviewed other information that we held about the service. This included notifications we received about incidents and events that had occurred at the service.

We spoke with 31 people who used the service and eight relatives, nine care staff, two professionals, the acting manager and registered manager. We viewed the care records of 10 people, including medicine records. We also viewed records that showed how the service was managed, which included five staff files, training and induction records and audits completed by the registered manager to monitor and improve the service.

# Is the service safe?

## Our findings

On 26 August 2015 we carried out a follow up inspection to check whether the requirements of the warning notice we had issued in respect of providing safe care and treatment had been met. We found that sufficient improvements had been made to meet the requirements of the warning notice but further improvements were needed to ensure that people's needs were safely met. At this inspection we found that people were receiving a safe service.

People and their relatives told us that people felt safe with the staff that supported them. One person told us, "I have no concerns about the safety of staff with me or in my home." Another person told us, "There are no concerns about the staff at all, I feel safe with them." Staff spoken with told us they had received training in how to keep people safe from harm. Staff were able to describe the different types of abuse, signs that may suggest abuse may be occurring and the actions they would need to take to escalate the concerns in order to protect people. We looked at the safeguarding records held by the service and saw that concerns were referred to the appropriate local authority so that safeguarding procedures were followed and people protected. Although actions had been taken to protect people our records showed that we had not been notified of safeguarding incidents as legally required so that we could monitor and assess the risks to people.

People were protected from the risk of injury associated with their care needs. One person told us, "Yes I do feel safe. They [staff] have to hoist me. I feel safe when they use this. There has to be two people and there always is." A relative told us, "The manager would not allow staff to get my [relative] out of bed until they had properly risk assessed for safety." People told us that risk assessments were available in the home and staff confirmed that they had access to them so were aware of any risks to people's health and how these were to be managed. Records we looked at showed that identified risks were being managed safely.

People told us that they had not experienced any missed calls recently and records we looked at showed that all calls had been attended. The provider had introduced an electronic monitoring system. Alerts were sent to the office staff within 15 minutes of the planned call times if staff had not logged in on the system to show their attendance at a call. This enabled the office staff to follow up and take actions to ensure the call was attended. The acting manager told us that they knew they had enough staff hours available to cover the calls.

We saw that staff had been appropriately checked to ensure that they were suitable to be working with people in their own homes. Staff told us that they completed an application form, attended an interview and provided details of previous employers so that checks could be undertaken. We saw that application forms had been completed, proof of identity had been received, previous employment references had been taken and a Disclosure and Barring Service (DBS) check had been carried out. A DBS check helps employers to make safe employment decisions.

People being supported to take their medicines told us they were supported appropriately. One person told us, "They help me with eye drops, they are very good. They do it well." A relative told us, "They pass [family

member] her medicines from a blister pack, never had any problems." Staff spoken with told us they had received training and said they prompted people to take their medicines at the times identified on the care plans. We saw that medicine administration records were completed and the times and medicines to be prompted were recorded. Records showed that there were body maps in place to show where topical creams were to be applied by staff. The acting manager told us and staff confirmed that there was a colour coding system of files to identify who needed to be supported with medicines, creams only or no support was needed with medicines.



## Is the service effective?

### Our findings

Although staff told us they had received training in a variety of topics including moving and handling, infection control, safeguarding, first aid and medication we received a variety of views from people regarding staff skills and knowledge. One person told us, "I don't think the staff are trained at all. For example, they will use gloves then stroke the dog. The basic hygiene standards are not very good." Another person who needed specific support with their nutritional needs told us that the staff were not well trained. Another person said "It's not their [staff] fault they have had no training, they are good once I get them informed of what I need and how they need to do it." A fourth person told us, "Most of them are trained; some of them are not so good." A fifth person told us, "They seem to be well trained and know what they are doing; when new people come it can be more difficult." Staff told us that before they started working they carried out some shadowing of experienced staff to see how things should be done. Staff told us they felt they received sufficient training to support them to carry out their roles. Staff training records showed that staff had received training during their induction period and later as refresher courses. The acting manager told us that they were ensuring that new staff induction training was based on the care standards certificate so that all staff should have an understanding of and the skills needed to provide good care to people.

Most staff spoken with told us that they felt supported in carrying out their role and told us that supervision, appraisal and staff meetings were undertaken. Records seen confirmed that supervisions and appraisals had taken place. Staff told us and records confirmed that on occasions staff were observed carrying out their tasks to ensure that they were providing care in line with people's care plans.

People told us that they were always asked for their consent before providing care. One person told us, "They always ask if I am ready before they begin to help me." A relative told us, "They [staff] always ask my [relative] for consent. My [relative] has never complained of anything to me."

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. Although staff spoken with did not fully understand their responsibilities under the MCA 2005 they were clearly supporting people to make choices about the care they received. Staff told us that if they saw changes in people's abilities to make decisions for themselves they would raise this with the office staff.

The Deprivation of Liberty Safeguards (DoLS) requires providers to identify people who they are caring for who may lack the mental capacity to consent to care and treatment. They are also required to notify the local authority if they believe that the person is being deprived of their liberty. The local authority can then apply to the court of protection for the authority to deprive a person of their liberty, within the community in order to keep them safe. We were told by the acting manager that no one had any restrictions on their liberty and everyone was able to give consent.

We saw that people's dietary needs and preferences were being met. Some people were supported to have

their food and drinks prepared for them. One person told us, "They [staff] provide my meals and drinks and help to feed me, they do this really well, and I have no concerns with this at all." Another person said, "They [staff] leave hot water in a flask so I can make a drink, I have cold drinks and snacks left in reach. I tell them what I'd like. [Family member] cooks an evening meal so only two meals which staff heat up." Staff told us that meals were usually already prepared and available and they offered people a choice before heating the meals up.

People told us that their relatives would usually arrange for their health needs to be met but they were sure that if needed the staff would get the doctor for them. Staff told us that if someone was unwell they would inform the office and they would contact family members. However, if a person was seriously ill they would ring the paramedics for them. Records looked at confirmed that this happened.

## Is the service caring?

### Our findings

Although most people told us that they had built up very good relationships with their regular staff and staff were generally caring and respectful we saw that people's preferences for times and regular staff were not always met.

Two people told us that staff did not always respect their home and belongings. For example, one person said, "They are not respectful about your home; do not ask if they can sit, they are too familiar and not very professional." Another person told us that because staff did not remove their gloves after applying creams their furniture was suffering damage when they put the medicines away. Other people told us that they were treated with dignity and respect when staff were supporting them and their privacy was maintained. One person said, "No concerns with this at all, staff always make sure my dignity is maintained when they help me, for example, they make sure I am covered when they use the hoist." Another person told us, "They are very discreet."

Some people felt that when they contacted the office the office staff were not always very polite. One person told us, "When I need to, I make contact by phone, they [office staff] answer the phone but are not very polite, come across as very rude when you call." Another person said, "Organisational issues are the ones that cause the problems [referring to late calls]; I feel sorry for the carers."

One person told us, "They [staff] are always caring in their approach." Another person said, "Staff are respectful we have a laugh and a joke." A third person told us, "They [carers] are very nice people and the carers are well mannered to. They speak nicely to us. Everyone has been good."

People were given choices in the support they had and they told us staff always asked them what help they needed. One person said, "I can choose what I eat and what I wear." Staff were able to give us examples of the ways in which people were supported to make choices about the care they received. For example, staff told us that people were able to choose to receive support from male or female staff. People receiving a service confirmed this. The acting manager told us that they would employ and allocate staff to ensure that people's cultural, linguistic and dietary needs could be met.

People were supported to remain as independent as possible. One person told us, "I do as much as I can and staff do where I can't reach." One member of staff told us, "We will encourage people to walk if they can but give them a hand for support."

## Is the service responsive?

### Our findings

Some people felt that they had been involved in planning their care whilst other said they couldn't remember if they had been involved. We saw that care records showed that people's needs had been assessed and provided staff with the information they needed to provide personalised care. People told us that they received care in the way they wanted. One person told us, "The staff know me well." Some people told us that they had had reviews of care but several people said they couldn't remember any reviews. Staff told us that if they noticed that people's needs had changed they would inform the office staff and they would carry out a reassessment. Records we looked at showed that there were regular reviews of people's needs.

People told us that although they had noted some improvements personalised care was not always provided because there continued to be a lack in the continuity of the staff that supported them. One person told us, "Eventually they know how to support me. I have had to keep telling them. I get lots of different people come. I get two different ones twice a day. The office staff don't tell me if they are new staff or are going to be late." Another person said, "The people who come to help me have a bath, always someone different, never really come on time. The other week, I complained by phone then someone came at 12.20pm." Another person said, "There is always the odd occasion when we get people we don't know, yesterday we had two and they never been before, they were good." The acting manager told us that there enough staff to cover the calls but they would be looking at if staff could be better deployed to meet people's needs.

People did not always feel that the times of calls were when they wanted them. For example, one person told us, "The morning call is too early for me and I have asked for it to be changed but I have to wait for a later slot to become available." Another person told us they wanted their Sunday morning call to be earlier so that they could attend church but on the rota's we saw that the calls were not planned to meet this need. A relative told us that staff were coming later than planned for the night call so the person was getting very tired waiting to go to bed. We saw that most care plans did not have times of calls recorded. The acting manager was aware that some people were unhappy with their call times but told us that because most people wanted a call at or around the same time it was not always possible to meet this request.

Staffing rota's showed that calls did not always take place at the time planned or agreed with people. For example, for one person the calls rota showed that over a seven day period 13 out of 28 calls were more than half an hour later or earlier than the planned time. This showed that people did not always receive their calls at the time required. During this same period 11 different staff attended the calls showing that there was a lack of consistency in staff. Staff spoken with told us that although some full time staff had regular calls part time staff did not always have regular calls.

There were systems in place to gather the views of people. People told us that if they had any concerns they would contact the office staff and felt listened to but some people felt that improvements were not generally sustained. One person told us, "They [staff] will listen and are always apologetic but they are not always effective to put things right." Another person told us, "I have phoned the office to complain about times they

[staff ] were late, three times I have done this, the manager responded but it wasn't really dealt with, it gets better for a couple of days then drifts away again." We saw that people had raised concerns and complaints and the complainant had been responded to appropriately. We saw that annual surveys and telephone reviews were also carried out to get the views of people.

## Is the service well-led?

### Our findings

On 26 August 2015 we carried out a follow up inspection to check whether the requirements of the warning notice we had issued in respect of governance had been met. We found that there had been sufficient improvements to meet the requirements of the warning notice but further improvements were needed. We rated this question as Requires Improvement at that inspection.

At this inspection we found that further improvements had been made but the service has not made sufficient improvements for this question to be rated as Good.

There was a registered manager in post at the time of our inspection. We saw that we were not always receiving notifications as required. For example, where a safeguarding has been raised with the local authority we should also receive a notification however, this had not always happened. The daily log of care provided to one person showed that they had had a fall whilst being assisted by staff. No incident or accident form had been completed and no notification had been sent to us so that we could monitor the care people received. This showed that the registered manager was not fulfilling their legal responsibility to keep us informed of all incidents and accidents. This is a breach of regulation 18 of the Care Quality Commission (Registration) Regulations 2009

The registered manager told us that they were planning on transferring the day to day management of the service but remaining as the responsible individual and had employed someone who was going to become the registered manager. This meant that people could be assured that there was a planned handover to someone who was going to be responsible for the day to day management of the service.

People told us that they had noted some improvements in the service since the last inspection and this was confirmed by a professional involved in buying services for people. People told us they were happy with the service they received from individual staff. One person told us, "You can't fault the care." However, people told us improvements were needed in respect of providing regular and trained staff.

We saw that there were some systems in place to enable the registered manager and provider to monitor the quality of the service however, the systems were not robust. Systems in place included questionnaires completed by people using the service. The report of the results of the most recent questionnaire in December 2015 showed that people felt that the service had improved over the previous 12 months. However, some comments made by people at that time mirrored what some people were telling us at the time of this inspection. For example, people were still telling us 'some staff are better than others', 'some staff need more training' and 'call times were not always at the preferred times' although they had noted some improvements in timekeeping. This showed that further improvements were needed in staff development and meeting people's preferences so that they received a personalised service. Although there was a plan for staff to receive further training there was not a plan in place to show how the other issues were going to be addressed.

We saw that since the annual surveys telephone calls had been made to people to ask them if they were

happy with the service they received. However, there was no evidence of how many people were happy, what issues had been raised or if there had been an improvement seen. We saw that there were some spot checks on staff however these were not always unannounced so may not be an accurate reflection of staff attendance and practices. We did not see that there was an overview of the findings from the spot checks or any actions that had been identified.

We saw that there was an electronic monitoring system in place however the system was not being used fully to obtain information to help the registered manager and provider to assess the quality of the service, improvements made and improvements required. For example, we asked how late and early calls were monitored. We were told that these would be addressed at the time when an alert was raised by the system. The acting manager told us that she would be requesting a daily breakdown of these following our inspection. From some of the visit records we could see that calls were still being made earlier or later than planned and some calls were not the specified length of time. There was no evidence to show that apart from on an individual basis the causes or reasons for these had not been reviewed so that actions could be taken to address the issues.

We saw that although complaints and accidents were recorded there was no evidence of monitoring to determine if there were any developing trends and themes. Information received following our inspection stated that there was quarterly analysis of complaints and annual and quarterly analysis of reviews, however these were not made available during the inspection and we are not able to comment on the effectiveness of these.

The acting manager told us that the electronic monitoring system alerted monitoring staff if a member of staff had not logged into within 15 minutes after the planned call so that they could take actions to check why the staff were not there. We asked for evidence of how the number of alerts were monitored but this information was not available. We saw that one person's call had been an hour late and asked for the reason for this. The acting manager was able to identify the reason for that incident but there was no overview of late calls and reasons. We saw that some calls were carried out earlier than planned. The system did not identify if staff arrived at the call earlier than the planned times or why. We were told the system also prevented the calls from overlapping so that two calls could not be planned for the same staff at the same time. This showed there were some safeguards in place to ensure that calls were attended but there was not sufficient evidence of follow up of the reasons for late and early calls.

We saw that reviews of care were taking place however they were not always identifying changes in the support provided. For example, one person's care plan stated that medicinal skin patches were placed on alternate sides of the body. When we asked for evidence of how this was being managed it came to light that the patch had not been administered by staff for several months but this had not been identified during reviews. We were told that log books were regularly audited however we saw that because a service was no longer being provided to an individual the last log books had not been audited. If they had been audited it would have been identified that for the last visit two entries had been made. The first entry showed that all the required care had been provided and there were not problems. This entry was then crossed out. The second entry recorded that the person had gone to hospital. This showed that staff had completed the records before completing the care. This had not been identified as the person was no longer receiving a service and the records had been archived. However, the staff were providing care to other people and the issue of completed records before the end of a call had not been addressed with them.

Although people were not always aware of who the registered manager was they told us they were always able to speak with someone in the office. One person said, "The manager does respond if you contact them."

Most staff told us that they felt supported in their role because they received regular training and they were always able to speak with care supervisors or one of the directors. Staff told us there was always a person on call for advice and guidance. However, some staff felt it was difficult to raise issues as it was a family run company. The acting manager told us she was aware of this and felt that the proposed changes to the structure of the service should address this issue. Most staff told us they had never been asked to complete a questionnaire or asked to comment if things could be done better to improve the service. Some staff told us that they had had staff meetings and individual supervision sessions but they had not taken place recently. This showed that some further improvements were needed in supporting staff to be involved in making improvements in the service provided.



This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents  The registered provider was not always ensuring that the required notifications were sent to CQC as required.