CM Community Care Services Limited

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Inspection report

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Ratings

Overall rating for this service	**Requires Improvement**
Is the service safe?	**Good**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Overall summary

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

The inspection was announced, which meant we gave the staff and provider 48 hours notice that we would be inspecting the service. This was to ensure that the registered manager was at the office on the day of our inspection.

The service is registered to provide personal care to people living in their own homes. At the time of our inspection 343 people used the service.

Summary of findings

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

At the last inspection on 12 March 2014 the provider needed to make improvements to ensure people received care calls at agreed times and improve support for workers in relation to training. The provider sent us an action plan telling us what improvements they would make.

During this inspection we found that the provider had made improvements to training records to demonstrate that staff received mandatory training to undertake their role. This was confirmed by staff that we spoke with.

We found that people received late care calls and further improvement to service delivery was required. The registered manager told us that she had implemented a call monitoring system that was being tested in one geographical area before being rolled out to the remaining three geographical areas where the service provided care. She told us this system would identify where calls took place and when calls times were not completed on time to enable her to address this.

The provider had not consistently responded to concerns people had raised. This meant that the quality of service was not consistently delivered to the satisfaction of people who used the service.

Eight out of ten staff reported low morale and did not always feel supported in their role with respect to rotas and communication from the office.

During our inspection we found there was adequate staffing to meet the needs of people who used the service.

Arrangements were in place to request heath, social and medical support to help keep people well.

Staff were kind, caring and respectful to people when providing support and in their daily interactions with them.

There were processes in place to drive service improvements.

Records showed that we, the Care Quality Commission (CQC), had been notified, as required by law, of all the incidents in the home that could affect the health, safety and welfare of people.

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 safe.

Staff received training in safeguarding adults. Staff understood how to identify potential abuse and understood their responsibilities to report any concerns to the registered manager.

Staffing levels were adequate to ensure people received appropriate support to meet their needs.

Recruitment records demonstrated there were systems in place to ensure the staff were suitable to work with people who used the service.

Good

Is the service effective?
The service was effective.

Training and appraisal processes were in place to enable staff to receive feedback on their performance and identify further training needs.

Arrangements were in place to request heath, social and medical support to help keep people well.

Good

Is the service caring?
The service was caring.

Care was provided with kindness and compassion.

People were treated with respect and the staff understood how to provide care in a dignified manner and respected people's right to privacy.

Good

Is the service responsive?
The service was not consistently responsive.

People could raise concerns with the provider but were not always confident that these would be addressed to their satisfaction.

People had their care needs assessed and reviewed. The care records reflected how people would like to receive their care, treatment and support.

Requires Improvement

Is the service well-led?
The service was not consistently well led.

Eight out of ten staff reported low morale and did not always feel supported in their role.

People were able to comment on the service provided to influence service delivery. There were some areas where people had reported concerns for

Requires Improvement

Summary of findings

example, about late calls. The provider had responded positively by implementing a call monitoring system to address these concerns. This concern had not been addressed to the satisfaction of everyone that we spoke with.

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Detailed findings

Background to this inspection

We gave the provider two days notice of our inspection. We did this to ensure the registered manager would be available at the service location to facilitate the inspection.

The inspection was undertaken by an inspector and three 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. The experts by experience completed telephone interviews to people who used the service and their representatives.

As part of our inspection process, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We received this prior to the inspection and used it to help in our inspection planning.

Prior to the inspection we spoke with inspectors who had carried out previous inspections at the home. We checked the information we held about the service and the provider.

On the day of our inspection we spoke with the registered manager, the human resources manager, and several office-based co-ordinators. We looked at six people's care plans and associated records. We looked at three staff recruitment files and records relating to the management of the service, including quality audits.

After the inspection we contacted ten members of care staff across the four zones based in different geographical areas. Three experts by experience contacted a total of 17 people who used services and 29 relatives by telephone to obtain their views about the service they received.

After the inspection we contacted two stakeholders from two local authorities who commissioned services from this provider to find out their views about the quality of service provided.

Good

Is the service safe?

Our findings

People we spoke with said they felt safe with the care they received. One person told us: "Yes I think the service is safe". Another person told us: "Yes I think the service is very safe so far". People told us they were equipped with emergency contact numbers should they be required. Some people said they had alarms in place and were able to identify staff from their ID badges and uniform. This meant they could contact someone in the event of an emergency and would only allow people who worked for the agency into the home.

We saw the provider had policies and procedures in place for dealing with any allegations of abuse. The staff we spoke with told us they understood about different forms of abuse, how to identify abuse and how to report it. Staff told us they had completed training in safeguarding adults. We looked at training records which confirmed this.

People told us that where hoists were used or they needed to be lifted, two carers were always present to ensure risks to the person's safety were minimised. Most people we spoke with managed their own medication. People who required assistance from care staff told us that where applicable, care staff asked them whether they had taken their medication and prompted them to do so, and this was recorded by care staff. This reduced the health risks associated with people not taking their medication as required.

Where people needed specialist equipment, we saw that the provider completed a risk assessment for this. We saw detailed information recorded about how staff should use equipment safely. We saw that staff had completed training and were observed carrying out moving and handling tasks to ensure they could support people safely. We saw that staff had signed a 'manual handling declaration' to demonstrate they understood safe practice. The person who used the service had signed this document to evidence their agreement where required.

The records we looked at contained risks assessments and the actions necessary to reduce the identified risks for each person. We found that they contained detailed information on people's health and social care needs. We saw that risk assessments were reviewed every month or when people's needs changed. This meant that the provider intended to protect people who used the service against receiving inappropriate or incorrect care and support.

The registered manager told us that rotas were completed in advance of care calls to ensure there were enough staff to cover each call. The registered manager had recently introduced a four weekly rota schedule in one area team to give people who used the service and staff sufficient notice as to how care calls would be covered. People we spoke with told us that no care calls had been missed by the provider.

We spoke with ten staff members after our inspection. Six out of ten staff perceived there was a staffing shortage. They told us this meant that they needed to complete extra care calls and accept new care calls at short notice. However two members of staff told us that their rota hours had been reduced. All of the staff we spoke with told us that they met people's care needs and provided care safely to people. Staff told us that no care calls were missed.

We looked at recruitment policies and procedures at the home. We looked at three staff records on the day of our inspection. We saw evidence that checks had been made to ensure staff recruited were of good character. All of the staff records we looked at contained two references and criminal records checks for each member of staff. This was intended to ensure that people recruited were suitable to work with people who used the service.

Good

Is the service effective?

Our findings

We asked people whether they thought the staff had the skills and training to manage their needs effectively. People we spoke with told us that most staff were very efficient in the care they provided. One person told us: "Yes I have confidence in the care staff I have seen". Another person told us: "I think it is great the [care staff] are just great". Another relative told us: "'[My relative] tells me they are very good'. Two relatives told us that inexperienced staff had visited their loved ones and that they reported this to the registered manager. In one case the issue was explained to the care staff and this resolved the issue. In the other case the care staff member was reported to the registered manager and the relative was advised that the person no longer worked for the agency.

We saw that all staff had completed an induction before working for the service. This included training in safe moving and handling, fire, health and safety, and infection control. The registered manager told us that staff were supervised closely within this period and could not complete their probationary period without finishing their learning plan. This ensured that staff had met the basic training requirements of their role. We saw records which demonstrated that staff were spot checked completing care delivery in people's homes every three months to ensure that they were competent to carry out their role.

Staff we spoke with said they had an annual appraisal of their personal and professional development needs. Staff we spoke with were satisfied with the training and professional development options available to them. The provider ensured that staff could access training and development programmes each year to attain a qualification in care. We saw a training matrix which outlined training that staff had completed or needed to complete over a year period.

We found that the provider supported the day-to-day health needs of people they visited. We saw one example where staff had been given specific training to support someone to feed with a PEG. This is a feeding tube to support feeding for people who have swallowing difficulties. Training records we saw confirmed that staff received specific additional training to meet people's individual needs in this area.

We asked people whether they thought the staff knew what to do if they were ill and who to contact. One relative we spoke with told us: "Yes they would call the doctor or me or both", another relative said: "Yes they would phone me and if the situation was more serious the doctor or in an emergency 999". People told us they had access to health care professionals when they needed them.

We saw that people's care plans included information about their general health. Where people had specific health care needs there were detailed records about how support needed to be provided. We found evidence that the provider worked in partnership with healthcare specialists. In one care plan we saw that the provider had referred the person to an occupational therapist to complete an assessment of their home environment. This was done to ensure the person had equipment they needed to enable them to return home safely from residential care. The staff we spoke with told us they felt confident they had information and skills to provide effective support and knew who to contact should any concerns arise.

Good

Is the service caring?

Our findings

People we spoke with told us that staff were kind, caring and compassionate. They told us they had developed good relationships with staff. One person said: "[The carer] is very chatty and we have a nice relationship. I can tell her anything and we respect each other". Another relative told us: "[My relative's] regular carer is excellent. [My relative] trusts her completely." One relative told us: "If the carers can accommodate [my relative] they will. They usually stay for a chat, but some are more business orientated". Another relative told us: "[Staff] They are absolutely wonderful and can spend some time talking to [my relative] about the news and weather".

We read a comment from a relative recorded as part of a care review which said the staff member was very attentive, caring, comforting and patient. In one person's care review notes it had been recorded that the care staff were kind, considerate, patient and compassionate.

Some people told us they were involved in planning their care and most people thought their care plan effectively met their needs. Some people could not recall whether they had been involved or did not comment on this. One relative told us: "Yes [my relative] does have a care plan. We all helped write it. The carers do what is on the care plan". Another relative told us: "I think [the care plan] meets the needs of [my relative] very well'. Another relative told us: "It mostly meets my relative's needs". One person told us: "I do have a care plan. I helped write it". One person said: "We had a face to face meeting when [my relative] came out of hospital and another review over the phone". We saw that people signed their care plans where possible to demonstrate they had agreed to the care provided.

We asked people whether their privacy and dignity was respected by staff. One person said: "They [carers] always ask if they can do anything for you. I think they are pretty good really". Another person told us: "All [staff] show respect whilst in the call. They are good carers". One relative told us: "They close the bedroom door when they are doing the bed wash, have plenty of towels, most carers are very good and talk to [my relative]". Another relative said: "[My relative] would prefer to have female carers but sometimes they send a man as well. But he does leave the personal care to his female colleague and he does the paperwork". We read written feedback from a relative who said that staff were both hardworking and lovely people who did their jobs with the utmost of professionalism. They said that all of their family commented on how respectful staff were to their relative during their final weeks".

Staff we spoke with told us they treated people with dignity and respect. Staff told us: "When I support people with personal care, I ensure they are covered with a towel and I ask family members to leave the room to ensure people's dignity" and: "I talk to people and get to know them. I help people with private matters, so need to gain their trust first".

Requires Improvement

Is the service responsive?

Our findings

We asked people about the care and treatment they received. One person told us: "So far they [carers] have been very good. They are very thoughtful. They come in their slot mostly". Another person said: "I have had no reason to complain. They always seem happy to oblige". Another person said: "They are very supportive and flexible". One person said: "In the past we've been very lucky having a regular [care staff] five nights a week and the same in the mornings. It helps build [my relative's] confidence as she is very nervous of falling".

In one care plan we saw that the provider was supporting someone to return to the community from residential care in line with their preferences. The provider had involved an occupational therapist, a home safety team and had identified telecare equipment to support the person to return home. Telecare consists of equipment and services that support people's safety and independence in their own homes. The provider had completed a detailed assessment to ensure the person's needs were met.

People we spoke with told us they knew how to make a complaint. People told us they were confident to express concerns and complaints. When asked about complaints they all said they would contact the office in the first instance. People told us complaints were not always dealt with to their satisfaction. From discussions with people who used services and their relatives, several themes of complaint were identified.

One person told us: "They listen but they very rarely change anything for you". Another person said: "When I complain they say they will sort it, but they don't" and: "We make complaints and nothing happens" and: "There is no point in making a complaint". The main complaint was that care staff did not always attend care visits at the agreed time. One relative told us: "Timing is my issue. They keep slotting in new people and we get pushed back and back. We are kept waiting and there's never a call to tell me". One person told us: "Times vary up to an half an hour. I know the ones that are always late. They tell me they have been given an extra person or delayed by traffic". One stakeholder told us they had been impressed with how the provider dealt with a recent complaint. Another stakeholder told us they found that time provision was not always punctual but when this occurred it was dealt with by the registered manager.

Seven out of ten staff told us that calls could run late. They told us this could be due to additional care calls on their rota and travel times. Four out of ten staff said that they reduced the length of calls to ensure that they could attend to all calls on their rota. This meant that care delivery did not always reflect the times agreed in people's care plans. People's individual preferences had not always been met. We found that complaints about call times had not been consistently responded to. People could raise concerns with the provider but were not always confident that these would be addressed to their satisfaction.

Requires Improvement

Is the service well-led?

Our findings

We asked people whether they thought the service was well led. Some people thought it was well led and other people did not think this was the case. Some people did not have an opinion about this.

We saw that people had been consulted about the quality of service provision in the form of questionnaires. The provider sent out three monthly questionnaires to obtain feedback from people about the quality of service provision. The provider also completed questionnaires with people at every care review meeting. We saw that the provider completed regular quality monitoring visits in people's homes.

As a result of feedback from people who used the service, the provider had invested in a new call monitoring system to develop and drive improvements in the care service provided. The registered manager acknowledged that computerised call monitoring systems had been required to improve call time issues and better meet the needs of people who used the service. At the point of our inspection this system was being tested in one out of the four geographical areas where the service provided care.

During our inspection the registered manager demonstrated she had a comprehensive understanding of the care provided to people. She had regular contact with the people who used the service. She made visits to people to ensure their needs were met and care reviews were conducted on a regular basis. In the care plans we looked at we saw written feedback which indicated that the care reviews by management had been well received by people to sustain good levels of care. This meant that people had different and regular opportunities to give feedback about their experiences of care provided.

Five out of ten staff members we spoke with reported that office communication was poor. They told us that cancelled calls were not always communicated to them and that they were given additional calls at short notice.

Eight out of ten staff we spoke with reported that they felt low in morale and did not feel supported. These staff told us that they did not have confidence that issues they raised about calls and rotas would be dealt with by management. The majority of staff we spoke with said they had regular supervision to discuss their work and development needs.

The registered manager told us that she was expanding the management team to include area office staff and managers. These area managers would be responsible for day to day service delivery and would get to know people in specific geographical areas. The registered manager told us she was recruiting more field supervisors to ensure service quality improvements to support and monitor care delivery. She told us these additional staff would be in post by December 2014. This was intended to improve communication between office staff and people who used the service and ensure more staff were available to deal with people's concerns in the community.

We saw the provider had a quality assurance system in place to drive continuous service improvement. The registered manager told us staff audited people's care records and used them to inform reviews of people's care to ensure that people's care plans reflected their actual needs. The staff we spoke with told us that if there were significant changes they would alert the registered manager on that day, to ensure the care plan was up-to-date.

We saw there was a clear management structure within the service. We talked with staff about how they would raise concerns about risks to people and poor practice in the service. Staff told us they were aware of the whistleblowing procedure and they would not hesitate to report any concerns they had about poor care practices.

We have been informed of reportable incidents as required under the Health and Social Care Act 2008 and the registered manager demonstrated she was aware of when we should be made aware of events and the responsibilities of being a registered manager.