

Cmichaels Healthcare Ltd

Cmichaels Healthcare

Inspection report

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Ratings

Overall rating for this service

Inadequate ●

Is the service safe?

Inadequate ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Inadequate ●

undertook a focused inspection to review the questions of Safe and Well Led. We inspected and found concerns about people's safety and the governance of the service, so we widened the scope of the inspection to include Effective, Caring and Responsive.

We have found evidence that the provider needs to make improvements. Please see the Safe, Effective and Well Led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We identified breaches in relation to staff recruitment, assessment of risks, administration of medicines, person centred care and oversight of the service, at this inspection.

Please see the action we have told the provider to take at the end of this report.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

Special Measures: The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe and there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions of the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions, it will no longer be in special measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Requires Improvement ●

The service was not always caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Inadequate ●

The service was not well-led.

Details are in our well-led findings below.

Cmichaels Healthcare

Detailed findings

Background to this inspection

The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

Inspection team

The inspection team consisted of 1 inspector and 2 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.

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 provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there were 2 registered managers in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be available to support the inspection.

Inspection activity started on 6 October and ended on 13 October.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used information gathered as part of our Direct Monitoring Activity (DMA) which took place on 2 December 2021. We used the information the provider sent us in the provider information return. This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We reviewed a range of records. This included 7 people's care records to see how their care and treatment was delivered. Other records looked at included 5 recruitment files to check suitable staff members were recruited and received suitable training. We also looked at records relating to the management of the service. We obtained the views of service users and their relatives of the services they received, by speaking with 10 service users and 10 relatives. We also spoke to 7 members of staff and the 2 registered managers.

This performance review and assessment was carried out without a visit to the location's office. We used technology such as telephone calls to enable us to engage with people using the service and staff, electronic file sharing to enable us to review documentation and video calls to engage with the registered managers. The performance review and assessment activity commenced on 6 October 2022 and ended on 13 October 2022.

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 has changed to Inadequate. This meant people were not safe and were at risk of avoidable harm.

Assessing risk, safety monitoring and management

- Risks to people's safety and wellbeing were not always assessed, mitigated or managed.
- Risk assessments detailing how to respond to people's health conditions such as food allergies, seizures or skin sores, were not in place. One person told us, "I have to explain to them [staff] what to do about my [name of medical condition] and in what circumstances they need to call for help." Other people told us, "Staff will keep trying to wash my face which I don't want them to as I need to use special cream on it." and "I have a sore area which gets infected, and the skin breaks down. Staff are not washing it properly."
- People were assisted by staff in the use of mobility aids. Risk assessments were not in place and staff did not always follow safe moving and handling processes. One person spoke about being hoisted and told us "...it is mostly me who instructs the staff".
- We discussed the concerns we found relating to the assessment of risk with the registered manager, who told us, "We will review all people's records and assess what could cause harm."

Using medicines safely

- Staff did not have access to information to enable safe administration of medicines.
- Information, including names of medicines and times of administration, was not always provided in people's care plans. Staff did not always record the time they administered people's medicines. One person said, "One carer asked me if they could give me two lots of medication in one go."
- Where people received medication support from more than one domiciliary care agency, no risk assessments or written agreements were in place. This included risks associated with sharing Medication Administration Records (MAR) with another service and monitoring of medicines stock levels.
- Staff administration of transdermal patches was not safe. Staff did not record the site of application and care records did not include information on rotating the site of application. This left people at risk of skin sensitivities. There was no record of daily checks by staff to ensure transdermal patches remained in place between applications.
- We discussed the concerns we found relating to safe administration of medication with the registered manager, who told us, "Risk assessments will include medication and their impact on people's safety."

The provider failed to ensure care was provided to people in a safe way. This is a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- Recruitment practices were not safe or effective and the providers recruitment policy was not always followed.

- Disclosure and Barring Service (DBS) checks had not always been obtained prior to staff starting work. These checks provide information including details about convictions and cautions held on the Police National Computer. This information helps employers make safer recruitment decisions. Where staff had been permitted to commence work without a DBS check, risk assessments had not been conducted.
- Application forms had not always been fully completed and there were gaps in employment histories. Discrepancies, in the information provided by applicants, were not explored. Interview notes were not always retained, and references were not verified. This increased the risk of people being supported by unsuitable staff.
- We discussed the concerns we found relating to staff recruitment with the registered manager who said, "All staff files will be reviewed and updated."

The provider failed to ensure that fit and proper people were employed to deliver care and support people. This is a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- People using the service, their relatives and staff gave mixed views on staffing levels and the reliability and punctuality of the service provided. One person told us, "Staff are not so regular time-wise now ... sometimes someone from the office will let me know if staff are going to be late, but not always." Another person told us, "Staff arrive on time and stay for the right time." A relative told us, "The majority of staff are on time, but they rush." The registered manager told us they were "introducing new technology to monitor arrival and departure times" to improve overall time keeping.

Systems and processes to safeguard people from the risk of abuse

- People using the service and their relatives gave mixed feedback about feeling safe with the service. One person said, "I don't feel at all safe. I don't get regular staff and sometimes I am given a stranger, some are very temperamental." Another person said "I do feel safe. The staff are very helpful."
- People told us staff practice was not always safe. One person said, "My District Nurse told me my door was being left unlocked. I spoke to the member of staff about it and asked if they had used the key safe, they didn't know what a key safe was." Another person said, "I saw the carer trying to open a can of food with a knife."
- Staff told us they had received safeguarding training and records we saw confirmed this. Staff were knowledgeable about types of abuse and how they might identify them. One member of staff told us, "Body language may indicate harm, for example behaviour changes, you just need to figure it out. I would immediately report concerns to one of the managers."

Preventing and controlling infection

- People and their relatives gave mixed feedback about how staff prevented and controlled infection. One person told us, "I have to be careful to remind staff to change their gloves and sanitise their hands between tasks. Staff can be a bit lax about it. I tell them used gloves and masks goes in a bag outside. I need to remind staff about cross infection." Another person told us, "They [staff] come in their uniforms and bring, gloves aprons and masks with them."
- Staff told us they had received training in preventing and controlling infection and records we saw confirmed this. One staff member said, "We have personal protective equipment (PPE) gloves, aprons and masks. We place used PPE and other waste such as continence items into a bag and into the outside bin."

Learning lessons when things go wrong

- The provider used an incident tracker; however, no formal records were maintained of trends and patterns of incidents or how lessons learned were used to reduce risk or improve services.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question Good. At this inspection the rating has changed to Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People and their relatives were not always involved in the assessment of needs and preferences in how their care was delivered.
- Care plans we reviewed were not personalised and only detailed the person's health conditions and focused on required tasks to be provided, for example personal care.
- People's preferences and relevant life history were not captured during the care planning process and therefore were not contained in the care plan. This made it difficult for staff to get to know people, or to have meaningful communication with them.

People's care plans were not personalised and did not reflect their preferences. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We discussed the concerns we found relating to the assessment of people's needs and choices and personalisation of care plans, with the registered manager, who told us, "People's care plans will be reviewed and personalised."

Staff support: induction, training, skills and experience

- People's needs were not always met by staff with effective communication skills. We received mixed feedback from people and their relatives about the effectiveness of verbal communication. People using the service and members of staff struggled to understand each other. One person explained, "It can be difficult when I ask for something. Staff don't seem to know what I mean and look a bit like a rabbit in a headlight."
- People's needs were not always met by staff that understood professional boundaries. People told us "Staff don't know professional boundaries and can be inappropriate at times", "They helped themselves to food without asking" and "They don't ask to use the toilet or charge their phone".
- Staff told us they received induction training which included computer-based courses. There was no minimum pass mark for online knowledge checks and records we saw showed some scores achieved were between 50 and 60%.
- Staff also told us they had a period of shadowing experienced staff; this was not recorded in the training record. Staff told us "I had training and shadowed for 3 days" and "I keep my training going by reading articles and taking other staff shadowing". One staff member told us, "I have trained in mandatory subjects using online training, this was good as I could take my time and get a good understanding."
- Not all staff had a health or social care qualification or had completed the Care Certificate. The Care Certificate is a nationally recognised induction which covers all the areas considered mandatory for care

staff. Training methods included, online, shadowing of experienced staff on the job and competency assessments. Staff we spoke to were knowledgeable about the areas they had trained in.

- People using the service and their relatives had mixed views about staff skills and experience. People explained "staff leave such a mess, clothes all over the place and slapdash with bowls of water splashing water everywhere...", and "a member of staff who visited had not had any training". Another family member told us, "I believe they are well trained and when a new trainee was brought in two other members of staff arrived as well, so there was shadowing."

Supporting people to eat and drink enough to maintain a balanced diet

- Staff supported people with meal preparations and to eat and drink. One member of staff told us, "One person needs help to eat, however can manage finger foods. Where possible I make sure there are some finger foods included in the meal, even if it is only a biscuit at the end."
- Staff supported people with a Percutaneous Endoscopic Gastrostomy (PEG), which is a feeding tube that is placed into the stomach. One family member told us, "The staff have picked up the peg feeding quickly."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff supported people at hospital appointments. One person told us, "The carer gave me support at the hospital when I needed it, a well-trained carer who knows what I need."
- Staff contacted and visited health care professionals on behalf of people. One person told us, "The pharmacy will not answer the phone recently. I have only three days left of my medication and they are still not answering. My member of staff has called into the pharmacy today for me, to request a renewal."

Ensuring consent to care and treatment in line with law and guidance

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 MCA 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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- People were asked for consent by staff, before care was provided. One relative told us, "Staff are very respectful and will always tell [Name of Person] what they are going to do and ask if they are OK with it and will give [Name of Person] options too."
- Staff told us they had been trained in the principles of the MCA and records we saw confirmed this. One staff member told us, "I use positive body language and look out for theirs to ensure they are giving consent."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question Good. At this inspection the rating has changed to Requires Improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity

- People had very differing experiences of how they were treated and supported. One person told us, "I don't feel in control...the staff started talking to each other in their own language, in front of me." Another person told us, "The staff are thoughtful, caring and pleasant."
- People's care plans lacked information to help staff get to know people well, including people's preferences, personal histories and backgrounds.
- Staff we spoke with understood the importance of treating people with kindness and respect. A member of staff told us, "During personal care, I talk to people in a good way, chat to them appropriately which raises their self-esteem."

Supporting people to express their views and be involved in making decisions about their care

- People and relatives did not always feel able to express their views. A family member told us, "When expressing a view about the service, to a member of staff, they said 'I don't apologise to anyone'." Another person told us, "I have been told by the agency I have to have one male member of staff, he is very kind, but I don't want him washing me." Another person told us, "I am very grateful for the help, the staff are all so nice and they make [name of person] feel comfortable."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was not always respected. One person told us, "My husband answered the door and I told him I didn't want the staff to come in, as I was too upset. The staff said they had to and when my husband put out his arms to stop the staff, they pushed past him under his arms. I now dread them coming." Another person said, "I have many different staff. I find having personal care embarrassing but having so many different staff makes it more so." Other people were positive about their staff. People told us, "no concerns regarding respect and all the staff are friendly." and "members of staff have been very kind and pleasant and I get on with them".
- Staff we spoke to described the steps they took to protect people's privacy and dignity. A member of staff told us, "I look after people's dignity and respect, close curtains and doors when needed and keep people covered as much as possible during personal care."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question Good. At this inspection the rating has changed to Requires Improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care planning did not include information to enable staff to ensure people's preferences and choices were met, such as details of people's personal history, preferences, interests or aspirations.
- People and their relatives were not always supported or encouraged to contribute to care planning.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Most people we spoke with raised concerns regarding staff's English language skills and their tendency to speak with colleagues in their own language, which the person was unable to understand. They also expressed concerns over staff's inability to understand their requests.
- We saw that barriers to communication, such as sensory loss were recorded within care plans, but the risk of communication barriers was not assessed.
- Current methods of communication with people and their relatives included telephone, email, and Zoom. The registered manager told us, "Some service users have chosen who they want to communicate with them as well as how."

Improving care quality in response to complaints or concerns

- A complaints policy was in place and the registered manager followed it. We received mixed feedback from people using the service and their relatives about the effectiveness of raising complaints or concerns. People told us, "timekeeping issues were raised three months ago. It has not been sorted, but it doesn't bother me too much" and "I have raised one issue with the manager, and he dealt with it and apologised".
- A complaints log was in place. This information was not analysed for themes or trends, to enable preventative work, or service improvements to be identified.

End of life care and support

- End of life care and support was provided to people using the service and their relatives, when required. One person told us, "We had [name of member of staff] for 3 or 4 nights, they were excellent, really good with [name of person]." We saw another family had written a letter of appreciation about their experience of the care and support provided to them and their relative.

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 our last inspection we rated this key question Good. At this inspection the rating has changed to Inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

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

- Registered Managers did not demonstrate effective oversight to ensure quality and manage risks. Systems to assess quality and manage risks were either not in place, not robust enough to identify concerns, or not used.
- There was not a system in place to ensure safe care and treatment. Quality assurance work had not taken place in relation to care plans and risk assessments. We found care plans did not contain enough information to ensure the safe delivery of services and where service users' medical conditions impacted on the safe delivery of care, risk assessments were not in place. Planned care was not person centred or delivered in a way that met people's needs, choices and preferences.
- Periodic medication audits conducted were ineffective and had failed to identify the concerns identified at this inspection. We found staff had insufficient information to safely administer medication. Where MAR charts were shared with other services, no risk assessments or written agreements were in place between services. Medicine stock takes were not conducted and a list of sample initials for staff members authorised to administer their medicines was not in place.
- Systems and audits of staff recruitment were in place but not used. We found staff recruitment procedures were not operated safely and were not effective, to ensure staff were fit and proper persons to work with vulnerable adults.

The provider did not have effective oversight of the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- We discussed our concerns with the registered managers about the lack of oversight of the service. The registered managers produced an action plan to improve their oversight of the service.

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

- People had mixed views about the management of the service. One person told us, "The manager is particularly elusive and hard to get hold of. There is a problem with communication, the phone often doesn't have a voicemail on it." Another person told us, "The manager is very nice and very helpful."
- Staff spoke positively about the management of the service. One member of staff told us, "Heard good things about the organisation so decided to change jobs and join. The managers are good to staff they look after their needs as well as the people's."

How the registered managers understood and acted on their duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered managers were clear about their duty of candour. One person we spoke with said the registered manager had apologised to them when this was needed.
- Records confirmed information was shared at staff meetings when things had gone wrong and changes were introduced when needed.

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

- People and relatives spoke positively about management's engagement with them. They explained registered managers periodically contacted them either by phone or visiting, depending what was best for people and their relatives. One person told us, "[Names of Manager's] are brilliant and listen to me. We are a team". A relative told us, "when the new people took over the manager made an appointment to meet [name of person] and introduce himself."
- Staff felt involved in the service. We saw from records staff meetings took place. One member of staff told us, "The service is good to staff, they run around after them, drive them about, make sure PPE is available and deal with any needs arising."

Continuous learning and improving care

- The provider had a clear vision for the direction of the organisation, in terms of growth. We reviewed the minutes of the management meeting that took place in April 2022. The meeting recorded the link between the increasing number of care packages and the need to increase recruitment. However, the provider failed to identify that their systems and processes for assessing and monitoring their services against regulations, were either not used, not effective, or not effectively used.
- The provider plans to introduce technology to monitor people's services, to ensure visits are made at the planned time and for the full allocated period. The registered manager told us, "We are about to commence training for this new system."

Working in partnership with others

- Records showed collaboration between the registered managers and health and social care professionals.
- Registered managers told us they were "networking with other providers and professional organisations".

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 9 HSCA RA Regulations 2014 Person-centred care People's preferences and relevant life history were not captured during the care planning process and therefore were not contained in the care plan.

