

My Care My Home Limited

Wigan Community Services

Inspection report

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Ratings

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

Summary of findings

Overall summary

About the service

Wigan Community Services, known by people using the service and the staff employed as My Care My Home, provide domiciliary care, support and companionship services to people via direct payments or through self-funding. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of our inspection, the service supported 49 people with personal care.

People's experience of using this service and what we found

People and relatives told us the service provided safe care which met their needs. Staff had received training in safeguarding and knew how to report any concerns. Care visits were completed timely, with staff remaining for the allocated length of time. People were informed if staff were running late, such as due to being stuck in traffic. People received their medicines safely from staff who had been trained and had had their competency assessed.

People were involved in the assessment process to ensure the service was suitable and could meet their needs. Staff received enough training and support to carry out their roles safely and effectively. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People and relatives spoke positively of the care provided, which they said was delivered by staff who were kind, patient and caring. We were also told staff respected people's privacy and dignity and offered them choice. People's views were sought through care reviews and annual surveys, to ensure the service continued to meet their needs.

Care files contained detailed information about each person and how they wished to be supported. People and relatives were fully involved in discussions around care planning and told us the service was quick to respond to requests for changes to support packages. The complaints process was provided to people at the beginning of their care package. Each person or relative we spoke with knew how to raise concerns but had not needed to.

People, relatives and staff spoke positively about the management of the service and support provided. A range of systems and processes were used to monitor the quality and effectiveness of the service, with an improvement plan used to ensure any identified issues were addressed.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for the service was good (published May 2019).

Why we inspected

We undertook this inspection as part of a random selection of services rated Good and Outstanding to test the reliability of our new monitoring approach.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our responsive findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Wigan Community Services

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector and an Expert by Experience, who conducted telephone calls with people using the service and their relatives. 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, flats and specialist housing.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 36 hours' notice of the inspection. This was to ensure the registered manager was available to support the inspection and to ensure we had prior information to promote safety due to the COVID-19 pandemic. The notice period also allowed the provider time to start asking people using the service and their relatives, if they would be prepared to speak to us about their experiences. Inspection activity started on 22 November and ended on 2 December, by which time we had sought the views of people, relatives and staff and reviewed all additional information sent following the visit. We conducted the office visit on 24 November 2021.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included notifications sent to us by the home. Notifications are changes, events or incidents that the provider is

legally obliged to send to us without delay. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We sought feedback from the local authority and professionals who work with the service. We used all this information to plan our inspection.

During the inspection

We spoke with eight people who used the service and four relatives about their experience of the care provided. We spoke with registered manager and sought the views of nine staff members via a mixture of telephone interviews and emailed questionnaires. We reviewed a range of records. This included five people's care records and multiple medication records. We looked at five staff files in relation to recruitment, training and support. A variety of records relating to the management of the service were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at audit and governance information, newsletters, surveys, medicine records, training and supervision information.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe using the service and in the company of staff. Comments included, "I am safe in the hands of the carers, they are like friends to me" and "I feel my relative is very safe when the staff are supporting, they are excellent."
- Staff had received regular training in safeguarding and knew how to identify and report concerns. One staff told us, "Types of abuse include physical, mental, financial, emotional. I would report concerns to my manager as soon as possible. If necessary, I would contact safeguarding myself."
- Up to date safeguarding policy and procedures were in place and a log used to document any concerns. This included information about the nature of the concern, action taken, outcome and lessons learned. All concerns had been reported in line with local authority guidance.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people had been assessed and documented within care files.
- People's care files contained both general and individual risk assessments, which explained every risk to either the person or others and how these would be minimised. This ensured staff knew how to support people safely and remain safe themselves.
- Accidents and incidents had been recorded as necessary. For each incident the service had documented what happened, remedial actions taken, outcomes and any lessons learned, to help prevent a reoccurrence.

Staffing and recruitment

- Enough staff were employed to ensure care visits were completed consistently and at the planned time. Wherever possible, people had a set team of care staff to ensure consistency.
- The service had experienced some staffing issues during the COVID-19 pandemic, due to sickness and staff isolating but had utilised a holistic approach to ensure people's care was not impacted. This included office based staff and the registered manager completing care visits.
- People and relatives told us staff arrived on time and stayed for as long as they were scheduled to. Comments included, "The carers usually arrive on time, if running late they phone" and "They stay the correct amount of time of thirty minutes but sometimes more."
- Staff were recruited safely. Pre-employment checks were completed to ensure applicants were of suitable character to work with vulnerable people. This included completing checks with the Disclosure and Barring Service and seeking references from previous employers.

Using medicines safely

- Medicines were managed safely by staff who had received training and had their competency assessed.

- Medicine administration records (MAR) viewed during inspection had been completed correctly. MAR audits were completed monthly to identify any issues, such as recording errors.
- A medicines list was attached to the MAR chart, which detailed all medicines prescribed, how and when they should be taken. Guidance was also in place for any 'as required' medicines such as paracetamol, to ensure staff knew when and how to administer these.

Preventing and controlling infection

- Robust infection control policies and procedures were in place.
- Current COVID-19 guidance around risk assessments, PPE usage and staff testing were being adhered to.
- Staff had received training in infection control and the safe use of PPE. People confirmed staff wore PPE appropriately, one person told us, "The carers wear gloves, apron and a mask, which covers their nose."

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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 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.

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.

- Staff had received training in the MCA and knew how this impacted on their role. One told us, "I have had training on the MCA. I'm aware it's there to protect and empower individuals who may lack capacity to make decisions about their care and treatment. In practice it means focusing on a person's right to make their own decisions and assuming they have capacity until proven otherwise."
- People's consent had been sought during the assessment process. Staff verbally sought consent during each support visit. One person told us, "The carers always ask before providing any care."
- Where people's ability to make certain decisions had deteriorated, for example due to living with dementia, care files indicated whether someone else could legally make decisions on their behalf. We found any decisions made for people lacking capacity had been done in their best interest.

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

- Assessments had been completed with people and/or their relative in advance of their support commencing, to discuss what support people wanted and ensure the service was suitable and could meet their needs.
- Support plans had been created with the involvement of each person or their relative. One person told us, "The manager and another person came out to discuss what was required in the care plan before the service started."

Staff support: induction, training, skills and experience

- Staff received enough support, training and supervision to carry out their roles. The service had its own training room, which contained a range of equipment staff may need to use on visits, so they could assess staff's competency in using this.

- People told us staff appeared well trained and I knew what they were doing. A relative stated, "I feel the carers are well trained; they understand dementia and are brilliant." A person told us, "The carers are well trained, they never leave without checking everything has been done."
- Staff also spoke positively about training provided. One said, "Induction training was very good, covered all aspects including COVID-19, manual handling, dementia, principles of care. Ongoing training is provided, emails are sent round to inform us of upcoming courses."

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People received support with meal and drink preparation in line with their assessed needs. Care plans explained the support people wanted, along with personalised information around their likes, dislikes and preferences. One person told us, "The carers do my meals for me without any problems."
- Where necessary the service supported people to stay well and contact or access healthcare services or professionals, such as the GP.
- We noted referrals had been made to specific professionals by the service for the benefit of people they supported. For example, a physiotherapist had been contacted when staff identified concerns with a person's mobility, which placed them at increased risk of falls.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People and relatives spoke positively about the care and support received and the staff who provided this. Comments included, "All the carers are very good, kind and caring, we have a chat and they have a laugh with me and my [relative]", "The carer is on the same wavelength as me with a good sense of humour. They are very caring and go over and above" and "They treat you as an individual and with respect; they understand the word 'care'."
- The service ensured people were treated equally and their protected characteristics under the Equality Act were respected and promoted. Discussion about people's spiritual, religious, cultural, gender or sexuality needs was completed as part of the admission and care planning process.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect by staff who knew them well and how they wished to be cared for. Staff ensured people completed tasks they could manage themselves, helping only when necessary.
- One person told us, "I give them ten out of ten for being treated with dignity." Another stated, "The carers are very courteous and respectful which is very important to me." Whilst a relative reported, "The carers allow [relative] to maintain independence by giving them tasks to do, such as removing washing from the machine and doing some washing up."
- Staff described the ways in which they ensured people's dignity was maintained. One told us, "I respect the individual's privacy both physically and emotionally. For example, close the door or curtains when helping to get them undressed or use the bathroom and always knock before opening a closed door."

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

- People and relatives told us they were fully involved in their care and provided with choices and options.
- The service completed ongoing reviews, to ensure the support provided still met people's needs. One person told us, "The office phone me every few months to check I am happy with the care."
- People and relatives views were also sought through annual surveys.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- People received care which was personalised and met their needs and wishes.
- People and/or relatives had been central to discussions around care planning to ensure the care plan was how they wanted it. Once completed, care plans were regularly reviewed to ensure they continued to meet people's needs. One person told us, "The manager came out to discuss what we required in the care plan." A relative stated, "The carers check the care plan every visit. It is reviewed at least three times a year."
- Care files contained a range of person-centred information, including the 'about me' section which covered key background information about people along with their likes and dislikes. Staff also had access to a 'care and support visit' document, which summarised when calls were required and how people wished to be supported during each visit.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service was meeting the requirements of AIS. Information was available in a range of different formats, including large font, braille, audio, alternate languages and use of symbols.
- Care files included details of any communication difficulties people had and how best to communicate with them. However, for one person who was unable to speak we found more information was required around alternative ways in which they could communicate their needs. This was addressed following the inspection.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The service provided a number of opportunities for people to maintain social links and engage in activities and outings, in line with their support package.
- We noted examples of people attending a local dementia café, being supported to complete food shopping and visiting local places of interest.

Improving care quality in response to complaints or concerns

- The complaints process was provided to people when they started to use the service.
- People and relatives told us they knew how to complain, however, were happy with the care and support provided and had not needed to. Comments included, "I have no complaints, but I would phone the office if

I needed to" and "I've not had to complain, but I would look in the folder (care plan) if I needed to."

- The service used a log to document concerns raised, action taken and outcomes. The service also considered and shared any learning from complaints, to prevent similar issues from occurring in the future.

End of life care and support

- The service was not providing palliative or end of life care at the time of inspection. Care files contained a section relating to the end of life care wishes, which people could choose to complete.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and relatives spoke positively about the service. Comments included, "The service seems to be managed to a good level", "[Registered Manager] is very hands on, they would rather get their hands dirty than let you down" and "I would recommend the service; I am satisfied and comfortable with them and they will do anything for me."
- We noted examples of how the care and support provided to people had resulted in positive changes and outcomes. For example, one person had progressed from being cared for in bed, to accessing the community after a few weeks input from the service.
- Staff were also complimentary about the service and said they enjoyed working there. One told us, "I can honestly say I've never worked for a better company; the support is always there." Another stated, "I enjoy working for them as I feel the care we provide here has more of a personal touch." Whilst a third said, "I love it, I feel totally supported. Communication is very good, can always get hold of management if need any advice, even if they're not on-call."
- The provider sought staff's views through annual surveys with an action plan produced to explain any actions they would be taking based on feedback provided. The provider had also set up HR clinics, with staff being able to book individual meetings to ask questions about or discuss employment, health or wellbeing related matters.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider used range of audits and monitoring systems to assess the quality and performance of the service and support they provided. These included a monthly manager's audit and a monthly report, which was sent to the provider, to ensure they had oversight of the service.
- Due to office staff and management being used at times to support care visits and ensure continuity for people, we noted some audits had not been completed fully during the last two months, however, a plan was in place to address this, including the recruitment of a branch manager, who would provide office based support to the registered manager.
- The service used a continuous improvement plan, onto which actions from all audits completed had been recorded. This detailed what action was required, who was responsible, timescale for completion and outcome.
- The provider and registered manager understood their regulatory requirements. Relevant statutory

notifications had been submitted to CQC, to inform us of things such as accidents, incidents, safeguarding's and deaths.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager and provider were aware of their responsibility regarding duty of candour. Duty of candour ensures providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in relation to care and treatment.
- People and relatives were complimentary about the quality of communication with and from the office and management. One relative told us, "I would recommend the service, they are caring, they listen to us and are flexible. They phone to make sure we are happy with things."

Working in partnership with others

- We noted examples of the home working in partnership with other professionals or organisations to benefit people using the service.
- The registered manager had been recognised for their contribution to adult social care, by being nominated for and receiving the Chief Nursing Officer for England Award. This national award was introduced in 2021 to acknowledge people who go above and beyond their everyday roles to provide excellent care, leadership and inspiration.