

Miss Gemma Louise Thomas

# Combined Care 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

Combined Care Services is a domiciliary care service located in Wigan, Greater Manchester. 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 the inspection there six people receiving the regulated activity 'Personal care'.

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

People who used the service and relatives said they felt the service was safe. Staff were recruited safely and there were enough staff to provide people's care. Staff carried out routine COVID-19 testing and there was enough personal protective equipment (PPE) available which people confirmed was always worn.

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 received enough to eat and drink and said provided assistance as needed. Staff told us enough training was available to support them in their roles, with ongoing supervision also provided.

We received positive feedback from people who used the service and relatives about the care provided. People said they felt treated with dignity, respect and had their independence promoted as required.

People had detailed care plans in place regarding the care and support staff needed to deliver. There was an appropriate complaints system and people were supported to attend activities in the local community if this formed part of their daily routine.

There were systems in place for people who used the service and staff to provide feedback about their care through audits, surveys and meetings. Staff spoken with during the inspection told us they felt the service was well-led and enjoyed their roles.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

This service was registered with us on 17 June 2021 and this is the first inspection.

### Why we inspected

The service had not received a rating since registering with CQC. This was why we inspected.

The overall rating for the service is good. This is based on the findings at this inspection.

### Follow up

We will 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 caring 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.

# Combined Care 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 Health and Social Care Act 2008.

#### Inspection team

This inspection was carried out by an inspector and an Expert 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 service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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. At the time of our inspection there was a registered manager in post.

#### Notice of inspection

The first day of the inspection was announced. 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 in the office to support the inspection.

Inspection activity was carried out between 29 June and 8 July 2022. Further inspection activity was completed via telephone and by email, including speaking with people who used the service, relatives and reviewing additional information sent to us by the registered manager.

#### What we did before the inspection

We reviewed information we received about the service since the last inspection. We sought feedback from professionals who worked with the service, including Wigan local authority. The provider was asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

#### During the inspection

We spoke with four people who used the service and four relatives about their experience of the care provided. We also spoke with four members of staff including the registered manager who is also the nominated individual/provider.

We reviewed a range of records. This included four people's care records, a selection of medicine administration records (MAR) and three staff recruitment files. A variety of other records relating to the management of the service were also considered as part of the inspection.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found following our site visit.

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated as good.

### Staffing and recruitment

- There were enough staff employed to care for people safely. People who used the service said there were enough staff to deliver people's care and they never experienced late or missed visits. One person said, "They have never missed a call or been very late."
- Each member of staff had their own rota in place and the feedback we received was that these were well managed, with sufficient travel time factored in. A member of staff said, "There are enough staff and there are more now that care packages are increasing. If we need to do a double up call there are always two of us."
- Staff were recruited safely, with all the necessary procedures carried out. This included completing application forms, holding interviews, seeking references and carrying out disclosure barring service (DBS) checks. Staff confirmed these checks were carried out.

### Assessing risk, safety monitoring and management; Preventing and controlling infection

- People had a range of risk assessments in place regarding their care. These included nutrition, skin, mobility and people's living environment. Where any risks were identified, control measures were in place about how to keep people safe.
- Staff said they had enough PPE available to use when providing care to people. People and relatives told us PPE was always worn by staff when delivering care. Staff carried out routine COVID-19 testing and reported the results to the registered manager and via the government website. One person said, "The staff all wear their masks, gloves and aprons, very much so."
- Staff had received infection control training and there were relevant policies and procedures in place.

### Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People and relatives told us they felt safe as a result of the care they received. One person said, "I know more or less who is coming and I know all the girls now anyway. They are just lovely and I do feel safe with them, very much so."
- A safeguarding policy and procedure was in place and the training matrix showed staff received training. Staff displayed a good understanding about safeguarding and how to recognise potential concerns. One member of staff said, "Types of abuse can include sexual, mental and financial. A change in a person's mood could be a safeguarding issue. I have done safeguarding training."
- A log of all accidents and incidents was maintained, with details provided about actions taken to prevent re-occurrences.

### Using medicines safely

- Both people who used the service and relatives told us medicines were given safely. One person said, "The

staff put creams on my legs and my bottom and they do that alright."

- Staff completed medication administration records (MAR) and we saw these were completed accurately. Cream charts were completed and showed staff where they should be applied.
- Staff said they had completed medication training and told us this enabled them to give medicines safely. Staff were observed giving medicines during routine spot checks to ensure this was done correctly.



# 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.

This is the first inspection for this newly registered service. This key question has been rated as good.

Staff support: induction, training, skills and experience

- People commented that staff had the required skills to carry out their role. One person said, "The member of staff that comes is very well trained." A relative added, "They all seem very well trained and capable ladies."
- Staff told us they received the appropriate training and induction to meet the needs of the people they were supporting. Training completed by staff was recorded on the training matrix. Completed courses included safeguarding, moving and handling, fire safety and infection control. One staff member told us, "I can't fault the training and we can always access more courses if we need to."
- Staff supervisions took place and gave staff the opportunity to discuss their work. A member of staff said, "We do have supervisions and I had my last one a couple of weeks ago."

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 authorized 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 authorize people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- The registered manager told us they hadn't yet needed to complete a MCA assessment for anybody currently using the service, although was aware of the process should this need to be done.
- Staff had completed MCA training and displayed a good understanding of the legislation. One member of staff said, "It enables people to be independent with their decision making if they are able to."
- People told us staff sought their consent before delivering care and there were signed consent forms within people's care plans covering areas such as receiving first aid, receiving care, photographs and medication.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law ;Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support;

- People's needs were assessed when their care package first commenced and these involved people's

friends and families when possible. One person said, "They came out from the office at the start and spoke to me and wrote it down. They have been back out since to me to ask me things and see how everything is going."

- Staff monitored people's health and wellbeing and supported them to access healthcare services appointments as required such as the doctors, or dentist.

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

- People told us they received enough to eat and drink. One person said, "They make my breakfast and leave my lunch and a flask as I can't get to the kitchen yet and my neighbour pops in lunchtime to see me."

- People had specific nutrition and hydration care plans in place, and this provided staff with information about the support people needed to eat and drink.

# 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.

This is the first inspection for this newly registered service. This key question has been rated as good.

Ensuring people are well treated and supported;

- People who used the service provided positive feedback about the care provided. One person said, "They (staff) are just lovely, so relaxed but they get on with what they've got to do, but they chat away to you, so nice, so considerate. I was on oxygen all the time, but I am off it all now. They've got me going again." Another person said, "They are nice to me, they've been and done everything already I require this morning already."
- Relatives of people who used the service were equally complimentary about the care given. One relative said, "They are very nice to (person). Nice and quiet and (person) needs that." Another relative added, "It's an excellent service."
- We received consistent feedback from people about the caring nature of the staff team. One person said, "The staff are very nice to me. They'll do anything I ask and are very kind." A relative also said, "They are very good and very kind."
- Staff were kind to people and went out of their way to ensure they were happy and well supported. For example, staff assisted one person to arrange a taxi so they could attend church every Sunday and keep their routine. This was done outside of the staff members normal working hours.

Respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- People spoke highly of the staff team saying they felt treated with dignity, respect and had their independence promoted where possible. All the relatives spoken with made comment about how clean and well-presented people appeared. One person said, "They will let me do things for myself, but are there to supervise me if I need them."
- Details were provided within care plans about any religious, or cultural requirements people had, as well as things of importance to people staff needed to be aware of.

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

- People told us they were involved in the care they received and were involved in decisions about how their care was delivered.
- Reviews of people's care took place, and this presented people and their families an opportunity to discuss how their care was progressing and make any changes. One relative said, "They came and sorted what we needed initially. I explained it all and they do it. They call sometimes to check and ask questions about what we need."

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated as good.

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

- People and relatives told us they received personalised care and the service was responsive to their needs. One relative said, ""We have an ongoing dialogue about (person's) needs. I can ring them up and discuss things, there is no problem with that."
- Following each care visit, staff completed daily communication booklets which showed the care and assistance people had received such as support with medication, assistance with eating/drinking and any personal care. This helped us evidence if people's care needs were being met.
- Each person had their own care plan in place, with a copy held both at the office and in their own home. We found they provided staff with an overview of the care people needed to receive. Care plans captured person-centred information about people such as previous employment, life history and any hobbies and interests.
- People were supported to participate in activities by staff within the community if this formed part of their care package. For example, one person was supported to attend a local gym as this formed part of their daily routine.

### 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.

- Interpreter services could be accessed as needed for people who may speak a different language.
- Documentation could also be provided in large print for anybody that needed it.
- People's care plans took into account their communication needs including sight, hearing and speech, as well as any sensory aids required such as glasses, or hearing aids.

### Improving care quality in response to complaints or concerns

- People knew how make a complain if needed, although told us they hadn't needed to. A complaints policy and procedure was available which explained the process people could follow if they were unhappy with the service they received. One person said, "I've had no complaints but I know who to ring, it's in the paperwork given to me."

### End of life care and support

- At the time of the inspection no-one was at the end stages of life. If this was the case, the manager told us staff would continue providing personal care, working alongside other healthcare professionals such as

district nurses.

# 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.

This is the first inspection for this newly registered service. This key question has been rated as good.

Continuous learning and improving care; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There were systems in place to monitor the quality of service provided to ensure good oversight. This included audits of medication, communication books, care plans and staff files.
- Systems were in place to involve people, relatives and staff in how the service was run. This included the use of satisfaction surveys to obtain feedback. All of the people we spoke with said they had either been visited at home, or contacted by telephone to ask for their feedback about the service. Analysis of the information from surveys was done to enable continuous improvement.
- Further quality monitoring systems were in place using spot checks, observations of staff and competency assessments. Staff meetings were held, and surveys sent so that feedback could be sought and used to make improvements.

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

- The registered provider was also the nominated individual. At the time of the inspection, there was a condition on the CQC certificate of registration informing the provider they must evidence independent oversight of quality assurance and risk mitigation. This should include meetings, audits and an independent annual service user survey. We saw records of these during the inspection, with more scheduled during the year.
- It is a legal requirement for the ratings from the last inspection to be displayed on any websites operated by the provider and at the office location. We reminded the manager and provider about this responsibility once the overall rating for the service has been awarded.
- The registered manager understood their responsibility to submit statutory notifications.

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

- The staff team spoke of a positive culture at the service and said they enjoyed their roles. One member of staff said, "There is a great team work here and we all help each other if we are struggling with anything."
- Regular team bonding meals out were held between staff which demonstrated the positive culture amongst the team.
- Staff told us they felt the service was well-led. One member of staff said, "The service is definitely well-led. The manager is very supportive and approachable."

Working in partnership with others;

- The service worked in partnership with various local authority's and health teams in the local area

including social workers and quality monitoring teams at the local authority. The service also sponsored a local rugby club and supported a local day centre with fund raising.