My Care My Home Limited

Wigan Community Services

Inspection report

Suite 2, 1st Floor, Pier House
Wallgate
Wigan
WN3 4AL

Tel: 01942597999

Date of inspection visit:
09 April 2019
10 April 2019
17 April 2019

Date of publication:
24 May 2019

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 to people via direct payments or through self-funding. At the time of inspection 68 people were using the service

People's experience of using this service:
People spoke positively about the care they received from staff who were described as being brilliant, kind, caring and considerate. People and their relatives stated they felt safe, well supported and would recommend the service to others.
People were actively involved in their care from the initial assessment through to the setting up and review of their care plans. People told us they felt able to contact the service at any time to talk about their care and request changes or updates.

Risks to people had been assessed, with control measures in place to ensure they and staff remained safe and well.

People told us staff were well trained and competent, providing care they way they wanted it. Where necessary we saw specific training sessions had been completed, to ensure staff could meet people's changing needs.

Staff told us they felt well supported and had opportunity to discuss their roles via supervision, appraisals and team meetings.

People had been provided with details of how to raise a complaint, but had not had cause to. People told us they would feel comfortable discussing any issues with the registered manager, who they said was approachable.

The registered manager had clear oversight of the service. Audits and quality monitoring systems were used to support this and ensure standards were maintained and continuous improvement aimed for.

For more details please see the full report either below or on the CQC website at www.cqc.org.uk

Rating at last inspection:
This was the first inspection since the service had registered with the Care Quality Commission in April 2018.

Why we inspected:
This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received. Newly registered services are inspected within 12 months of registration.

Follow up:
We will continue to monitor information and intelligence we receive about the service to ensure care remains safe and of good quality. We will return to re-inspect in line with our inspection timescales for good services, however if any information of concern is received, 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.

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:
The inspection team consisted of an adult social care inspector from the Care Quality Commission (CQC) and an Expert by Experience (ExE), who conducted telephone calls with people using the service and their relatives. An ExE is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type:
Wigan Community Services is a domiciliary care service. It provides personal care to people living in their own homes. It provides a service to both older and younger adults, people living with dementia, physical disabilities and sensory impairments. 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 48 hour's notice of the inspection visit. This was to ensure the registered manager would be available to support the inspection and to allow time for people to be asked if we could contact them for feedback and complete home visits to speak to them in person.

What we did:
Prior to the inspection we reviewed information and evidence we already held about the home, which had been collected via our ongoing monitoring of care services. This included notifications sent to us by the service. Notifications are details about changes, events or incidents that the provider is legally obliged to send to us without delay. We also asked for feedback from the local authority and professionals who worked with the service. No concerns were reported.

We asked the service to complete a Provider Information Return, which is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

Due to the registered manager being on annual leave, we completed home visits and telephone interviews with people using the service and their relatives on the 09, 10 and 11 April and visited the office to complete the inspection on the 17 April, once the registered manager had returned.

As part of the inspection we gathered the views of 13 people using the service, six relatives and 18 staff members; including the registered manager and team leader, via telephone calls, questionnaires and face to face interviews.

We reviewed six care plans, five staff personnel files, and other records relating to the management of the service and the care and support provided to people, including medicine administration records (MAR), audits and quality monitoring information.

Good

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong:
- People using the service and their relatives told us they felt safe and well supported. Comments included, "Yes, I feel very safe when they are here" and "I feel wonderfully safe. They are marvellous, anything I need they do for me."
- The provider had taken appropriate steps to protect people from abuse, neglect or harm. Staff had completed training in safeguarding adults and knew how to identify and report concerns.
- The service had followed local authority reporting guidance, when any safeguarding issues or concerns had occurred.
- Evidence was available to show that when something had gone wrong the registered manager responded appropriately and used any incidents as a learning opportunity.

Assessing risk, safety monitoring and management:
- Detailed risk assessments were compiled by the service as part of the referral process. These covered a variety of areas including personal security, food hygiene, infection control, manual handling along with any risks specific to each individual. For each risk, control measures to minimise the risk had been included.
- Health and safety were also considered during the initial visit, including assessments of the internal and external environment, appliances and utilities.
- Where people had any manual handling needs, detailed risk assessments, along with details of people's needs and how to meet these was in place.
- Ongoing monitoring to maintain people's wellbeing and safety had been completed. Accidents, and incidents had been documented, with each one being reviewed by the manager as well as being sent to the providers quality team for additional review and oversight.

Staffing and recruitment:
- Safe recruitment procedures were in place, to ensure staff employed were suitable for the role and people were kept safe. Personnel files contained references, proof of identification, work histories and eligibility to work information. Disclosure and Baring Service (DBS) checks had been completed. These were held centrally with the provider; however, each file contained the DBS number for reference. DBS checks help employers make safe recruitment decisions as they identify if a person has had any criminal convictions or cautions.
- Sufficient staff had been employed to ensure the smooth running of the service. The majority of staff told us enough were currently employed, and the two that felt more was required, confirmed their rota was manageable, they had enough time to make calls and meet people's needs.
- We noted staffing levels were determined by needs. New packages were either incorporated into current staffing levels or the service would recruit specifically for that person. This was determined during the initial

assessment.
● People using the service and their relatives, told us they were supported by a consistent staff team, who were punctual and had not experienced any missed visits. Comments included, "I have a team of about three staff, they turn up on time but if running late will let me know" and "Overall have regular staff who turn up on time give or take a few minutes. Never had a missed visit."

Using medicines safely:
● Medicines were managed safely. People who received assistance in this area, spoke positively about the support received. Comments included, "They help me with this. They always check before giving them to me, as sometimes I take them myself" and "They give me my medication and always get this right."
● All staff had completed medicines training and had their competency assessed before being signed off as able to support people with medication administration.
● Clear guidance was in place which detailed each medication prescribed, the support the person required or wanted, how much should be taken, when, along with potential side effects for each medicine.
● Medication Administration Records (MAR) contained the required information, to ensure medicines were administered safely. Audits of every MAR had been completed monthly, with any issues noted addressed with the staff responsible and detailed on an action plan.

Preventing and controlling infection:
● Effective measures had been taken to help prevent and control infection, including training and the ongoing provision of personal protective equipment (PPE).
● People told us staff consistently wore PPE, such as gloves and aprons as required.

Good

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.

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law:
- People's care needs were assessed prior to the service commencing support, to ensure these could be met. A detailed assessment had been completed for each person, which had been used to assist the care planning process. Areas covered included health and wellbeing, health and safety awareness, eating and drinking, personal care and communication.
- People spoke positively about this process. Comments included, "[Registered manager] and [team leader], came round to see me. I knew straight away they were the company for me. They later rang up to check everything was okay and I was happy" and "[Registered manager] came round. They spent time finding out all about us and what we wanted from them."
- People's likes, dislikes and how they wanted to be supported had also been captured. People told us they had been involved in discussing and reviewing their care.

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 make 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 with appropriate legal authority. In community services, applications must be made through the court of protection.

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. The service was working within those principles.

- Staff had an understanding of the MCA, the importance of seeking people's consent along with people's right to refuse care and support. This was confirmed by people and their relatives we spoke with. One told us, "They always ask me first and explain what they are going to do."
- Each person using the service had been involved in making decisions about their care. Where they lacked capacity to make a particular decision, the best interest process had been used. These decisions had been clearly documented.
- For people who could consent, signed consent forms were present in their care files.

Staff working with other agencies to provide consistent, effective, timely care; supporting people to live healthier lives, access healthcare services and support:
- The service supported people to contact health professionals such as the GP when necessary, although

most people told us relatives tended to assist them with this.
● The service also worked with other healthcare professionals, such as district nurses and a range of therapists, to ensure people received the necessary support to help them stay well.
● Where specific health related equipment or aids had been introduced, training had been provided to ensure staff knew how to use this.

Staff support: induction, training, skills and experience:
● Staff told us they received enough training to carry out their roles. Comments included, "We receive a wide variety of training" and "We get enough, covered sessions such as manual handling, health and safety, first aid and medication during induction."
● The service predominantly used e-learning, although were in the process of setting up accredited training for all staff run by a local college.
● Staff had been supported to complete recognised qualifications in health and social care, rather than complete the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
● Prior to supporting people, staff competency was assessed in a range of areas, including overall care, manual handling and medication. This was refreshed annually.
● Staff told us they received regular supervision, bi-annual appraisal and felt supported in their roles. Comments included, "They are always there for you, always willing to listen" and "The managers are a lovely team. Always there for you."
● We noted a planner was in place which listed when supervisions, appraisals and competencies were due. A separate matrix monitored whether staff were up to date with their e-learning and other training courses.

Supporting people to eat and drink enough to maintain a balanced diet:
● People received support in this area in line with their care plan. Those that received support were happy with the assistance provided. One told us, "No complaints with this. They make a meal for me before they go, whatever I ask them to cook." Another said, "The staff prepare what I like, I choose what I eat, and they sort it for me."
● Information about nutrition and hydration had been recorded in people's care files and where required, specific risk assessments.
● Where concerns had been identified, and/or professionals involved, food and fluid charts had been introduced, to keep a formal record of people's intake.

Good

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.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity:
- People and their relatives spoke positively about the care provided and the staff who supported them. Comments included, "The staff are lovely, easy to talk to and get on with, just brilliant", "The staff are kind, caring and very considerate" and "The staff are great, they care for me, talk to me, know all about me."
- People were listened to, and their spirituality or diversity respected. Staff worked to ensure people were treated equally and that their protected characteristics under the Equality Act were respected and promoted. Discussion about people's ethnical, religious or cultural needs had been competed during the assessment process and included in their care plan.

Respecting and promoting people's privacy, dignity and independence:
- People told us staff were very respectful and treated them with dignity. Comments included, "Oh yes, no complaints about that. It's like having a good friend coming to the house" and "Yes, they do [treat me with dignity], always".
- Staff were mindful about the importance of maintaining people's privacy and dignity and ensured this was done consistently. One told us, "I treat people as I would like to be treated. Always cover up and keep doors and curtains closed when providing personal care."
- Staff promoted people's independence by encouraging them to complete tasks they were able to do themselves. One person stated, "They joke about how independent I am, say I'm going to do them out of a job. They let me do whatever I can manage, which is good."
- People were offered choice during each visit and staff ensured care was provided how people wanted it. One person told us, "They ask me what I want all the time and do things exactly as I like". Another said, "Yes, I am offered choices every time. No complaints at all."

Supporting people to express their views and be involved in making decisions about their care:
- People received care and support in line with their wishes from staff who formed positive working relationships with people and knew how they wanted to be supported.
- People and their relatives we spoke with were able to express their views and make decisions about the care and support provided. One relative told us, "They ring to check on how things are going. They are not one of those companies where staff turn up, are here ten minutes and then go. The staff stay until everything's done and we are happy."
- People's care was formally reviewed with them every six months, or sooner if changes were requested or needed to occur. Alongside this, annual questionnaires were sent by the provider to gather people's views on the care and support provided and the service overall. We looked at the results from the most recent survey, and say all responses received had been positive with people commenting on staff being polite, respectful and meeting their needs.

Good

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:
● People received care and support which was personalised and had been discussed and agreed with them.
● Care plans contained detailed information about people's background, likes and dislikes and how they wanted to be supported.
● A care guide had been created for each person which explained the overall package of care and each of the tasks which needed to be completed at every visit. This ensured staff had the information required to meet people's specific needs and wishes.
● The care guide was supported by people's care plans, which were informative and clearly explained the care and support required in each specific area.
● Care files were located both in the office and in people's homes. People confirmed they knew about their care plan and had read and agreed with its contents. Comments included, "It's the blue file over there. I have been through it and am happy with my care" and "Yes, we have read it and are happy with the contents. Any suggestions we have made, such as introducing new monitoring charts have been acted upon."
● Where it was part of their care, people had been supported to access the local area and engage in social and leisure activities. Staff told us they provided people with options about what was available in the local area, so they could choose what interested them. For example, staff supported people every Tuesday to attend a local karaoke night.
● The service ensured people had access to the information they needed in a way they could understand it and were complying with the Accessible Information Standard. This is legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. Documentation was available in a variety of mediums including braille and picture format.
● People's care files also contained information about their communication needs and if any specific support or interventions were required.

Improving care quality in response to complaints or concerns:
● People and their relatives we spoke with, all knew how to complain but had not needed to. One told us, "There is information about this in the blue file, never needed to use it though." Another stated, "I would phone [registered manager]. Not had any complaints as such, just the odd little niggle, which have all been sorted."
● The service had a complaints policy and procedure, along with a log for recording complaints, action taken and outcomes. At the time of inspection, none had been received.
● The service also logged compliments received. Recent inclusions to the file included, 'Since changing to My Care My Home, it has been fantastic', '[Staff name] is beyond excellent. Their treatment of my parents is exceptional' and 'You lot are diamonds, an absolute godsend'.

End of life care and support:

● At the time of inspection, the service was not involved in providing care to people at the end of their life.
● People's care files contained a section relating to the end of life care wishes, which those that had chosen to, completing this.

Good

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.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People, staff and other professionals, told us the service was well run and managed. Staff spoke positively about the support received from the registered manager and other senior staff. Comments included, "I feel supported and listened to, they are always helpful if there is a problem", "They are very supportive and committed to their work" and "In 13 years or care work, not come across a manager and office staff as approachable. I love coming to work."
- People and their relatives were also complimentary about the service and how it was run. One stated, "Yes, it is well led and managed. I can't say anything bad about them." Another told us, "Definitely, I have never heard any of the carers complain about the manager or company, which is unusual, so it must be."
- The service had a clear management structure, with the registered manager being supported by a team leader. Support to the management team was provided via the organisation's operations manager and head of care, who was present during the inspection.
- The registered manager understood their regulatory requirements and had submitted relevant statutory notifications to CQC, to inform us of things such as accidents, incidents and safeguarding.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; working in partnership with others:

- People and their relatives were involved in all aspect of their care and support. Aside from scheduled reviews and annual surveys, the registered manager had an open-door policy and encouraged people to contact them via phone or email if they had any questions or concerns. The registered manager was also 'hands on' and completed care visits themselves, which increased people's access to them.
- Regular staff meetings were held, which provided staff with an opportunity to discuss issues or concerns and receive information about the service and wider organisation. Additional 'carer meetings' had been arranged during January, February and March, to provide staff with an opportunity to come and discuss anything they wanted to in an informal setting.
- The provider also produced and circulated a monthly newsletter, which provided additional information about the organisation.
- We noted a number of examples where the service was working in partnership with other. The service had been working with a local college, providing presentations to students completing health and social care courses, with the aim of trying to encourage people into the care sector. The service was also liaising with a local care provider about sharing training facilities.

Continuous learning and improving care; planning and promoting person-centred, high-quality care and

support; and how the provider understands and acts on duty of candour responsibility:

● All adult social care providers are required to have a statement of purpose (SoP). The service's SoP clearly explained its aims and objectives and had been updated timely to reflect any changes in practice. A copy had been provided to all people using the service, along with a service user guide.

● The service completed a range of audits and quality monitoring to ensure care and support was of high quality and met people's needs. Monthly reports had been completed and forwarded to the provider for review. These covered a range of areas including, monthly statistics (care hours provided, missed visits, turnover, recruitment), supervisions, appraisals, staff meetings, care reviews completed, complaints, accidents and incidents.

● An in-depth provider level audit had also been completed, which looked at all areas of service provision. Frequency was dependent on the outcome of each audit. If the service scored over 75%, audits would be quarterly, otherwise they would be more frequent until improvements had been made and embedded into practice.

● For each audit completed an action plan had been drawn up which detailed who was responsible for each area and the date for completion.

● 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. It also sets out some specific requirements that providers must follow when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology when things go wrong.