

Combined Care Ltd

Combined Care Ltd. Wentworth House

Inspection report

83
High Street North
Dunstable
LU6 1JJ

Tel: 01923537887
Website: www.combinedcareltd.com

Date of inspection visit:
11 October 2021
22 October 2021

Date of publication:
04 November 2021

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 Ltd – Wentworth House is a domiciliary care agency providing personal care to people in their own home.

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.

There were three people being supported at the time of the inspection, all of whom were in receipt of the regulated activity of personal care.

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

People were supported safely and treated with kindness and respect. People told us they were very happy with their care and staff were friendly and professional.

People's medicine was administered safely and monitored to ensure it was reviewed by a medical professional if there were any changes to their health.

People were supported by staff who were trained to meet their needs and understood the importance of promoting choice and personalised care.

Staff prepared food and drink for people and ensured people's preferences were maintained. Staff worked with health professionals to support them with all equipment for eating and mobility or other health concerns.

People told us the service was well managed and staff went out of their way to help and could not do more for them.

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.

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

Rating at last inspection

This service was registered with us on 29/11/2019 and this is the first inspection.

Why we inspected

This was a planned inspection based on the date of registration.

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 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 Ltd. Wentworth House

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

This inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Notice of inspection

This inspection was unannounced.

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.

Inspection activity started on 11 October 2021 and ended on 22 October 2021. We visited the office location on 11 October 2021.

What we did before inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service and Healthwatch England. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care

services in England. 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 used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service about their experience of the care provided. We spoke with two members of staff including the registered manager and care workers.

We reviewed a range of records. This included two people's care records and one medication record. We looked at one staff file in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at quality assurance and care records.

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 good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of harm. Systems were in place to record and monitor any incidents or accidents. Staff had received training in safeguarding and understood how to report concerns.
- People told us they felt safe. One person said, "I feel safe. I don't feel rushed and [staff] just have a laugh with you when they are doing things."

Assessing risk, safety monitoring and management

- Risks to people's safety were identified, managed and monitored. The registered manager had completed risk assessments about how to safely support people and regularly reviewed and updated them. These were available to staff who understood how to work in ways that reduced the risk of harm.

Staffing and recruitment

- There were sufficient numbers of staff on each shift and people told us staff were never late and had never missed a care visit. One person told us, "[Staff] are always on time."
- The registered manager followed processes in their recruitment policy to ensure all new staff had been checked for suitability to their role. This included employment history, references and criminal record checks.

Using medicines safely

- Medicines were safely managed. The staff did not support everyone with medicines but where they did, people told us the medicine was always correctly administered on time. Records were clear and risks for medicine administration had been assessed.
- Staff had been trained in medicines administration and had their ability checked in practice by the registered manager. Staff understood what to do in the event of an error.

Preventing and controlling infection

- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- The registered manager had not yet experienced anything going wrong as they were a small company. The limited number of staff meant that they shared information verbally about things they could do better and discussed each client's care on a daily basis, but this was not recorded.
- Staff told us they shared all queries with the registered manager so that they could identify a way of working with the person to make things better.

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 good. This meant 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 needs had been fully assessed, including information about their health, their history, interests, hobbies, preferences, family and friends and environment. This was used to develop the person's care plan.
- People told us the care was delivered the way they liked it and they felt staff had a good understanding of their needs. One person said, "Someone phoned me and asked me if there was anything special, I would like them to look at. They said they would sort it all out for me and have done so."

Staff support: induction, training, skills and experience

- Staff received an induction when they first started that consisted of time to read records, attend training and the opportunity to shadow more experienced staff in practice. Staff told us they were observed so that their skills and knowledge could be assessed.
- The registered manager monitored staff support and quality of care. They did this by providing opportunities for regular individual meetings with staff to review their work and discuss any support that might be needed. They also completed unannounced checks on staff's practice and sought feedback from people regularly about their care experience.

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

- Staff understood what people's needs and preferences were in relation to eating and drinking. People told us they were happy with the food prepared and were always given choices. One person said, "[Staff] come in and get my breakfast ready and they do all that excellently. [Staff] will tell me I have other things in my fridge and ask, would I fancy something else?"

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

- People were supported to access health professionals when required. People told us staff sought their consent to speak to their doctor to arrange for reviews and referrals if they were ever concerned about their health. One person told us, "[Staff] comment if they don't think I look well and ask did I want to see a doctor?"
- The service was small and so did not yet have a need to work with lots of other agencies. However, the registered manager confirmed they worked with community nurses and other health professionals to train staff on the use of specialised equipment such as a PEG Feeding Tube. Percutaneous endoscopic gastrostomy (PEG) is a type of feeding tube which is inserted through the skin of the abdomen into the stomach. You may need a PEG if food, drink and medicines cannot reach your stomach, for example, if you can't swallow properly.

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.

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 had the mental capacity to make their own decisions about their care. However, the registered manager understood the principles of the MCA . They had processes in place to raise concerns if they ever felt a person was not able to make their own decisions. Staff understood the importance of giving people choices and gaining 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.

This is the first inspection for this newly registered service. This key question has been rated good. 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 were treated with kindness and respect. One person told us, "[Staff] chat about everything, they are always on time, and never moan. It is because of them that I have lived as long as I have." Another person said, "[Staff] always ask me how I am. I get a bit lonely sometimes as I am used to always having people round. They talk to me and we chat about how things are and if I am happy. They are very friendly and will tell me about their life too."
- Staff understood the importance of working with people to ensure they received support they needed in a way they liked.

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

- People were involved in care planning and reviews. People were supported to offer feedback about the care they received and signed to confirm they had given their consent. The registered manager used this information to update care plans and monitor the quality of care.
- The registered manager also supported people to speak up during more informal telephone and face to face conversations. These were recorded and used to assess quality.

Respecting and promoting people's privacy, dignity and independence

- Staff understood how to support people to maintain their privacy and independence. They told us about maintaining closed doors and curtains and covering people with towels when providing personal care. They told us of other ways to maintain privacy such as not sharing people's private information.
- People told us staff supported them in a way that encouraged them to do what they could for themselves. One person said, "[Staff] make me get up out of the chair with help and wash myself. I couldn't ask for more."

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 good. 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's care was personalised, and their choices were respected. People told us they were in control of their care and if they wanted to change anything. They said they could let the staff know and the change was put in place straight away.
- The registered manager ensured people's preferences and interests were included in their care plans. Staff were able to demonstrate a good understanding of people's needs, likes and dislikes. One staff member said, "I think we are flexible in working hours to suit people. I listen carefully to what they are saying and act on it."

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.

- People's communication needs were assessed prior to using the service. People were able to communicate verbally and did not require any adjustments. However, the registered manager was aware of the need to provide information in ways people could understand in the future.

Improving care quality in response to complaints or concerns

- The service had a complaints system in place for responding to and monitoring complaints. However, they had not yet received any complaints.
- People told us they were happy with the service but knew how to complain if needed and would feel confident to do so. One person told us, "I believe in saying out right what is wrong and what's right, so I don't mess about. I once asked if I cannot have so much cereal. I would speak up if I wasn't happy."

End of life care and support

- End of life wishes had been reviewed for people who wished to discuss them. The service was not currently supporting anyone receiving end of life care, but the registered manager had processes in place should this occur.
- End of life care plans were available if needed and the registered manager explained they had planned for refresher end of life training for staff.

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 good. 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

- The registered manager promoted a personalised approach to care that meant staff understood about respecting people's choices.
- People told us their care was given in a way they liked. One person told us, "If there is something I don't like, I tell them, and they change it."
- Staff demonstrated a good understanding of how to adapt care to suit needs. For example, changing care visit times to coincide with an event one person wished to attend so they could offer support during the event and enable them to go.

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 provider understood the need to report notifiable events to the CQC and other agencies without delay. Although, they had not needed to do this yet, the registered manager understood their responsibility to report notifiable events to the CQC and other agencies without delay. They told us how they would also tell people and relatives if something went wrong as well as share information about any actions taken and outcomes.

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

- The registered manager was clear about their responsibilities and had systems in place to be able to monitor quality. They used various audits of records and staff practice, combined with feedback from people, to assess areas of good practice and what could be further developed.
- Staff understood their responsibilities to keep people safe while respecting and promoting personalised care. One staff member told us, "I respect their choices and listen to them. When they tell me anything, I should keep it confidential unless it is for safeguarding and if I have seen something that means they are at risk."
- The registered manager had a good understanding of legislation relevant to care and how to put processes in place to reduce the risks of things going wrong.

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

- The registered manager gave people the opportunity to contribute to their care plan and be in control of

their care decisions and the practices of the staff. This was done through formal reviews of care, surveys and informal phone calls, as well as face to face conversations.

- People told us they felt fully involved and supported by the staff. One person said, "[Staff member] is a brilliant person. They are fantastic, I can't speak highly enough of them.[Other staff] are just the same. I just can't find the words to express how fantastic I think they are."
- Staff also told us they felt supported and were listened to when they made suggestions for improving practice.

Continuous learning and improving care

- The registered manager had quality assurance systems they used for learning how to improve care. They told us that, as the service grows in size, they planned to formalise the daily conversations they have with staff as a way of promoting continuous learning.
- The registered manager told us they also learn from newsletters from CQC and information shared in networking online forums such as Skills for Care.

Working in partnership with others

- The registered manager worked with health professionals to review people's care and arrange for any equipment and medicine to be put into place.
- People told us the staff arranged for occupational therapists to come and assess what they needed in order to remain safe while promoting their independence around their home.