Westminster Homecare Limited

Westminster Homecare (Cambridge)

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

Westminster Homecare (Cambridge) is registered to provide personal care to people living in their own home. At the time of our inspection there were 224 people using this service. The service is provided from a main office in the village of Willingham and staff provide care to people living in Cambridgeshire.

This unannounced comprehensive inspection took place on 21 and 23 June 2017. It was undertaken by one inspector and an expert by experience who had experience of caring for people who use this type of service and. At the previous inspection in 2 and 4 June 2015 the service was rated as 'Good'. At this inspection we found that the service had remained 'Good'.

A registered manager was in post at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff understood, from their training about safeguarding, how to protect and keep people safe from any potential harm. Accidents and incidents were identified and acted upon when required such as those to help prevent a late care call.

Risks to people that staff needed to be aware of such as moving and handling, falls and skin integrity had been appropriately managed. This reduced the potential of harm occurring.

People's assessed care needs were met by staff who possessed the right skills and knowledge. A sufficient number of staff who had been recruited in a safe way were deployed to meet people's assessed needs.

Only those staff who had been trained to the required standard were assessed before being deemed competent to safely administer people's prescribed medicines. People's medicines were managed safely.

Staff were provided with the training and support they required in order for them to meet people's care needs. People were supported and enabled to access healthcare services when they needed. People had the nutritional support they needed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. This meant that should any person lack mental capacity that their rights would be protected.

Staff's used their care skills and made a difference on each occasion that care was provided. This was in providing care that was very kind, very compassionate and creative in overcoming everyday obstacles people faced.

People, their relatives or legal representative were enabled to be involved in identifying, determining and planning the review of their care.

People were supported to maintain the skills they possessed and staff encouraged people to become more independent.

People's concerns were responded to in line with the provider's policies. Effective actions were taken to help prevent the potential for any recurrence.

Staff were supported in their role with regular meetings, shadowing experienced staff and formal supervision. As a result of this staff were able to fulfil their role effectively.

The registered manager understood their responsibilities in supporting their staff team, notifying the CQC about important events that, by law, they are required to do.

People, their relatives or representative and staff were involved and enabled to make suggestions to improve how the service was run. An effective quality monitoring and audit system was in place to identify and make changes in the way the service was run.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service continued to be Good.	**Good**
Is the service effective? The service continued to be Good.	**Good**
Is the service caring? The service continued to be Good.	**Good**
Is the service responsive? The service continued to be Good.	**Good**
Is the service well-led? The service continued to be Good.	**Good**

Westminster Homecare (Cambridge)

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 21 and 23 June 2017, was unannounced and was undertaken by one inspector and an expert by experience. Their area of expertise was with caring for people who use this type of service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at this and other information we hold about the service. This included information from notifications the provider sent to us. A notification is information about important events which the provider is required to send to us by law.

Prior to the inspection we made contact with the local authorities who commission people's care, including social workers. We also contacted the fire service for their feedback. This was to help with the planning of the inspection and to gain their views about how people's care was being provided. In addition, we sent out a total of 216 questionnaires to people, relatives and friends, staff and health care professionals. We received a total of 27 responses to these surveys. We used this information to help determine the quality of service provided.

We spoke with fourteen people and two relatives. We also spoke with the registered manager, the deputy manager, a care coordinator, a field care supervisor, two senior care staff and four care members of staff.

We observed how people were cared for in their homes to help us understand the experience of people who used the service.

Good

Our findings

People told us that they continued to feel safe using the service. One person told us, "Most certainly. I have [sensory impairment] and have to have four calls a day. I have a key safe, they [staff] always make sure that my windows and doors are shut when they leave and they always put things back where I know where they are, which helps me immensely [to keep safe]." All of the people and relatives we spoke with and also those who responded to our survey provided a consistent response to the punctuality and level of staff numbers with comments such as, "Yes, they are usually on time but if they are running late for any reason they always phone and let me know."

Staff we spoke with were confident in their knowledge and understanding of how to keep people safe from harm as well as the provider's policies and procedures. Records viewed showed that staff had been provided with on-going training on how to prevent instances of harm. One staff member said, "If I ever became aware of any abuse incidents I would be straight on the phone to the [registered] manager." The registered manager made referrals to the local safeguarding authority when this was required, as well as taking disciplinary actions when required.

Risk assessments were in place and staff adhered to the guidance for subjects such as moving and handling, repositioning and nutritional support. One person showed us their emergency life line call device to be used in case of an incident such as a fall. This was because staff always made sure the person was wearing it as detailed in the person's care plan. People told us that they had the equipment they required and staff made sure that people had these within reach and used them correctly. A relative said, "[Family member] needs two staff to help them with moving. They are very good and careful with hoisting." A member of the Fire Service fed back to us by saying, "During September and October of 2016, a member of our Community safety team delivered fire safety training regarding hoarding to staff as a way of protecting people living in the community."

The provider's PIR, records viewed and staff we spoke with confirmed that there was a robust staff recruitment process in place. One staff said, "I had to provide my passport, my two most recent employment references, [evidence of] qualifications." We saw that a satisfactory response had been provided from the Disclosure and Barring Service for any potentially unacceptable criminal records. We found that there was sufficient staff in place to meet people's assessed needs. This was because of what we saw, what we found and what people told us. Effective actions were taken for incidents such as providing an alternative staff member if any person's care call was delayed.

People we observed as well as those we spoke with were satisfied with the way they were supported to take their prescribed medicines. One person told us, "They [staff] administer eye drops for me three times a day and give me my tablets with either water or fruit juice. They sometimes double up if a new carer to ensure that my eye drops are being shown how to do correctly." We found that only those staff who had been trained, and assessed as being competent, were allowed to administer medicines. One member of staff said, "[Name of trainer] is very good. I was assessed by the [registered] manager. I know how to help people take their medicines safely." Medicines continued to be managed and accounted for safely.

Good

Our findings

People we spoke with and responses to our survey confirmed that care staff were familiar and knowledgeable about each person's care needs and how these were met. One person told us, "They [staff] always ask if I want it doing before commencing and they certainly appear to know what they are doing and are very careful when checking me over in case of any rashes or anything else." Another person said, "[Staff name] goes through everything and explains it all to me. She fully understands my needs and this makes me feel very confident with her knowledge." A relative told us that staff possessed the right skills to manoeuvre their family member who required hoisting by two staff. They said that staff used this equipment in a professional manner and that the family member had nodded their agreement with this statement.

Records we viewed and staff we spoke with confirmed that the subjects staff continued to be trained on included, dementia care, diabetes awareness, fire safety, moving and handling and risk assessments. One staff member told us, "We get informed when training is due. We all have to do this or the [registered] manager will take action." Staff we spoke with were confident in their knowledge of the subjects they were trained on.

We found that staff were supported in their role such as new staff having a period of induction with a more experienced member of staff (shadowing). One staff member said, "I have had lots of support and shadowing." Staff also told us and records confirmed that they had a regular supervision with their line manager. One staff said, "I can ask for more training or support [about care]."

The 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. We checked whether, and found that, the service was working within the principles of the MCA. This meant that people's rights would be protected.

One person told us, "I decide what I can do for myself. They [staff] respect my choices. I do need some prompting with my medicines." Staff's knowledge of when, and when not, to support people with their decision making showed us that people's choices would be respected when this was safe. For example, for any person with a family member who had a valid authority to represent them.

We found that people continued to have the nutritional support they needed as well as having sufficient quantities to drink. One person told us that they were supported with their breakfast, that staff ensured they had eaten lunch and that for teatime they had a sandwich and a drink. Another person said, "They are very careful in the way that they move me and obviously know what to do. Also they were ensuring that I was kept cool in the heat wave that we had by making sure I had drinks available and was in the shade."

People continued to be enabled to access healthcare services such as a GP or community nurse. One person told us, "I've just got back to good health. I prefer to be at home but I'm sure they [staff[would call a doctor if they had to." Another person said, "The district nurses come to see me for my [health condition]." Another person said, "Yes, they have called the doctor before when they came and saw I wasn't feeling too well."

Good

Our findings

We saw and found from what people told us that the service had a strong, person centred culture. People gave us comments about their care and used words such as, "amazing", "excellent", "first class" and "definitely caring". One person told us, "[Staff name] is so careful when applying [topical] cream to me but I have to say that the others that cover are also brilliant. I would also like to say that I got a letter from [the provider] with advice on how to cope in the heat."

People were supported to keep those skills they possessed such as being able to mobilise independently or with some support from staff. One person who required support due to a visual impairment said, "[Staff] always put things back where I know where they are which helps me immensely so I know I am safe and sure when I need to get things for myself."
We observed care staff speaking with people in a calm, clear and gentle manner and saw that people clearly enjoyed the banter and chats they with staff by their laughter and smiles. A person told us, "I have [health condition], [Staff name] is excellent in communicating with me and understands my moods and what I require and listens more to me." Another person said, "I am having a wet room fitted and the one carer [staff] stated that it was in the wrong position for me due to my disability so it is currently being repositioned. How caring is that!" This showed us that people had the control over their lives that they wanted.

Staff described to us how people's personal care was provided with dignity and privacy. One person told us, "The girls [staff] are very good at closing my bathroom door, giving me privacy as well as letting me do my own [personal care]." Another person told us, "Staff encourage me to do whatever I can. I am never rushed. It's up to me how independent I am." A relative said, "I have been there when staff come to care for [family member]. They speak with [family member] nicely, politely and with respect."

A commissioner of the service fed back to us that they had always found all of the staff they dealt with to be incredibly efficient and polite; they are always happy to do anything they can to help people. A relative told us, "They [staff] are all so professional and friendly. I quite frankly don't know what I would do without them now. Male or female they are all so respectful to [family member]." All of the staff we spoke with shared the same passion about changing people's lives for the better. Staff took extra effort and made people feel that they really mattered in various ways such as doing whatever needed to be done and then doing more such as feeding a cat.

People were supported people to be involved in their care such as easy read documents, assistance from

relatives or from an advocate. This gave people individual choice and control. We saw that staff also actively encouraged and supported people to have this independence. (Advocacy services are independent and support people to make decisions and communicate their views and wishes). One person said, "I have my [family member] who sorts things (speaks up) for me." We found that where a person had a lawful representative that this had been identified. The registered manager assisted people in determining the support they needed to be involved in making decisions and planning their own care.

People told us that either they, a relative or friend determined the arrangements to meet the person's care. This was done in several ways including a face to face visit as well as an initial review after the first four to six weeks by telephone. The registered manager told us that a review this early enabled them to confirm the care provided or make minor adjustments once the person was settled with using the service. One person showed us their care plan they had agreed to. "I might be [age] but I can still sign my name. They [staff] read this book [care plan] especially the new ones." A relative told us, "We went through [family member's] care needs. I helped quite a bit in determining [family member's] the way that these would be fulfilled."

We found that people's care records and personal data was held in a secure manner. One person told us, "They [staff] only ever talk about and with me; they don't discuss other people." Another person said, "My [family member] does all that [dealing with care planning] for me and I trust them."

Good

Our findings

People and their relatives were all consistent in being complimentary about how people's care needs were responded to. One person said, "I overslept once and they [staff] were worried as I usually have the door open for her when she comes. She went to the neighbour who she knew had a key and they both got in. They woke me up [gently] to make sure I was alright! How good was that?" A commissioner of the service fed back to us that the service was good at supporting people with social interaction for people with similar care needs. They told us, "Where people may have been at risk of social isolation and with their agreement the staff at the service were able to introduce people who had become good friends. This was as well as people who needed support to meet their friends despite their diagnosed health conditions. Staff had sourced equipment to assist these people and others who needed similar support to benefit each person emotionally.

People's care plans included a summary and record of people's personal history. People and, if required, those acting on their behalf such as a relative, contributed to the assessment and planning of their care. This was achieved with clear and detailed care plans, as well as people being provided with a service user guide about the type of, and way the, service was to be provided. A person told us, "My [family member] does all that due to my [health condition]." People's views were sought during their initial assessment at a face to face meeting as well as people's strengths being acknowledged.

One person said, "[Staff] turn the bed for me to ensure I can get back into it at night, they won't leave until they are sure they have done everything for me, including my creams and during the hot weather, they even put a cup of milk in the fridge to ensure I had access to a cool drink when I needed one." Another person told us how staff played their favourite music for them as well as singing along. One staff member told us, "I like talking with people. I also know from their history that they enjoyed talking about their experience of the war in 1945. It's really interesting and stimulates conversation as well as making the person feel special."

People took part in social activities where this was safe. Examples included people who were supported to attend a day centre or go to church as well as going out with their loved ones. One person told us, "I read my paper and magazines. I like watching [name of TV soap]."

People we spoke with had either not felt a need to complain or any issues that had been raised had generally been addressed. One person told us, "If I have any concerns I just speak to the office [staff]. They improve those areas they are able to regarding my care. I can't say that I have needed to complain." People who responded to our survey confirmed that they knew how to complain and people were satisfied at how

their concerns were resolved. Another person said, "Never had to complain. The odd moan or two, but [my care is] okay now." Records we looked at confirmed that the registered manager and staff had followed the provider's complaints process as well as resolving their concerns to the person's reasonable satisfaction.

Good

Our findings

The registered manager was supported by a deputy manager, senior care staff, field care supervisors, care coordinators and care staff. From records viewed, and people and staff we spoke with, we found that the reporting of events that the registered persons must tell us about had been reported. This was for subjects such as incidents of harm. This enabled the Commission to alert those organisations responsible for investigating safeguarding to take appropriate action if this was required. We found that the registered manager and provider were prominently displaying their previous CQC inspection rating for people, visitors and staff to see. This showed us, as well as the way they motivated the staff team, that they were aware of their responsibilities.

Staff told us that they were supported in an environment of openness and honesty. One staff member told us, "We have staff meetings and these are our chance to speak up about anything that needs changing." One commissioner told us, "On occasions when I have heard feedback about [service provider] from service users and their relatives it has always been positive; care staff and office staff are always happy to help and willing to do everything they can for the service user."

Links were maintained with the community such as people using their mobility scooters, having shopping delivered on-line, visits by members of the clergy and visits to shops and day centres. One person told us, "I am [cared for in bed] almost all the time. I never get bored though. I am always on the phone talking to my friends, I like doing that a lot. My son and daughter in law do all the shopping and my granddaughter visits me as well so I keep busy."

All of the people we spoke with and their relatives, healthcare professionals and commissioners' of the service provided favourable comments about the quality of the care provided. One person told us, "[Field care supervisor] pops in regularly to bring a [medicines administration chart] and always checks to see if things are up to date and keeps me informed of what is going on. Like I said, they even sent that letter about the heat." A relative told us how the quality of their care was assessed and improved by saying, "Oh yes, they [office based staff] are very good at calling and keeping us informed." In addition, people knew about the registered manager or their office based team by saying, "Yes, they do phone and ask how I am on a regular basis. They always ask if anything has changed or if they can do anything more for me."

One commissioner of the service had fed back to us that they "had always found the [registered] manager to be incredibly approachable and that they always put people first by only providing care where people's needs could be met". We saw that office based staff worked consistently as a team to ensure that each

person's needs were accommodated without impacting upon the services they already provided. We found, and a commissioner confirmed, that people's lives were transformed by staff enabling people to live more fulfilled and independent lives. Examples of this included staff's knowledge of people's health conditions, the use of equipment provided as well as providing individual support such as for people with complex health conditions or sensory impairments.

A range of options and methods were available for people to contribute how the service was run. For example, a satisfaction survey of people's and relatives had identified what the service did well and where improvements were needed. This was confirmed to us by the relatives we spoke with who told us that their views were frequently sought and that minor issues had been resolved such as personalised equipment for safety. The registered manager provided us with details of how they assessed the quality of service provision such as audits of various subjects including medicines' administration and how late care calls were responded to. We saw that actions had been taken and others were in progress to improve the quality of service provided. Examples of this included changes to care call times as well as having the right and skilled staff member in place who could benefit the person the most.

Other methods were used to gain a view about people's satisfaction such as day to day contact with staff team and the registered manager. One person said, "Very good. The office[staff] are very accommodating if I need any times changing if I have a hospital appointment or anything like that and they are easy to get hold of." A relative said, "I cannot think of anything to improve. I do not know what I would do without them now, it takes pressure off me and gives me peace of mind and I would most certainly recommend them." These recommendations mirrored what people told us.