

Westminster Homecare Limited

Westminster Homecare Limited (Luton)

Inspection report

Suite 105, Plaza 668
Hitchin Road
Luton
Bedfordshire
LU2 7XH

Tel: 01582733102
Website: www.whc.uk.com

Date of inspection visit:
13 January 2017
21 February 2017

Date of publication:
25 April 2017

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?	Requires Improvement ●

Summary of findings

Overall summary

When we inspected the service in November 2015, people's risk assessments had not all been reviewed and updated to ensure that they remained relevant to people's needs so that staff provided appropriate and safe care. Staff did not have good understanding of the requirements of the Mental Capacity Act 2015 (MCA) despite being trained. The quality of the service had been affected by the lack of stable leadership. We found improvements had been made during this inspection, but the service needed to improve how people's care was planned and coordinated, and how staff were supported.

This announced inspection was carried out between 13 January 2017 and 21 February 2017. The service provides care and support to people in their own homes in the community and to those living within two local extra care housing schemes. At the time of the inspection, 129 people were being supported by the service, some of whom may be living with chronic health conditions, physical disabilities and dementia.

The service did not have a registered manager. A registered manager is a person who has registered with the Care Quality Commission 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. A new manager had recently been employed, but they left the service within two weeks of being in post. The operations manager was regularly based at the service and provided stability during periods when there had been no manager.

People were safe because the provider had effective systems to keep them safe, and staff had been trained on how to safeguard people. There were individual risk assessments that gave guidance to staff on how risks to people could be minimised. People's medicines were managed safely and administered in a timely manner by trained staff. The provider had effective recruitment processes in place and there was sufficient numbers of staff to support people safely.

Staff received effective training, support and supervision that enabled them to provide appropriate care to people who used the service. Staff now understood their roles and responsibilities in ensuring that people consented to their care and support, and that this was provided in accordance with the requirements of the Mental Capacity Act 2005 (MCA). Where required, people were supported to have enough to eat and drink.

Staff were kind and caring towards people they supported. They treated people with respect and supported them to maintain their independence as much as possible. People were happy with how their care was provided and they valued staff's support. People had developed friendly relationships with staff who supported them regularly.

People's needs had been assessed and they had care plans that took account of their individual needs, preferences and choices. Care plans had been reviewed annually or when people's needs changed. Staff were responsive to people's needs and where required, they sought appropriate support from healthcare professionals. The provider had a system to manage people's complaints and concerns.

The provider had systems to assess and monitor the quality of the service. They encouraged feedback from people, relatives and staff to enable them to continually improve the service. However, most people and staff we spoke with were confident that the service was well managed. They attributed this to the changes in managers in the last couple of years. People and staff did not always find office staff approachable and helpful. The provider made improving this their priority.

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.

People felt safe with how staff supported them and there were effective systems in place to safeguard them.

There was enough skilled and experienced staff to support people safely.

People's medicines were managed safely.

Is the service effective?

Good ●

The service was effective.

Staff received regular training and support in order to develop and maintain their skills and knowledge. The requirements of the Mental Capacity Act 2005 were being met.

Staff understood people's individual needs and provided the support they needed.

People had been supported to maintain their health and wellbeing.

Is the service caring?

Good ●

The service was caring.

People were supported by staff who were kind and caring towards them.

Staff respected people's choices and supported them to maintain their independence.

People were supported in a respectful manner that promoted their privacy and dignity.

Is the service responsive?

Good ●

The service was responsive.

People's care plans took into account their individual needs, preferences and choices.

People and their relatives were involved in planning and reviewing people's care plans so that their care needs were appropriately met.

The provider had a system to manage people's complaints and concerns.

Is the service well-led?

The service was not always well-led.

Changes in managers meant that the service was not always well managed. People and staff did not always find office staff approachable and helpful.

People had been enabled to routinely share their experiences of the service.

Quality monitoring audits were being completed regularly to assess and monitor the quality of the service.

Requires Improvement ●

Westminster Homecare Limited (Luton)

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 from 13 January 2017 and was completed on 21 February 2017. We gave 48 hours' notice of the inspection because we needed to be sure that there would be someone in the office. The inspection was carried out by an inspector and two experts 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.

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 reviewed this and other information we held about the service including the report of our previous inspection and notifications they had sent us. A notification is information about important events which the provider is required to send to us. We followed up on information of concern we received regarding people's care records not being reviewed and updated in a timely manner, and that we had been given only up to date care records to look at it during our visit to the service.

During the visit to the provider's office, we spoke with one care coordinator, the finance administrator who monitored the visits booking system, the new manager, and the operations manager. We looked at the care records for 12 people who used the service, eight of which we had asked for. The operations manager gave us additional records of four people who had recently started using the service to show us how they had improved their assessment processes. We also looked at the recruitment and supervision records for six care staff and the training records for all the staff employed by the service. We reviewed information on how medicines and complaints were being managed, and how the quality of the service was assessed and monitored. Following the visit to the office, an inspector spoke with eight care staff and the two experts by

experience spoke with 10 people who used the service and 13 relatives by telephone.

Is the service safe?

Our findings

When we inspected the service in November 2015, people's risk assessments had not all been reviewed and updated to ensure that they remained relevant to people's needs so that staff provided appropriate and safe care. During this inspection, we found improvements had been made and people's risk assessments were now up to date. We saw that people had risk assessments to minimise potential risks to their health and wellbeing. For example, risk assessments were in place to manage risks associated with mobility, falling, skin integrity, eating and drinking, medicines, and equipment such as hoists or wheelchairs. Additionally, environmental risk assessments had been carried out to ensure that people's homes were safe for them and the staff who supported them.

People told us that they felt safe with the staff who supported them. One person said, "I feel safe, they look after me." Another person told us, "My care is safe and I have no concerns at all." A third person said, "The care is definitely safe." This was supported by relatives who told us that they had never been concerned about their relative's safety. One relative said, "I would say [relative] is very safe with staff." Another relative said, "We have two carers to look after [relative] and I know [relative] is very safe with them."

The provider had processes in place to safeguard people from harm or abuse, including safeguarding and whistleblowing policies. Whistleblowing is a way in which staff can report concerns within their workplace without fear of consequences of doing so. We noted that staff had received training on how to safeguard people and they showed good knowledge of this. A member of staff said, "Clients are safe and very happy with the carers. I always ask them, and they say they don't want anything changed. I would report to the office if I was worried that something might be wrong." Another member of staff told us, "I feel that all our clients are safe and I have no concerns at all."

We looked at the files for six members of staff who had been employed after our previous inspection and we found the provider had robust recruitment processes in place to carry out thorough pre-employment checks. These included checking each potential employee's identity, employment history, qualifications and experience. They also obtained references from previous employers and completed Disclosure and Barring Service (DBS) checks. DBS helps employers make safer recruitment decisions and prevents unsuitable people from being employed.

People told us that there had been some recent staff changes which meant that some people were just getting to know the staff who supported them. Most people said that they did not always get rotas in advance so that they knew who would be supporting them. One person told us, "It has changed since Christmas. I don't even know who is coming and there are no regular people lately. Another person said, "I usually have the same carer and she is wonderful." A third person said, "I don't normally have the same carer. Sometimes it's regular for a while and we get to know each other, then I get various ones. I never know who is coming." A relative told us, "We did have the same carer for a while, but recently they have sent lots of different carers." There were also mixed views about whether staff always arrived on time to support people, with some people telling us that staff were always late. One person said, "I have no complaints. They are always on time, well to within ten minutes or so." Another person said, "They can be late sometimes and

they don't let us know if they are going to be late. It can be frustrating as you're sitting around waiting." A third person said, "They are sometimes late, but they do stay the full time and my care is safe. I have no concerns at all." A relative told us that they had changed to another care provider as staff were normally late or did not arrive at all.

We discussed staffing numbers with the operations director who told us that they had sufficient numbers of staff to support people. They acknowledged that like in many services of this type, staffing changes could not be fully prevented and therefore they had an on-going recruitment programme so that they covered vacancies as soon as they occurred. We saw that two new members of staff were having their induction training on the day of the inspection. Staff told us that they worked in allocated areas and as far as they knew, they had enough staff to support people in their area. One member of staff said, "We have enough staff in the area where I work and clients get good care." Another member of staff said, "Staffing is generally ok, but we can be asked to take on additional clients when there are no other staff to do the calls. It's normally because someone is on holiday or they are sick."

Staff told us that they normally visited people at agreed times because there had allocated travelling time between each visit. One member of staff said, "You have time to travel between clients, but it doesn't help if I don't get my rota on time. They however, told us that they normally received their rota every Friday by email and post, and this helped them to plan their work for the following week. Another member of staff told us, "At times you can't help being late because of traffic, but I always apologise to the clients when I get there. I always let the office know if I'm going to be really late because I had to spend more time with one client."

Most people told us that they managed their own medicines or they were supported by their relatives. People who told us that they were supported by staff to take their medicines told us that this had been done safely. One person whose medicated cream was applied by staff said, "They put my cream on. They always wear gloves and sign on my medicine sheet to say it is done." Another person told us, "They give me medicines when they come." The medicine administration records (MAR) we looked at had no unexplained gaps, which showed that people were being given their medicines as prescribed by their doctors.

Is the service effective?

Our findings

When we inspected the service in November 2015, we found some staff did not have good understanding of the requirements of the Mental Capacity Act 2015 (MCA) despite being trained. There was clearly a need for further training so that all staff understood their roles and responsibilities in ensuring that the care of people who may lack mental capacity to make decisions about some or all aspects of their care was managed in line with the MCA guidelines. Also, not all staff had received regular supervision.

During this inspection, we found improvements had been made because all the staff we spoke with demonstrated that they understood the MCA. 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 we spoke with told us that they were able to make decisions about their care and could give verbal consent to the support provided by staff. However, we also spoke with relatives of some of the people whose health needs meant that they did not have capacity to make decisions about some aspects of their care. The relatives told us that they were involved in discussions about their relatives' care so that any decisions to provide support were in their relatives' best interest.

People told us that staff knew how to support them, and they provided the care and support they required. Although people did not necessarily know what training staff had undertaken, they said that staff had the right skills to support them effectively. Although some people and relatives said that the care was not always smooth when new staff supported people, none of them felt that this was unsafe or failed to meet people's needs. One person said, "Yes, I think they do know my needs, for most of the regular staff anyway. It has improved recently." One relative told us, "They do the job adequately and they do meet her needs." Another relative said, "Some staff are better than others. We get different carers at times and they don't ask me what to do even if they are new. They don't even look at the plan and they just do it their own way. They sometimes send new staff with one of the more experienced staff. The problem is they don't always explain things well so that the new staff member isn't sure when they are left to do the job on their own." A third relative told us, "They always send a new trainee with someone else. They have never sent two people who didn't know my [relative]."

Staff told us that they provided appropriate and good quality care to people because they had received adequate training. Although one member of staff did not feel that training was always well managed, others we spoke with were very complimentary about the way the training coordinator planned and delivered the training. One member of staff said, "Training is good and I've just done medication refresher training." Another member of staff told us, "The training coordinator [name] is amazing. He is a credit to the provider and one of the people who is making that office function." A third member of staff said, "Training is fine and I feel like I'm learning from it." Training records showed that the majority of staff were up to date with their training and there were plans to provide refresher training to the 15 members of staff whose training had expired between October and December 2016.

The records we looked at showed that staff now received regular supervision and staff we spoke with confirmed this. Some staff were particularly complimentary about the support they had received from a senior care staff. One member of staff said, "I had supervision with [name] recently and I'm happy with how this was done. The supervisor puts things into perspective." Another member of staff told us, "I had supervision last month. It's good to have supervision and it makes you aware of how you work. It's good to be checked." A third member of staff told us that they received supervision, although they could not when they last had it. However, they gave good feedback about their supervisor. They said, "[Name] is absolutely brilliant and supportive."

Most people we spoke with were not being supported by staff to prepare and eat their meals, but those who were told us that this had been done well. They told us that staff mainly warmed and served ready-made meals of people's choice. One person told us, "They do my lunch for me, mostly microwave meals." Another person said, "I choose what I fancy from the freezer and the girls (staff) will cook it for me. I have plenty of food to choose from." A third person said, "The meals they prepare for me are ok." Staff we spoke with had no concerns about people not eating or drinking enough. They told us that they would report to the senior staff if they were concerned that a person was no longer eating enough food so that appropriate support could be sought from health professionals.

People were not normally supported by the service to access routine appointments with health services such as GPs, dentists, chiropodists, opticians or to attend hospital appointments as they or their relatives managed this. However, staff provided support to people to contact health services if urgent care was required when people became unwell. One person said, "They will often stay longer than their allocated time if I need more support." One relative told us that staff were observant and took appropriate action to ensure that their relative was seen by health professional. They said, "The carers are very good. One time they noticed redness to [relative]'s skin and they phoned the District Nurse (DN) there and then. The DN came that day and it was sorted before it became a problem." Staff told us that they had on occasions supported people to contact their GPs or the ambulance service when they were unwell. A member of staff said, "I can't leave people without sorting it if I think they are ill, even if it means being late for the next person." This showed that staff took appropriate action to ensure that people's health needs were being met.

Is the service caring?

Our findings

People and relatives told us that staff who supported people were kind, caring and friendly, and they provided care in a compassionate manner. One person told us, "They are always nice carers. My main carer is really good and we understand each other well." Another person said, "The staff are really ever so nice." A third person said, "Most of the staff will go out of their way to help. [Name] is excellent." A relative said, "They are caring, helpful and treat [relative] well."

Although some people told us that staff did not always have time to chat, they said that any interactions with staff were positive and respectful. Most people said that staff chatted with them while supporting them with their care and that they had developed good relationships with staff who supported them regularly. One person said, "They are very pleasant, but they don't always have time to chat." Another person said, "We have a warm relationship. Considering the job that they do, they are wonderful." A relative said, "The regular staff, especially on a Monday is great. She comes in and plays dominoes with my [relative]. [Relative] looks for her through the window and when she arrives, you can hear them chatting and laughing which is lovely." Another relative told us, "The carers talk to [relative] and they treat [relative] with respect."

People told us that they made decisions and choices about how they wanted to be supported and staff respected this. One person told us, "The staff know me and what has to be done. They will ask if there is anything else I need." Another person said, "My regular carers are very good and know what I need, but I do have to explain things sometimes as there can be problems with language barriers." One relative told us, "They always ask [relative] how he would like to be addressed and check that he is ready before getting him up." People told us that staff respected and promoted their privacy and dignity. Staff told us that they did this by ensuring that personal care was provided in private. We noted that staff also understood how to maintain confidentiality by not discussing about people's care outside of work or with anyone not directly involved in their care. We also saw that people's care records were kept securely in the provider's office to ensure that they could only be accessed by people authorised to do so.

People told us that staff supported them to maintain their independence as much as possible and were appreciative of the support that enabled them to live in their own homes. They also said that staff supported them at a pace they felt comfortable with and they did not feel rushed. One person told us "The staff are very good and very gentle, they never rush me or pull me about." Another person said, "They come and help me do what I can't do for myself and they don't take over. Some are very encouraging." One relative said, "They try to make sure [relative]'s life is as it should be." One member of staff said, "My job is to help people to live as independently as possible. It's nice that we can help people who would have gone to a care home to stay in their own home." Another member of staff told us, "It makes me happy to see how much my clients appreciate my help."

People had been given information including the times they would be supported, contact details of the service and the complaints procedure. Some of the people's relatives or social workers acted as their advocates to ensure that they understood the information given to them and that they received the care they needed. The provider also worked closely with the local authority that commissioned the service to

ensure that people were supported well and they had no unmet care or social support needs.

Is the service responsive?

Our findings

People told us that their individual needs were being met by the service and they were happy with how their care was being provided by staff. We saw that assessments of people's needs had been completed prior to them using the service and this information had been used to develop their care plans so that they received appropriate care and support. People's care plans identified their care and support needs, and took account of their preferences, wishes and choices. Some people and relatives told us that they had been involved in planning and reviewing people's care. Some could recall doing this in the last few months. One person said, "I sometimes look at what they have written and it all seems ok. I have signed the care plan." Another person told us, "They come about once a year to check on the girls (staff) and update the paperwork. They send back two copies and I sign them and keep one." A relative said, "They came to update it about six weeks ago and said they would send it back, but I haven't got it yet."

Although some staff told us that people's care plans were not always updated in a timely manner because of changes in managers, most staff said that the care plans were up to date. They also said that these contained relevant information, necessary for them to meet people's needs and expectations. One member of staff said, "We report to the office if care plans need updating, but they don't always do this quickly. There is a senior staff, [name] who has been good at reviewing care plans and listening to carers (staff)." Another member of staff said, "The clients I look after have up to date care plans." A third member of staff told us, "The senior staff in my area is really brilliant. I tell [name] something and they get onto it. Care plans were not being update quickly unless we tell [name]." We saw that in addition to annual reviews completed in the person's home, the service also completed telephone reviews to check if people were still happy with how their care was managed. Some staff told us that they also routinely asked people if they were happy with their care and they reported to the office staff if people wanted anything changed. The telephone review records we saw showed that people were mainly happy with their care and where concerns were raised, appropriate action had been taken to resolve the issues. For example, staff could be stopped from supporting people who were not happy with how they supported them. This was also addressed individually with staff during their supervision meetings.

Although some people told us that they were not always supported by regular staff, this was not the experience of most people. The majority of people we spoke with were appreciative that they were supported by a consistent group of staff who had got to know them well and provided companionship when they visited. This was echoed by a member of staff who said, "I have the same group of clients I support regularly. It's nice this way because you get to know them." Another member of staff said, "I'm usually allocated regular clients, but can be given others if needed." Staff told us that they were happy with the quality of care they provided to people, with most telling us that they were dedicated to providing good care despite at times, experiencing some administrative challenges. One member of staff said, "Clients always come first and I would do whatever I could to make sure they are happy." Another member of staff said, "It's a good thing we have very good carers in my area and none of the clients I have complain."

The provider had a complaints policy and procedure so that people knew how to raise any complaints they might have about the service. Most people said that they had not complained because they were happy with

how their care was managed. One person said "I have no complaints. I phoned this morning as I needed to change my call time next week for an early one. I am waiting for them to get back to me. They are usually flexible." Another person said, "If I had any complaints, I would phone the office. The staff there are usually helpful and would get back to me if they couldn't sort whatever it was." A third person said, "I would tell my daughter and I am sure she would sort it out." A relative said, "I haven't needed to complain, but I have called them when staff were late and they were helpful." Of those who told us that they had complained, one person told us that they had brought up issues like staff being late in the past and nothing changed. They said, "They never take any action." Another person told us, "We complained on one occasion about a carer and they did respond as they changed the carer." We noted that the provider had received 27 complaints in the 12 months prior to our inspection. They responded to people in writing regardless of whether the complaint had been received verbally. Also, there was evidence of supervision with individual staff when issues about their conduct and quality of care had been raised. This ensured that staff could be supported to make improvements in how they supported people.

Is the service well-led?

Our findings

When we inspected the service in November 2015, there was no registered manager because they had resigned in September 2015. A new manager had started in early October 2015, but they left the service within a couple of weeks of our inspection. A manager who subsequently registered with the Care Quality Commission (CQC) left the service in December 2016. A new manager had started at the service a few days before this inspection, but they left the service after two weeks of employment. Although the provider's operations manager provided leadership and stability during the periods the service had not had a registered manager, we found the changes in managers did not provide stable leadership of the service. We discussed this with the operations manager and they told us that the provider was doing whatever they could to ensure that the service was appropriately managed. However, they said that they had to ensure that whoever was recruited to the role had the skills, experience and attributes to do the job well.

Most people and relatives we spoke with told us that the office staff were disorganised and this had a negative impact on how the service was run and consequently, could affect the quality of the care people received if care staff were not doing their best to support people well. Most people did not know who the manager was and most thought the care coordinators or senior care staff managed the service. One person said, "I have no idea of who the manager is, but they are generally helpful. It isn't terribly well run in my opinion. Communication could be improved, as if you leave a message it often doesn't get passed on." Another person said, "I think it is well run and can't think of anything that needs to improve." A third person said, "On the whole I think it is well managed, although they do seem disorganised at times." One relative said, "The staff are good and caring, but the management are diabolical." Another relative said, "[Name] is the manager I think, but you never get to speak to her. She is like God! You can't get through to her and you have to leave a message. They don't keep in touch. The care is not bad overall, but I would see the company in a different light if they would ring and check that we are happy and satisfied. I shouldn't have to ring them, they should call me." A third relative said, "[Name] and the former manageress, I have had nothing but problems with them. It isn't well run. In fact, it is a shambles. Perhaps the new manager will improve things."

People's views were echoed by staff who told us that they found changes to managers disconcerting because they did not have consistent leadership. Some staff did not find the operations manager and other office staff approachable and helpful. They also did not feel valued and respected. Some staff said that the managers needed to care more about staff and consulted them more often. One member of staff said, "The service has been poorly run and the office staff are very rude to carers (staff). They don't treat carers with respect at all." Another member of staff said, "Managers seem to change all the time and it does affect how we work. I sometimes feel the service takes one step forward and two steps back." They further said, "They do not listen to carers (staff) and carers feel dismissed and not cared for. Care is a two way thing, the happier the carers are, the happier the clients are." A third member of staff said, "Office staff are not always helpful and I get annoyed when they can't get the rotas right." Another member of staff said, "There is no communication with office staff. They should talk to carers (staff) to see what's going on in the community. They need a really good manager." A member of staff who found the office staff helpful told us, "There've been periods when it is not very good. We don't have a manager, but it doesn't affect my work. The team at the office do a lot of work and the area manager (operations manager) is helping us. I haven't experienced

any issues."

Some people could recall being asked for feedback about the quality of the service either by telephone, during home visits or when they had been asked to complete a questionnaire, and we saw evidence of this in the records we looked at. The results of the most recent survey showed that people had mainly rated the service as good or very good. Following this, the manager wrote to people telling them what they would do to improve the three areas most people were concerned about. These were: Communication with the service, continuity of care workers and lateness. We saw that a number of meetings had been held with staff throughout 2016 where issues relevant to their roles were discussed. The operations manager told us that they were still working on ensuring that improvements made in these areas are embedded and sustained.

Following our visit to the office, we received information of concern from a member of staff who told us that people's care records had not been reviewed and updated in a timely way. They also said that the provider had not completed quality audits to check whether people's care records contained the information necessary for staff to provide safe and effective care. We looked into these issues as part of our inspection and we found that regular audits had been completed by the operations manager. For example, we saw monthly reports which showed that they checked whether staff had had training, supervision and competency checks. They also checked how many of people's care plans and risk assessments had been reviewed, and checked whether people's medicine records had been completed fully. Additionally, the provider's quality and compliance team completed annual assessments of the service which followed CQC's key questions. We saw the report of the most recent review completed in September 2016 and this found the service to be mainly meeting the regulations. An action plan was developed to ensure that any areas that needed improving were identified and progress made to improve these areas was monitored. The local authority who commissioned the service had last reviewed them in March 2016 and they had been awarded an overall rating of 'Good'. The operations manager showed us what they had done to improve the areas where shortfalls had been identified and we found their action plan to be satisfactory.