Westminster Homecare Limited

Westminster Homecare Limited (Luton)

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Westminster Homecare Limited is a domiciliary care agency providing personal care to 197 people at the time of the inspection.

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.

People's experience of using this service and what we found
People told us they felt safe but records did not always promote safe practice because risks were not always fully assessed and documented. People were receiving their medicines correctly and on time and medicines were being safely managed and administered.

People's care needs were being met but the care records did not promote personalised care. People were involved in making decisions about their care and treatment. People knew how to make complaints and these were fully investigated and improvements made. We have made a recommendation about documenting person centred approaches to care.

People were supported to access health and social care professionals when they required this and staff were well trained to meet people's needs. People's wishes for the end of their life were not sought or recorded.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were consulted regularly to input into how the service delivers care and information was shared with them regularly. There were a lot of forums people could choose to become involved in to socialise and to engage with the staff team.

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

Rating at last inspection: The last rating for this service was good (published 24 April 2017).

Why we inspected
This was a planned inspection based on the previous rating.

Enforcement:
We have identified a breach in relation to risk assessments to keep people safe at this inspection. Please see the action we have told the provider to take at the end of this report.

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?

Requires Improvement

The service was not always 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?

Requires Improvement

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-Led findings below.

Westminster Homecare Limited (Luton)

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
One inspector and two assistant inspectors carried out this inspection over two days.

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

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 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 11 September 2019 and ended on 12 September 2019. We visited the office location on 11 September 2019.

What we did before inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, Healthwatch and professionals who work with the service. 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 11 people who used the service and two relatives about their experience of the care provided. We spoke with eight members of staff including the director of operations, registered manager, quality assurance officer and care workers.

We reviewed a range of records. This included seven people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. We sought feedback from two health and social care professionals.

A variety of records relating to the management of the service, including policies and procedures, training data and quality assurance records were reviewed.

Requires Improvement

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- The staff team had documented risks assessments for all identified risks. However, the information was not sufficient to ensure safe care and treatment. Some areas of risk had not been identified at all. For example, no information about caring for people's dentures or risks associated with their conditions such as diabetes.
- Other risk assessments were in place but either did not contain enough information or had contradictory information. For example, not enough information about how to support people with manual handling safely and one person's risk assessment said they were unable to swallow but later stated for staff to ask them what they would like to eat and drink.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We discussed this with the registered manager during the inspection. They agreed to review the risk assessments and ensure all risks were identified and ensure there was sufficient information to keep people and staff safe.

- Staff assessed other risks to people's health and welfare such as medicines and falls. Risk assessments in relation to people's environment, in and around their homes had also been completed.

Staffing and recruitment

- There were enough staff on duty to support people safely and staff confirmed this to be the case. However, at least half the people we spoke with told us staff were often late or came at the wrong times which made them feel confused.
- One person told us, "Carers just don't turn up or they turn up at the wrong time…it upsets my head when they don't turn up or turn up 2 hours before or after they are supposed to. I can only describe it as it makes me feel like my brain is wobbling inside my skull from the stress." The registered manager had already identified this as a concern and had implemented actions to improve the situation in their improvement plan, such as reviewing traffic times between calls.
- Pre-employment checks such as disclosure and barring checks and employer references were carried out before staff started work. The operations director explained how they do spot checks on documentation for any agency staff used as well as seeking confirmation of recruitment checks.

Systems and processes to safeguard people from the risk of abuse

● People told us they felt safe because they had the same carer who can tell if they are not well and because staff treated them well. One person told us, "They are so very good to me duck. I can't fault them."

● The provider had effective safeguarding systems in place, staff understood what to do to protect people from harm and how to report concerns. Staff told us they had training and information about safeguarding and knew where to go for further advice.

● Staff had a good awareness of different types of abuse and the signs and symptoms of these including the less visible forms of abuse such as emotional and financial.

Using medicines safely

● Staff were trained to help people take their medicines. The registered manager completed competency checks to make sure staff understood this training and were able to give medicines safely.

● Staff completed medicine administration records to show if people had taken their medicines or the reason if they had not. These records were audited by senior staff and actions taken for any concerns. There was information in people's care plans about the type and level of support they needed from staff to take their medicines.

Preventing and controlling infection

● Staff had completed training in how to reduce the risk of infection and they followed good practice guidance. They used personal protective equipment, such as gloves and understood how to help prevent the spread of infection.

Learning lessons when things go wrong

● Incidents or accidents involving people using the service or staff were managed effectively. Staff recorded these appropriately and team leaders took action following accidents or incidents to reduce the risk of these reoccurring.

● Staff told us that incidents were discussed at team meetings. This gave them the opportunity to discuss what went wrong and what action they could take to reduce the risk of reoccurrence.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- Staff completed assessments of people's needs before they started using the service. This information was incorporated straight into the care plan which got regularly updated . Staff also worked with health and social care professionals when assessing and planning people's care.
- People's needs and choices were assessed and recorded including a brief life history. We discussed expanding on this information with the registered manager to ensure personalised care.

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

- Staff completed records of care given which were reviewed by the senior staff. This recorded important information about people, their needs, daily routines and preferences. The information was made available when people visited other providers of care, such as hospitals. This meant these details were available if the person was not able to tell others about their preferences and they did not have a staff member to help them with this.
- Senior staff made referrals to specialist health and social care professionals such as district nurses, occupational therapists, community nurses and dieticians when needed. Staff had access to information from health care professionals and they followed this advice, which was included in people's care records.
- One health care professional had written a compliment to the service commending the actions of one staff member. They said, ''On behalf of my colleagues we would like to express our thanks and positive feedback to [staff member] who was on scene during a fall incident today. [Staff member] has been brilliant and with their knowledge of the patient and medical history and the patients normal state. [Staff member] also stayed on scene to assist crew with our assessments and to ensure they could clean, dress and feed the patient before their trip to hospital.'

Staff support: induction, training, skills and experience

- Staff had received training and induction when they first started working for the agency and this was updated each year. This included the opportunity to shadow more experienced members of staff and to be observed and assessed themselves. New staff completed the Care Certificate, which identifies a set of standards and introductory skills that health and social care workers should consistently adhere to and includes assessments of competency.
- Staff said their training was reinforced in staff meetings and anyone who felt they needed additional training were encouraged to come forward. The staff explained how they used 'immersive learning', which is where staff take the place of the person receiving care. This helped staff understand how it felt to be hoisted and supported to eat and drink.

● Staff members received supervision as individual meetings and they said that they could also contact the registered manager or senior staff at any time between meetings. They said they felt well supported to do their jobs.

Supporting people to eat and drink enough to maintain a balanced diet
● People were supported to eat and drink if this was needed. This included supporting people with a variety of types of diets to meet their medical, cultural or religious needs.
● Staff told us they had completed food hygiene training and had a good awareness of the needs of people they delivered care to.

Ensuring consent to care and treatment in line with law and guidance The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.
● People were supported by staff who understood the principles of the MCA and DoLS. They knew how to support people to continue making decisions and who to go to if the person was unable to do so. Staff had clear information about how to support people to make decisions.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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's views of the care were mixed. Most people said they were treated kindly by staff who were described as "exceptional" and would "do anything for me". One person said, "The staff are lovely to me. Most of them can't do enough for me, they are fantastic."
- People told us staff were patient and caring and made sure they had everything they needed. Staff were aware of people's individual needs and preferences.
- Some people told us they were not treated as well and communication was poor. For example, one person told us staff did not speak to them while delivering care except to say hello. Two other people said they had spoken to the office staff as care staff had spoken to them in a rude manner. This had been addressed by the senior team and people were now happier with their current care staff.
- Information was available in different formats, such as picture format or large print. This helped people to communicate and understand information clearly.

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

- Staff continued to support people to make decisions about their care and these were recorded in their care plans. Records showed people expressed their views openly and regularly and actions were taken to improve any concerns.
- People were supported to make choices about their care through daily discussion and formal reviews. One person told us, "They sit and have a chat with me (about my care) when they're filling out their notes. We like to have a little chin wag." People invited their relatives and social and health care professionals to their reviews and the review and outcomes were documented on their file.
- The registered manager said that no-one who received care was using an advocate, but there was a local advocacy service if people needed this.

Respecting and promoting people's privacy, dignity and independence

- People told us that staff were very nice and polite and respected their privacy. They ensured people were supported in a dignified way. This was because they closed doors and curtains, and covered people up as much as possible while supporting them with personal care.
- People's confidentiality was maintained; records were kept securely and information was shredded when no longer required.

Requires Improvement

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant people's needs were not always met.

End of life care and support

● End of life care is being given but wishes for end of life were not highlighted in the care plans we reviewed and people's diagnosis was sometimes unclear. Personal preferences and additional sensitivities were not documented. We discussed this with the registered manager who agreed new plans were coming in to be used which would identify all additional information required to ensure dignity in death.

● One relative told us that once the right staff member was allocated support for their family member worked well. However, they said in the early days staff did not know their family members preferences and were not flexible or sensitive to needs at a difficult time. They said senior staff reviewed the care with them after a few days and things then improved.

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

● People had care plans in place but because they were incorporated with the person assessment of needs there were many pages of information that was not relevant to the current care for that person. This made it a very long document and difficult to find the relevant information in order to provide safe and personalised care. There was no clear information about people's long-term health conditions to guide staff.

● There was some information in people's care plans about their personal preferences such as using specific coloured flannels to wash specific areas of their body and their history and religious beliefs. However, some areas are not personalised such as "carers to support me with personal hygiene" or "needs support with oral care" but no further information on how people would like this to be done and what they can do for themselves.

We recommend the provider consider current guidance on giving documenting person centred approaches to care and take action to update their records and practice accordingly.

● Some staff had built good relationships as people spoke very highly of the care they gave.

● People's care needs were met and most people were happy with the care they received. People told us that staff supported them to do what they could for themselves.

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 were able to have documents in large print or pictorial formats if required. Where possible, staff were allocated to support people whose first language was not English to enable people to freely and easily

communicate their needs.

Improving care quality in response to complaints or concerns

● People knew who to speak with if they were not happy with the care they received. They told us they would speak with the registered manager, other staff or their relatives if they had concerns. Some people said they would also report to the local authority safeguarding team. People told us they had made many complaints and most people were satisfied with the outcome.

● We reviewed complaints records which showed the service had fully investigated all complaints and escalated complaints to social services to seek advice when necessary. One person wrote in to say, 'A massive thank you to [staff member] for resolving my complaint, changes have been implemented, medicine is all good, and I am more relaxed with the carer'.

Requires Improvement

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care

- The new registered manager and director of operations were proactive in making improvements and have made significant progress over the last year. However, there were still areas that required development such as end f life care, care planning, assessing risk and further developing person centred approaches. The provider had not ensured these had been resolved since our last inspection. Systems now implemented by the registered manager should continue to make these required improvements.
- Processes to assess and check the quality and safety of the service were now effective and being completed. The registered manager and the organisation's internal audit team carried out audits and quality monitoring visits. These showed they identified areas of the service that required improvement and made those improvements in a timely way. Records of complaints, accidents and incidents were analysed to find trends or themes.
- The registered manager ensured outcomes of all concerns, incidents and complaints was shared with the people involved and discussed with the staff team to promote improvements and learning.

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

- The registered manager was in the process of further improving punctuality of care visits, care planning and person centred approaches and understood how to do this.
- The registered manager was recently employed and had already made a big difference to the quality of care provided. The service had previously had a history of instability of registered managers but staff told us they liked and felt confident about the current registered manager and were pleased they had stayed. Staff said they could raise concern with the registered manager and staff felt their concerns would be listened to.
- The registered manager knew people well and was supported by senior staff. They had introduced a number of quality assurance processes that meant any concerns were highlighted at an early stage to avoid serious incident and minimise risks. This made sure that the agency ran well at those times when the registered manager was not available.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 registered manager was committed to developing a person-centred culture within the service. They understood their responsibilities to ensure people received the care they needed and stepped in to support

staff when this was required. They had significantly improved the incidence of medicine errors through new training methods and on the job coaching and had a detailed improvement plan in place to continue the development of other areas such as the care records.

● Staff felt supported by the registered manager and senior staff team. One staff member told us told us, " If I've got an issue they've always helped me. When I come in to the office, everyone chats to you, you're not told you can't walk into the office. There is no separation between office and field workers." Another staff member said, "The new registered manager is available to listen to you. At the moment there is nothing the registered manager can do better."

● The registered manager complied with legal requirements for duty of candour; they displayed their rating and we received notifications about safeguarding incidents.

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

● Surveys were sent out to people, their relatives, staff and external professionals annually. Results were analysed and a report produced and shared. The report showed high levels of satisfaction in areas of people feeling safe and comfortable, reliability of care staff and involvement in care decisions. The results fed into the improvement plan in place and was monitored by the company and the local authority. Some issues of concern being developed included; continuity of care, staff supervisions, complaints, safeguarding, recruitment and systems.

● Staff completed reviews of people's care, which also provided people and relatives with the opportunity to feed back about their care. Staff told us that they attended meetings regularly, which gave them support and information was shared quickly with them.

Working in partnership with others

● Information available to us before and during this inspection showed that the staff worked in partnership with other organisations, such as the local authority social services, local charities and healthcare teams. The registered manager worked proactively with organisations which has supported people to promote their independence and good quality of care.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Risks associated with people's needs, conditions and equipment were not identified or did not contain sufficient information for staff to work safely. People who use services and others were therefore not protected against these associated risks. Regulation 12, (2), (a) (b) (h)