

# Review of compliance

Westminster Homecare Limited Westminster Homecare Limited (Luton)	
<b>Region:</b>	East
<b>Location address:</b>	Suite 105, Plaza 668 Hitchin Road Luton Bedfordshire LU2 7XH
<b>Type of service:</b>	Domiciliary care service Extra Care housing services Rehabilitation services Supported living service
<b>Date of Publication:</b>	October 2012
<b>Overview of the service:</b>	Westminster Homecare Limited (Luton) is registered as a Domiciliary Care Agency It is registered to provide the Regulated Activities, Personal care, and Treatment of disorder or injury, for

	<p>people in their own homes. At the time of this inspection about 180 people received some type of care in their home from 78 staff.</p>
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# Summary of our findings for the essential standards of quality and safety

## Our current overall judgement

**Westminster Homecare Limited (Luton) was meeting all the essential standards of quality and safety inspected.**

The summary below describes why we carried out this review, what we found and any action required.

### Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

### How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 31 July 2012, looked at records of people who use services, talked to staff and talked to people who use services.

We were supported on this review by an expert-by-experience who has personal experience of using or caring for someone who uses this type of care service.

### What people told us

We carried out a themed inspection looking at domiciliary care services. We asked people to tell us what it was like to receive services from this home care agency as part of a targeted inspection programme of domiciliary care agencies with particular regard to how people's dignity was upheld and how they can make choices about their care. The inspection team was led by a CQC inspector joined by an expert by experience who has personal experience of using or caring for someone who uses this type of service.

We used postal surveys, telephone interviews and home visits to people who use the service and to their main carers (a relative or friends) to gain views about the service. During this review we spoke with 18 of the 180 people receiving care. We visited four people in their own homes and spoke to 14 people over the telephone.

During our visit to the people receiving care and support in their own homes on 07 August 2012 every one told us that the staff treated them well and were respectful when providing care.

People told us that they felt involved in their care and knew what to expect. They told us that they felt they had the opportunity to get to know their care worker and feel confident with them. We were also told that people were provided with information by Westminster Homecare that told them about their care provision and what to expect.

All of the people who were spoken with by telephone confirmed that their privacy and dignity was respected by the care workers. We were told us that the care workers had asked them how they wished to be addressed and we saw that this had been recorded in

their files.

During our visit to people's homes and by speaking with people via the telephone we confirmed that people were satisfied with the standard of care they received. We were told that the staff could be very flexible with the care they provided and with prior arrangement they could take their relative out and alter the times of calls.

During our conversations with people who received care from staff who worked for Westminster Homecare they told us that they felt safe and the staff were respectful of them and of their property. They told us that the staff were good and they did not identify any gaps in their ability to provide the necessary care. We were told that on the whole people had the same main care worker.

## **What we found about the standards we reviewed and how well Westminster Homecare Limited (Luton) was meeting them**

### **Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run**

The provider was meeting this standard.

Peoples' privacy, dignity and independence were respected. Peoples' views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

### **Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights**

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

### **Outcome 07: People should be protected from abuse and staff should respect their human rights**

The provider was meeting this standard.

People who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

### **Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills**

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

**Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care**

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people received.

**Other information**

Please see previous reports for more information about previous reviews.

**What we found  
for each essential standard of quality  
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

Where we judge that a provider is non-compliant with a standard, we make a judgement about whether the impact on people who use the service (or others) is minor, moderate or major:

A minor impact means that people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

A moderate impact means that people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

A major impact means that people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary changes are made.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

## Outcome 01: Respecting and involving people who use services

### What the outcome says

This is what people who use services should expect.

People who use services:

- \* Understand the care, treatment and support choices available to them.
- \* Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- \* Have their privacy, dignity and independence respected.
- \* Have their views and experiences taken into account in the way the service is provided and delivered.

### What we found

#### Our judgement

The provider is compliant with Outcome 01: Respecting and involving people who use services

#### Our findings

##### What people who use the service experienced and told us

During our visit to four people receiving care and support in their own homes on 07 August 2012 everyone told us that the staff treated them well and were respectful when providing care. One person said, "I look forward to (and named her usual care worker) coming, she does her work and we also have a chat". She went on to say that if her usual care worker did not come she was always satisfied with the replacement, "They are all so kind and considerate".

People told us that they felt involved in their care and knew what to expect. They told us that they felt they had the opportunity to get to know their care worker and feel confident with them. We were also told that people were provided with information by Westminster Homecare that told them about their care provision and what to expect.

Every one of the 10 people who were spoken with by telephone confirmed that their privacy and dignity was respected by the care workers. One person confirmed that curtains were always drawn together by staff when personal care was provided and another person told us the door was always locked before care was given. People also told us that the care workers had asked them how they wished to be addressed and we saw that this had been recorded in their files.

**Other evidence**

Was privacy & dignity respected?

While reviewing the care provided we saw that care plans were individualised, which showed us that people had been involved in their care and been part of the discussion about how the care should be provided.

Staff confirmed that privacy and dignity was part of their training programme and they demonstrated examples, such as considering where they provided personal care when planning an individuals' care, to ensure privacy.

The care files that we looked at documented how the person wished to be addressed and people confirmed that this was respected.

People from a variety of ethnic backgrounds told us that their cultural needs had been identified and staff respected these when providing care and when in their homes.

Were people involved in making choices & decisions about their care?

The people that we spoke with told us that a care co-ordinator had visited them before care had started to ensure that the care would be provided in the way that they wanted it. We were also told that a care co-ordinator visited them regularly to ask about their experience of receiving care from the service. We saw quality reports that confirmed this.

A relative told us that because of their mother's cognitive abilities they were involved in her care planning. They told us that staff involved them appropriately and were very approachable and kind.

**Our judgement**

The provider was meeting this standard.

Peoples' privacy, dignity and independence were respected. Peoples' views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

## Outcome 04: Care and welfare of people who use services

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

### What we found

#### Our judgement

The provider is compliant with Outcome 04: Care and welfare of people who use services

#### Our findings

##### What people who use the service experienced and told us

During our visit to people's homes and by speaking with people via the telephone we confirmed that people were satisfied with the standard of care they received. A person who used the service told us that the staff were astute to their changing needs and often identified that they had a medical problem before they recognised it themselves. One relative told us that the staff were very flexible with the care they provided and with prior arrangement they could take their relative out and alter the times of calls, which was important to them as a family. Another relative told us that the staff involved them in the care of their relative and this was clearly documented in the care plan. Again the relative told us how grateful they were for the staffs understanding of their need to be involved in the relatives care and their flexibility in order to accommodate this.

##### Other evidence

Assessment of People's needs

During our visit to the agency office we looked at the care records of four of the people who were receiving care. The assessments were thorough and provided sufficient detail for robust plans of care to be developed from the initial assessment. We saw examples of needs assessments being updated as people's care needs changed. A relative told us that the care staff from Westminster Homecare worked alongside other health professionals, such as McMillan nurses, who were currently providing care to her mother.

From the records we looked at we could see that the process to ensure that care plans

were regularly updated and changed as care needs altered was adhered to. For example, a person whose needs changed and resulted in them requiring to be helped back to bed earlier had had their care plan reviewed and altered as soon as the need was identified.

### Care Planning

Care plans provided a very detailed description as to how care should be provided and included exactly where equipment could be found. Staff told us that the clear plans meant that they did not have to keep asking the person who used the service mundane questions, instead they were able to discuss with them how they wanted their care provided that day. We saw that people using the service, or a relative on their behalf, had signed to confirm that the care plans met their needs.

Senior staff (known in this service as care co-ordinators) were trained to identify any risks to people. For example, the risk of moving and handling, inadequate nutrition or a risk caused by the environment in which the care was provided. The risks were assessed, kept under review and plans were in place to minimise the risk whilst ensuring the person had as much independence as possible.

### Delivery of care

The staff we spoke with were knowledgeable about their roles and responsibilities in familiarising themselves with peoples' needs. They were also aware of the actions required to meet and record the provision of those needs. In our conversations with staff we noted they demonstrated a good understanding of the circumstances, medical histories and care needs of the people who used the service. The provider may like to note that when completing documentation staff should sign using their full name and not simply their first names as care records are a legal document.

None of the people we spoke with had any concerns about the timing of their call or the time the care worker was in their home. The service had a computerised system linked to the clients home telephone which recorded when a member of staff arrived at the address and when they left. As a consequence staff in the office were alerted if any call was running late and could address the situation by informing the client or sending a different care worker.

### **Our judgement**

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

## Outcome 07: Safeguarding people who use services from abuse

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

### What we found

#### Our judgement

The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

#### Our findings

##### What people who use the service experienced and told us

During our conversations with people who received care from staff who worked for Westminster Homecare they told us that they felt safe and the staff were respectful of them and of their property.

##### Other evidence

Preventing abuse

During our visit we found that the staff we spoke with confirmed that they had been trained and were knowledgeable about forms of abuse, how to identify abuse and how to report it. They also had an awareness of the Mental Capacity Act 2005. The documentation we looked at showed that staff had access to policies on the safeguarding of vulnerable adults and the Mental Capacity Act 2005.

We noted that some staff were due to have their training updated this month. The training records identified that this was planned once the summer holiday period was over when more staff would be available to attend.

The agency had its own training staff and the Local Authority safeguarding team had accredited the training provided in-house in regards to safeguarding. This meant that the training could be delivered to small groups at any time to ensure that it was kept current.

Raising concerns

Before our visit, we checked our records and saw that the provider was responding appropriately to safeguarding issues. We saw they had been notifying the safeguarding vulnerable adults (SOVA) team at the Local Authority and us, the Care Quality Commission (CQC) of any allegations of abuse or incidents of suspected abuse. Our records matched those held in the agency's office and we saw that some concerns had been raised with the Local Authority were not considered to meet the safeguarding criteria. This confirmed that the service had taken the necessary action to protect people who use the service from the risk of abuse.

**Our judgement**

The provider was meeting this standard.

People who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

## Outcome 14: Supporting workers

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Are safe and their health and welfare needs are met by competent staff.

### What we found

#### Our judgement

The provider is compliant with Outcome 14: Supporting workers

#### Our findings

##### What people who use the service experienced and told us

During our conversations with people who use the service we did not speak to them directly about this standard but we did discuss their perception of the staff. They all told us that the staff were good, and they did not identify any gaps in their ability to provide the necessary care.

People told us that on the whole they had the same main care worker. One person said, if a new member of staff is sent to me they always come with someone who is more experienced. One relative told us that the same main care worker had been with her father for the four years he had been receiving care and his care needs had altered a lot in that time. This demonstrated that the staff received appropriate professional development to ensure that they could meet people's needs.

##### Other evidence

Development, supervision and appraisal

Staff told us that they received supervision sessions with a care co-ordinator at least four times a year and an annual appraisal to review their performance and plan their learning and development needs with the manager. They also told us that they could expect a 'spot check' from a care co-ordinator at any time. Spot checks were used by the management to ensure care was provided correctly and the staff were where they were expected to be.

In the agency office we saw examples of formal supervision sessions and observations being completed and recorded by a senior member of staff.

## Training

Records showed that all of the staff had had a basic induction period before they commenced work. The training file, confirmed that staff received appropriate professional development to provide basic care and were able to obtain further relevant qualifications such as dementia awareness, stoma and catheter care or a National Vocational Qualification. We noted that any gaps in updating a care workers training record were identified and a date for the course to be completed added to the record.

Recently the service had ensured that all of the staff had undertaken a more detailed medication training which had taken eight hours to complete. One of the care workers that we spoke with reported that all the training was very good. They were particularly impressed that the training always included a lot of demonstrations, which they found a useful way of learning. We were also told that people who used the service were involved in some areas of training.

### **Our judgement**

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

## Outcome 16: Assessing and monitoring the quality of service provision

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

### What we found

#### Our judgement

The provider is compliant with Outcome 16: Assessing and monitoring the quality of service provision

#### Our findings

##### What people who use the service experienced and told us

People told us that they were happy with the service provided and knew how to make contact if they had a concern. During our visit to the office we met the quality manager for the company who showed us a range of audit tools used to obtain people's views about the service provided.

##### Other evidence

Monitoring quality

We were told that care calls were monitored through a computerised system. Care workers logged in and out of calls using the person's landline (free of charge) which made it easier for the office to monitor when calls were late or missed. We noted that there were systems in place to manage missed calls, although the manager reported that these were infrequent. There were also systems in place regularly monitor the quality of the service provided. The quality assurance manager talked us through the results of the Luton branch audit for March this year which showed that people were satisfied with their care but that better communication would improve their experiences. We were told that the manager produced an action plan for the company and progress of the action plan was monitored through the records of the staff meetings sent to the head office. This showed that the provider took account of complaints and comments to improve the service.

Risk assessment and management

We saw that documented risk assessments were in place and kept in the agency office. We saw there was a copy of these records kept in the person's home .These assessments were kept under review by the manager to ensure that any changes in a person's condition or needs were identified. This meant that people were receiving the care most appropriate to their needs.

### Complaints

People who use the service told us they knew how to raise concerns and had opportunities to feedback about their care if and when they needed to. However, at the time of our visit there were no recent concerns or complaints made about the care provided at the service for us to look at.

### **Our judgement**

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people received.

# What is a review of compliance?

By law, providers of certain adult social care and health care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

Where we judge that providers are not meeting essential standards, we may set compliance actions or take enforcement action:

**Compliance actions:** These are actions a provider must take so that they **achieve** compliance with the essential standards. We ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

**Enforcement action:** These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

## Information for the reader

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