

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Westminster Homecare Limited (Luton)

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Date of Inspections: 17 September 2013
16 September 2013
09 September 2013

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2013

We inspected the following standards as part of a routine inspection. This is what we found:

Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Cleanliness and infection control	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Westminster Homecare Limited
Registered Manager	Mrs. Joan Francois
Overview of the service	Westminster Homecare Ltd (Luton) provides personal care, support and treatment to people in their own homes.
Type of services	Domiciliary care service Extra Care housing services Rehabilitation services Supported living service
Regulated activities	Personal care Treatment of disease, disorder or injury

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

	Page
<hr/>	
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	5
<hr/>	
Our judgements for each standard inspected:	
Care and welfare of people who use services	6
Safeguarding people who use services from abuse	8
Cleanliness and infection control	9
Requirements relating to workers	10
Assessing and monitoring the quality of service provision	11
<hr/>	
About CQC Inspections	13
<hr/>	
How we define our judgements	14
<hr/>	
Glossary of terms we use in this report	16
<hr/>	
Contact us	18

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an announced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 9 September 2013, 16 September 2013 and 17 September 2013, talked with people who use the service and talked with carers and / or family members. We talked with staff.

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

What people told us and what we found

We spoke with 15 people who used the service, eight staff and the registered manager. People said that they were happy with the care provided and that staff "definitely" and "absolutely" respected their privacy and dignity.

We found that people's needs had been assessed to ensure the care they received was safe and effective.

The agency had procedures in place to ensure that people were safeguarded against the risk of abuse and staff had been provided with appropriate training.

We found that the agency had an infection control policy to promote good infection control practice. Staff showed a good understanding of infection control processes. For example, a staff member said, "We always wear gloves and aprons when providing personal care."

We found that the agency had effective recruitment procedures to ensure appropriate checks were undertaken before staff commenced work. Staff were appropriately supported to enable them to deliver safe and effective care to people who use the service.

We found that the agency had a system in place to assess and monitor the care provided to people. This ensured people were listened to, acted on and concerns addressed in a timely manner.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Care and welfare of people who use services

✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan

We looked at four care plan files and found that each person's needs had been assessed before the agency provided them with a care package. We saw the care plans had been signed by the person receiving care or a family member. This meant people or a family member were involved in the care planning process and had agreed to be supported.

The care plan files we examined contained information on people's personal details, including the names of other health care professionals such as the GP or district nurse. The files contained information on how people wished to be addressed, their hobbies, interests and cultural needs were included. Risk assessments relating to the environment and moving and handling were also in place. This ensured people's safety was promoted and care was provided to meet people's diverse needs.

The majority of people we spoke with said that the care they received was as reflected within their care plan. They also said they were able to choose the times they wished staff to visit them. People said staff arrived at the expected time, occasionally slightly different but within 15 minutes either side. On the odd occasion when staff were running late they would be notified. This meant that people were able to choose the times they wished to be supported and if staff were running late they were made aware.

All the people we spoke with said that 'staff definitely and absolutely respected their privacy and dignity.' All were satisfied with the quality of the care they received. One person said, "They (meaning staff) do what I want, happy to have them in our home."

The staff we spoke with said that the care provided to people was based on their needs, choices and preferences. Examples given were people chose the times they wished staff to visit them. People could choose to have gender specific care. This demonstrated that people's diversity, values and human rights were upheld.

The manager told us that people were provided with monthly schedules detailing the names of staff who would be visiting them. We were also told that people had regular staff members who visited them. It was evident that there was continuity of care which could be monitored to ensure it was safe and effective.

The registered manager said that the agency had arrangements in place to deal with emergencies which may arise from time to time. Staff we spoke with were aware of the agency's emergency procedures. The service had an on call rota and there was a telephone number that people could call outside of normal working hours should they require help or assistance. This demonstrated there were arrangements in place to deal with foreseeable emergencies.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use 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.

Reasons for our judgement

We saw that the agency had a safeguarding policy which was in line with the multi-agency adult safeguarding policy. A poster detailing the agency's safeguarding process was displayed in the office to make staff aware of the action they should take if they witnessed or suspected abuse had taken place. This demonstrated that procedures were in place to ensure that incidents or allegations of abuse/neglect were responded to appropriately.

The registered manager said that safeguarding people was a regularly discussed as an agenda item at staff meetings and at one to one supervision with staff. Outcomes of safeguarding alerts were discussed with staff to ensure lessons had been learnt and to prevent the risk of recurrence. The registered manager also said that people were provided with a copy of the agency's safeguarding policy; and were regularly encouraged to comment on how staff were meeting their individual needs. This meant that the potential for abuse was reduced.

We spoke with staff about their roles and responsibilities with regards to safeguarding people. They were aware of the agency's safe guarding policy and the different types of abuse. All said they had completed safeguarding training and were aware what action should be taken if they witnessed or suspected an incident of abuse. The training record made available to us during our visit evidenced that staff had been provided with training. This demonstrated that staff had the knowledge to recognise abuse and respond appropriately.

People spoken with said they would contact the manager if they had any concerns. Not all the people we spoke with could remember being provided with information to help them understand about abuse and what to do if they had concerns. A relative of a person who used the service said, "I am here when the carers are here and my...is never bothered by what they do and is quite content with them."

People should be cared for in a clean environment and protected from the risk of infection

Our judgement

The provider was meeting this standard.

The provider was meeting this standard. People were protected from the risk of infection because appropriate guidance had been followed.

Reasons for our judgement

There were effective systems in place to reduce the risk and spread of infection.

We found that the agency had an infection control policy to promote good infection control practice. The registered manager said that the infection control policy was regularly discussed with staff during one to one meetings to make sure they were familiar with the policy and implemented it in their day to day work.

The staff we spoke with said that they were provided with an adequate supply of personal protective equipment (PPE) such as disposable gloves, aprons and antibacterial hand gels. This demonstrated staff were provided with appropriate protective equipment to minimise the risk of cross contamination.

We saw evidence that staff had been provided with infection control training as part of their induction. The registered manager said that staff were provided with regular training update to refresh their skills and knowledge. The staff we spoke with confirmed this. Those we spoke with showed a good understanding of infection control processes. For example, a staff member said, "We always wear gloves and aprons when providing personal care." Another staff member said, "When carrying out spot checks the supervisors always check to make sure we are wearing gloves and aprons." This demonstrated that staff followed good infection control practice to reduce the risk and spread of infection.

Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

Appropriate checks were undertaken before staff began work.

We looked at the recruitment files of five staff members. We found the agency had obtained the required information such as references and a recent photograph to confirm proof of identity. A full employment history and evidence of staff relevant qualification and disclosure and barring service (DBS) certificates had been obtained. This ensured people were looked after by staff who were of good character and had the appropriate qualification and skills to perform their duties.

People spoken with said that they felt staff understood their individual preferences and support needs and that staff communicated effectively with them. One person said, "New staff often asked to read the care plan when they arrived. Some seemed to know about me before they come." A second person said, "The care worker always asks if I need help with any particular task."

The registered manager said that, "Staff were not allowed to commence employment until they had completed a recruitment and selection process." We saw evidence that staff had been recruited following a recruitment and selection process, which complied with current employment legislation and in line with the Equalities, Diversity and Human Rights (EDHR) Act 2010. This meant that the agency had effective recruitment and selection processes in place.

Assessing and monitoring the quality of service provision

✓ Met this standard

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

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.

Reasons for our judgement

People who use the service, their representatives and staff were asked for their views about their care and treatment and they were acted on.

The registered manager told us that the agency regularly assessed and monitored the quality of the care provided to people. We saw records which evidenced that people were contacted regularly via the telephone to ensure they were satisfied with the care provided. We found where areas requiring attention had been identified an improvement plan had been put in place to address improvements and ensure that care was delivered safely and effectively.

We saw that annual surveys were sent to people to enable them to comment on the care provision. These had been analysed and it was identified that 88% of the people who used the service found that the care provided had improved the quality of their lives. 87% rated the overall satisfaction of care as very good or excellent. The registered manager told us that people had been made aware of the outcome of the survey.

The provider might find it useful to note that those people whom we spoke with that had been receiving care for more than a year said they had not heard anything from the outcome of the survey.

We found that the agency arranged forums with health care professionals such as dieticians on a regular basis. This provided people with the opportunity to discuss any dietary issues they may have face to face with a health care professional.

We spoke with staff who confirmed that regular spot checks were carried out by senior staff to observe their practice and to make sure they provided appropriate care to people as outlined in the care plan. Staff said regular staff meetings were held and they felt able to contribute and make suggestions to influence change in the service delivery. All the staff we spoke with said that they felt well led and supported by the registered manager.

We saw complaints made by people who used the service and their relatives were investigated and used to improve the service provided. The provider might find it useful to

note that the outcome of complaints investigated did not always clearly record the actions that were taken to resolve the issues.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social 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 essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - 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.

Moderate impact - 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.

Major impact - 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

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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