

Westminster Homecare Limited

# Westminster Homecare Limited (Chelmsford)

## Inspection report

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Date of inspection visit:

17 July 2019

18 July 2019

19 July 2019

Date of publication:

20 August 2019

## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Westminster Homecare Limited (Chelmsford) is a domiciliary care agency that was providing personal care to 114 people living in their own home 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 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.

There were systems for assessing and managing risk to help make sure all were kept safe from foreseeable risks. People received safe care and staff understood safeguarding procedures. Recruitment practices were safe, and there was enough staff, which meant people received the calls they needed.

There were systems in place to make sure people received their medicines safely. The service analysed accidents and incidents to prevent reoccurrence and keep people safe from harm.

We have made a recommendation about improving guidance for people with variable mobility needs.

Staff had the right skills and experience to meet people's needs. A comprehensive induction and training programme was completed by all staff. Assessments were carried out to ensure people's needs could be met. Staff understood people's likes, dislikes and preferences and people told us they were offered choices about their care.

The provider ensured there was effective oversight and governance of the service and any concerns in relation to the quality of support were identified and acted upon promptly.

### Rating at last inspection

The last rating for this service was requires improvement (published 05 July 2018)

### Why we inspected

The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

### Enforcement

Since the last inspection we recognised that the provider had failed, without reasonable excuse, to comply

with a condition of their registration namely a registered manager condition (Section 33 Health and Social Care Act 2008). This was a breach of regulation and we issued a fixed penalty notice. The provider accepted a fixed penalty and paid this in full.

#### 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?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

# Westminster Homecare Limited (Chelmsford)

## **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

The inspection was completed by two inspectors and two Expert by Experiences. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### 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.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. 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 21 people who used the service and nine relatives about their experience of the care provided. We spoke with four members of staff and the registered manager. We reviewed a range of records. This included eight people's care records and medication records. We looked at two staff files in relation to recruitment and staff supervision and a variety of records relating to the management of the service.

After the inspection –

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

# 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 requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There were processes in place to ensure people were protected from the risk of abuse and staff were aware of safeguarding procedures. One staff member told us, "I would raise anything with the manager, or I would go higher, either to the operations team or CQC. We are told about this in training and it is in the staff handbook."
- People told us they felt safe with the staff that supported them. One person said, "I definitely feel safe. My carer keeps an eye on everything especially on my tablets as they do change them sometimes. With my illnesses it means my memory is not very good. My carer takes great care to check through any changes and she is always checking with me that I have ordered everything. She is excellent. I couldn't ask for any better."

Assessing risk, safety monitoring and management

- Guidance in relation to risk had improved since our last inspection, more detail was included in relation to special equipment to support people, such as a hoist, there was guidance for staff about which slings to use and how to attach them safely. However, we found where people's abilities to move fluctuated, there was a lack of guidance for staff regarding what people's 'good' and 'bad' days looked like.

We recommend the provider review their current system and processes for assessing and recording people's moving and positioning needs and abilities to ensure staff have access to sufficient guidance to support people safely.

- The risks to people and their home environment had been assessed and guidance was available to staff on how to support people safely. Any changes to people's needs was shared with staff and people's care records were updated.
- Risks to people's skin had been identified to minimise the risk of pressure ulcers. Body maps were kept with people's care records which showed staff where creams should be applied to prevent skin breakdown.

Staffing and recruitment

- There were enough staff available to meet the needs of people who used the service. Office staff were trained as carers so could provide additional cover if required. This meant the service did not have to use agency staff. A staff member said, "We are not overworked or pestered to do more. They have a nice number of staff now."
- People were provided with a weekly copy of the rota so knew the names of staff who would be visiting them. Most care staff told us they had regular rounds which meant they got to know people well and people benefitted from continuity of care. Travel time was built into the rota, so staff had enough time to spend with people. One person said, "I have a regular carer most of the time which suits me as she is very nice, and

she is usually on time and lets me know if she is going to be a bit late. When she is off they do try and send people I know."

- Robust recruitment processes were in place. All relevant checks had been completed including taking up references, exploring any gaps in employment and carrying out disclosure and barring checks (DBS) to make sure staff were suitable to work with vulnerable adults.

#### Using medicines safely

- Only staff who had been trained and assessed as competent administered people's medicines. People had medicine administration records (MAR) which staff signed to show they had given people their medicines. One person told us, "They are very good with my tablets and give them to me straight away. There has never been a problem." Another person said, "They only get involved in a prescribed cream and they put that on for me and as far as I know they write it all down."
- One person liked their medicines in a particular place on their table, a map of the table and where the medicines should go was included with care notes, so all staff were aware.
- MAR sheets were audited monthly by the management team. These had been effective at picking up errors which were then investigated, and appropriate action taken, for example, supervision with staff.

#### Preventing and controlling infection

- All staff received training in infection control and were provided with appropriate protective clothing to prevent the spread of infection. One person said, "They all look smart in their uniform and have a badge. They are always gloved and wear an apron. I think she takes them off and rolls them up to dispose of them. They are certainly not re-useable."

#### Learning lessons when things go wrong

- Accidents and incidents were recorded so any patterns or trends could be identified, and action taken to reduce the risk of reoccurrence.
- If staff noticed injuries or skin tears these were recorded on body maps and reported to the office who made a referral to the appropriate health professional for advice and treatment.



# 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 now 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

- People had an assessment of their physical and mental health, social and cultural needs before using the service. This ensured staff had enough information to meet people's needs and preferences.
- People were given the option to complete an equality and diversity monitoring form to disclose their protected characteristics under the Equalities Act 2010, such as age, disability, gender, religion and ethnicity.

Staff support: induction, training, skills and experience

- New staff received a comprehensive classroom-based induction based on the care certificate which represents best practice when inducting staff into the care sector. Ongoing support and oversight of new staff was in place. New staff completed shadow shifts where they worked alongside senior staff to learn about the job role. Progress checks were made via telephone to check how new staff were doing. Following on from this staff received a six week and 12-week supervision. This provided new staff with the opportunity to discuss their well-being and identify any learning needs.
- Ongoing training was provided to staff which was regularly updated so staff knowledge remained current. The training was of a good quality, delivered face to face and provided in-house. Specialist training was organised to meet the specific needs of people who used the service, for example, stoma care. One person told us, "I think my carer is very skilled. She is extremely good and knows what to do. I also know for example she has first aid skills and they do sometimes send out new people with her, so they can learn how to do things."
- Staff performance and competence was monitored through observations, spot checks, staff supervisions and annual appraisals. These support mechanisms were used to provide staff with ongoing support and identify any practice issues or learning needs. The service used a computerised system which monitored when staff training or supervisions/spot checks were due. This ensured consistent oversight of staff performance and learning.
- Staff told us they felt very well supported by the management team. They told us when they phoned the office for help there was always someone to talk to. An out of hours on call system was in place so staff could ring a senior at any time if they needed additional support or guidance. A staff member told us, "We have supervision and we can talk about what is bothering us, they will put things in action." A staff member who had just returned to work at the service said, "Staff morale is a lot better than before."

Supporting people to eat and drink enough to maintain a balanced diet

- Where it was part of an assessed need staff supported people with eating and drinking. People's food and

drink preferences were recorded and understood by staff. One person said, "[Staff member] helps me with some meals, I choose what I want, and she helps with my breakfast and leaves me with some food and drink for later."

- Staff were trained in food hygiene and wore appropriate protective clothing to prevent contamination.
- Food and fluid charts were kept for people if there was an identified health monitoring need.

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

- People's health conditions were recorded as part of their initial assessment. Care plans included guidance for staff on how to support people to stay healthy.
- Records showed staff were vigilant in picking up on any health concerns and ensuring people received prompt treatment and advice. If staff noticed people becoming unwell this was immediately reported to the office team who made referrals to the relevant health professional. One person told us, "Some time ago I had a seizure and I was tended to by one of the carers and she made sure I was checked over. I do feel that they have the right knowledge to support me."
- The service worked with a range of professionals such as district nurses and occupational therapists to support people to maintain their health and wellbeing.

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.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

- The principles of the MCA legislation was interwoven throughout people's care plans reminding staff of good practice. For example, one person's care plan stated. "Please support with dressing in clothes of my choice, I can vocally tell carers if I don't want to wear something they have selected."
- Staff had received training in the MCA and understood the importance of asking for people's permission before providing care and support.
- Barriers to people's ability to communicate had been identified to ensure staff could assist people to be involved in decision making and communicate their choices. For example, one person's care plan instructed staff, "Please ensure I have my teeth in prior to care beginning so I can express myself fully."

# 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

- The service had systems in place to ensure people were treated in a compassionate manner and equality and diversity was respected. People told us staff were kind and caring. One person told us, "I have nothing but praise for every carer who comes through my front door they treat me as if I am the only person they have to look after." Another person said, "I think my carers do care about me, if not they hide it well." A relative said, "My [family member] needs quite a lot of emotional support and the carer who comes on a regular basis is amazing, she is so friendly but certainly maintains a fully professional working relationship."
- Care plans included people's cultural, religious and gender preference of carer. Where people preferred to have a specific gender, this had been facilitated where possible. This showed staff treated and supported people without discrimination, and in a caring and kind manner. One person told us, "I don't have male carers now, they have respected that since I complained as they were sending male carers before."
- Staff spoke fondly of people they supported and knew their needs and preferred routines well. One staff member said, "One person has a particular routine, they told us what they wanted and how they like it. I follow their routine."
- Staff received equality and diversity training to ensure the needs of people were met. This specific training enabled each member of staff to have a greater understanding of any sensitivity surrounding each person.

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

- People were consulted and involved in their care and support. One person told us, "Someone came from the office and went through everything with the two of us and filled in the care plan in great detail."
- Care plans were used to record people's preferences and how their care and support should be delivered. As people's needs changed, care plans were reviewed and updated. There was good communication; the provider contacted staff when there were any significant changes to a person's care to make sure they were up to date with the latest information. A staff member said, "Communication is pretty good, and the office will answer the phone it is so much better now."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were respected, and their independence promoted. One person said, "They always keep me warm and covered and close the curtains when they help me wash and give me privacy when I use the commode. They never talk about anybody else they see- they may say 'I've got a long journey to the next one' but there are no details. I love my carers- they talk about their families and I talk about mine. We are like friends and they will ask, 'did you have a nice time with your son'."
- A relative said, "My [family members] condition can vary day to day and the carers really understand [family

member] and where possible they are encouraged to do what they can do for themselves while they are able. I really like that, and I know it makes them feel better."

# 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 remained the same. This meant people's needs were met through good organisation and delivery.

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

- Care plans provided staff with guidance about what support people needed and how they preferred their care to be delivered. There was a good level of detail in relation to people's hobbies, interests, likes, dislikes and social aspirations.
- When people's needs changed, this was identified by the staff and changes made to the support as a result to ensure positive outcomes for people. One person said, "I have a review twice a year- it's quite useful but I hope all the information gets back to the office. They do send me a copy of the new plan and the carers always write in the blue folder."

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.

- The service was complying with the Accessible Information Standards (AIS) and was able to provide information about the service in a range of formats such as large print and easy read.
- People's communication needs were known and understood by staff. The registered manager told us of one person where flash cards were produced in their native language to support staff to communicate with them effectively. Another person was supported by staff who also spoke their native language.

Improving care quality in response to complaints or concerns

- The provider had a system to log, respond, follow up and close complaints.
- Records of complaints were maintained, and these showed action was taken when a complaint was received. One person told us, "I have never complained as such, but I have had discussions with the manager about having consistent carers for my wife, and it has now been sorted and I am pleased."

End of life care and support

- People's care plans included their wishes for the care they would like to receive at the end of their life, and an end of life care plan was developed for people identified as end of life.
- No people using the service were receiving end of life care at the time of our inspection.

# 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 now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- During our previous inspection on 17 April 2018 we found that the service did not have a registered manager. A registered manager is now in place.
- The operations manager was registered as the manager and continued to be very involved in the running of the service. They continued to mentor the branch manager who will eventually register as the manager when the operations support manager returns to their role.
- Staff were clear about their roles. They received information on induction and throughout training about what was expected from them.
- A robust quality assurance system was in place that covered all aspects of the service. These included; oversight of visits, staff training and supervisions, health and safety reports, safeguarding, service user files and medicine records. An internal audit improvement was still in place and being monitored by the provider.
- The findings of audits were analysed to identify any patterns or areas where improvements may be required.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager placed a high value on providing good quality care. Staff knew people well and delivered person centred care and support. A staff member told us, "I like to think people are getting a good service. I've not come across carers that haven't provided a good service. I am proud to wear the uniform."
- Regular spot checks were carried out by the management team to ensure staff were providing good quality care.
- People and their representatives felt the service was managed well. One person told us, "I do know who the manager is, and she is very nice and if I need to talk to her I usually can." Another person said, "I find it a very satisfactory organisation. They do everything I require."
- The provider used satisfaction surveys to gain the views of people and their representatives about the care and support offered by the service. The last survey was completed in 2018 and did note people were not always happy with the communication from the office. When we spoke with people we were still receiving mixed feedback in relation to this, particularly about the office answering their calls or phoning people back. An action plan had been generated and shared with relevant staff. The registered manager told us they had seen significant improvements recently as the branch manager was contacting people personally to resolve

any issues with communication. A social care professional said, "I have found [branch manager] responsive and this remedied the frustrations encountered initially from office staff."

- Staff told us they felt supported by the registered manager, the branch manager and other members of the management team. One said, "It is a lot better than it was, lot better since [branch manager] took over."

Another staff member said, "Yes I am definitely happy working for the service. If we have a problem the door is open."

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

- Duty of Candour is a requirement of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received. We found the provider was working in accordance with this regulation within their practice.

- The registered manager understood their responsibilities and had notified CQC about all incidents, safeguarding concerns and events that were required.

- Team meetings were held regularly. These were organised to cover the geographical areas different staff worked in meaning specific issues to these teams could be discussed. Minutes viewed showed staff were able to raise issues and their views were sought.

Working in partnership with others; Continuous learning and improving care

- The service worked well and in collaboration with all relevant agencies, including health and social care professionals. This helped to ensure there was joined-up care provision.

- The service was also working with the council's quality improvement team and had signed up to 'Prosper' which is an initiative aimed at improving the safety and quality of care. This meant staff had attended additional training in various subjects, so they could provide support to other staff. For example, the service now had a dementia champion, an end of life champion and a dignity champion.