

Westminster Homecare Limited

Westminster Homecare Limited (Leicester)

Inspection report

289 Uppingham Road
Leicester
Leicestershire
LE5 4DG

Tel: 01162769056
Website: www.whc.uk.com

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25 February 2019

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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 (Leicester) is a domiciliary care agency providing personal care to people living in their own homes in the Leicester city and Leicestershire area. At the time of the inspection 340 people were receiving personal care.

People's experience of using this service:

- People continued to be cared for safely and with compassion.
- Staff were friendly, caring and passionate about their work; they treated people with respect and maintained their dignity.
- The service had a positive ethos and an open culture. The registered manager was approachable, understood the needs of people, and listened to staff.
- People had detailed personalised plans of care in place to enable staff to provide consistent care and support in line with people's personal preferences.
- Staff knew their responsibilities as defined by the Mental Capacity Act 2005 (MCA 2005). The provider was aware of how to make referrals if people lacked capacity to consent to aspects of their care and support and were being deprived of their liberty.
- People were protected from the risk of harm and received their prescribed medicines safely.
- Staff were appropriately recruited and there were enough staff to provide care and support to people to meet their needs.
- Staff had access to the support, supervision and training they required to work effectively in their roles.
- Information was provided to people in an accessible format to enable them to make decisions about their care and support.
- People knew how to raise a concern or make a complaint and the provider had implemented effective systems to manage any complaints received.
- There were effective systems in place to monitor the quality of the service and drive improvements.
- The service met the characteristics for a rating of "good" in all the key questions we inspected. Therefore, our overall rating for the service after this inspection was "good".

More information is in the full report.

Rating at last inspection: Good (report published 16 August 2016)

Why we inspected: This was a planned inspection based on the rating at the last inspection.

Follow up: We will continue to monitor the service through the information we receive until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

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

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 (Leicester)

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by two inspectors, an assistant inspector and two experts by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. In this instance their areas of expertise were caring and supporting older family members and accessing services.

Service and service type:

Westminster Homecare Limited (Leicester) is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to younger and older adults.

Not everyone using the service receives regulated activity; the Care Quality Commission (CQC) only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

Notice of inspection:

We gave the service 48 hours' notice of the inspection visit because we needed to ensure there was someone available to facilitate the inspection. We wrote to 60 people who used the service which we had randomly selected to inform them of the inspection and our intention to contact them for their feedback about their experience of the service.

Inspection site visit activity started on 21 February 2019 and ended on 25 February 2019. We visited the office location on 21 February 2019 to see the registered manager and office staff; and to review care records and policies and procedures. We made telephone calls to people, their families and staff on 21, 22 and 25 February 2019.

What we did:

We reviewed the information we had about the service which included any notifications that had been sent to us. A notification is information about important events which the provider is required to send us by law.

We contacted the health and social care commissioners who monitor the care and support the people receive.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider returned the PIR and we took this into account when we made judgements in this report.

During the inspection, we spoke with 31 people who used the service and five relatives. We also had discussions with 22 members of staff that included 14 care staff, a care co-ordinator, a fieldwork supervisor, an auditor, a risk assessor, a recruitment co-ordinator, a training officer, the registered manager and the provider.

We looked at the care records of three people, we undertook a tour of the office premises and observed information on display around the service such as information about safeguarding, training and how to make a complaint. We also examined records in relation to the management of the service such as staff recruitment files, quality assurance checks, staff training and supervision records, safeguarding information and accidents and incident information.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People continued to be cared for safely. People told us they were happy with the staff that came to support them. One person said, "I feel very safe and am happy with all the staff." Another person said, "I have the same staff and always know who is coming, it's good."
- Staff told us they were confident in the training they received about safeguarding and that there was a designated telephone number to report any concerns; they would also report concerns to the registered manager.
- The registered manager fully understood their responsibilities to keep people safe and we saw that they had raised concerns appropriately with the local authority and notified the Care Quality Commission as required.

Assessing risk, safety monitoring and management

- People's risk had been assessed and risk management plans provided staff with the information they needed to manage the identified risk. For example, a risk management plan for someone at risk of falling had clear instructions about the number of staff required to support the person and what equipment must be used.
- Staff said the information was clear and helped them to provide care safely. People confirmed that if they required two staff they always had two staff.
- Fire and health and safety checks were carried out prior to people receiving care. This ensured people and staff were safe in the home environment.

Staffing and recruitment

- People were safeguarded against the risk of being cared for by unsuitable staff because there were appropriate recruitment practices in place, which were consistently followed.
- Staff had been checked for any criminal convictions and satisfactory employment references had been obtained before they started to work at the agency.
- People told us there was sufficient staff to meet their needs and that they knew the staff who supported them. One person said, "They send a rota to me and I know who is calling."
- People spoke highly about the timekeeping of the calls and that they were usually informed if staff were running late. One person said, "The timekeeping of the call is usually good; when I needed to change a time as I had a hospital appointment, they did this for me."

Using medicines safely

- Medicines were managed safely. A relative told us, "The visit is classed as 'time critical' as [person] is

diabetic and it works really well, like clockwork."

- Staff had received training and their competencies were tested regularly.
- Audits of medicine administration were undertaken monthly which ensured any shortfalls were addressed; the office based staff liaised closely to ensure that all visits scheduled took account of any time specific medicines.

Preventing and controlling infection

- People were protected by the prevention and control of infection.
- Staff had the appropriate personal protective equipment to prevent the spread of infection. For example, staff wore disposable gloves and aprons when providing support with personal care.
- Staff training in infection control was regularly refreshed and there was a policy and procedure in place which staff could access.

Learning lessons when things go wrong

- Accidents and Incidents were monitored and action taken to address any identified concerns.
- Any lessons learnt from incidents were discussed with staff at staff meetings and information was sent to staff. Action plans were put in place to ensure similar incidents did not happen again. For example, the registered manager was looking to implement an electronic monitoring system for the administration of medicines following the level of errors in recording which had been picked up through monthly audits.

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

Good: 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's needs were fully assessed before any care was agreed and delivered. This ensured that there was sufficiently trained staff to provide the care and support required.
- People discussed their needs and preferences with the registered manager or one of the care coordinators who then liaised with other health and social care professionals to ensure they had a full understanding of people's needs.
- People and their families were involved in developing their care plan. The plans we saw recorded people's preferences, their likes and dislikes, communication needs and their cultural background. One person said, "The times and care they do was all agreed with me... I'm very happy with them. Someone from the office will also call to check up on it and see how it is going."

Staff support: induction, training, skills and experience

- People continued to receive effective care from staff that had the knowledge and skills to carry out their roles and responsibilities.
- People told us that staff were well trained. One person said, "I think the staff are correctly trained... they are very careful and watchful." A relative said, "The staff know when [person] is a bit down, they know how to cheer them up."
- Staff training was based on current legislation and best practice, which ensured staff provided safe care and treatment to people. This included safeguarding training, infection control, dignity and respect, mental capacity and moving and handling.
- Staff were happy with the training and support they received. One said, "The training is the best I have ever had." Another said, "The training is very good. I have completed 'Passport training', this was delivered by nurses who tested your competency before you can administer ear or eye drops."
- The trainer told us that the training is delivered in a way which makes the staff think about what it is like to receive care. For example, if staff arrive late to training sessions the trainer acts as if they are the person in bed, wet and hungry waiting for them to arrive.
- New staff undertook a thorough induction which included classroom based training and shadowing more experienced staff. Staff to care were enrolled to complete the Care Certificate.
- Staff were supported through regular supervisions and 'spot check' visits to observe their practice. Appraisals were undertaken with those staff who had worked for more than a year.

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

- Information was recorded in care plans as to what support people required in relation to eating and drinking. For example, we read in one person's care plan staff were instructed to make sure the person used a 'sipping mug' to help them remain independent, but mitigated any risk of choking due to their difficulties

in swallowing.

- People were happy with the support they received in relation to eating and drinking. One person said, "I am happy with the food the staff prepare for me and they always make sure I have access to fluids."

Staff working with other agencies to provide consistent, effective, timely care;

Supporting people to live healthier lives, access healthcare services and support

- People told us that staff supported them to access other health and social care professionals such as a GP, District Nurse and social worker. One person said, "When I was feeling down, the staff contacted my GP and social worker to get help for me." Another said, "They [staff] alert me if I need the doctor and one of the staff called the GP for me."

- Information in care records confirmed the service liaised with other professionals when required to ensure people had access to the right support and help.

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 with appropriate legal authority. We checked whether the service was working within the principles of the MCA.

- The registered manager was aware of their responsibilities in relation to the MCA and we saw when people had been deemed to lack the capacity to make decisions best interest decisions been made and any restrictions in their care were appropriately recorded.

- People's consent had been sought prior to any care being delivered and we saw people had completed consent forms.

- People told us that staff sought their consent before they delivered any care. One person said, "The staff explain everything before they do it so I know exactly what is happening."

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

Good: 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 continued to be well cared for. The feedback we received from people was positive about the care they received. Comments included, 'The staff are caring people.' 'The staff have a very caring attitude and really understand [person] and their ways.'
- People were supported by a regular set of staff which ensured consistent care. One person said, "They [staff] are good, I've had no problems... I've had them a long time, if they are running late they let me know but it's very rare and if they are held up, the office phone me. It's been going for a good few years."
- People whose language was not English received support from staff who shared the same language.
- Staff told us consideration was given to whether they were best suited to support people taking into account people's cultural backgrounds.
- Care plans detailed people's preferences as to how they liked their care to be delivered and included whether people preferred a female or male carer, how they wished the staff to communicate with them and the level of social interaction they preferred.

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

- People were listened to and supported to express their views and opinions. One person said, "They [staff] respect my choices... I choose my clothes and like to do as much for myself as possible."
- People and relatives told us they had been involved in developing care plans and these were reviewed with them. One relative said, "We initially had half an hour in the morning but we needed more time, this was listened to and we now have 45 minutes which is better."
- The registered manager was aware of the need for people's voices to be heard so ensured people had access to an advocate if they needed to have someone to help them speak up about their care.

Respecting and promoting people's privacy, dignity and independence

- People's privacy was respected and their dignity maintained. One person said, "The staff are very polite and respectful."
- Staff described to us how they maintained people's dignity. One said, "I cover people up when I hoist them and make sure curtains are closed and doors shut." As part of staff training they experienced what it was like to be hoisted and cared for which gave staff the insight to how vulnerable people can feel.
- Care records were kept securely and confidentiality maintained.

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People had individualised care plans, which detailed the care and support people wanted and needed; this ensured that staff had the information they needed to provide consistent support for people.
- People told us they had got to know their care staff and felt they knew them and understood their needs. One person said, "We have a good understanding and it works well."
- People's communication needs and religious backgrounds were known which ensured that people received the care and support from staff who could best meet those needs. For example, A staff member who could speak Gujarati was matched with a person whose first language was Gujarati.
- The registered manager understood the requirement to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard (AIS).
- The AIS is a framework put in place from August 2016. It makes it a legal requirement for all providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand information they are given. Information was made available to people in the format that met their needs.

Improving care quality in response to complaints or concerns

- People knew who to speak with if they were unhappy and wished to make a complaint.
- People and staff were confident that if they did have a complaint that they would be listened to and the issue addressed. One person said, "I was not happy with one of the care staff, I spoke to someone, there was no fuss and I don't have that person now."
- There was a complaints procedure in place which was also made accessible to meet people's individual communication needs.
- Any complaints that had been raised in the last 12 months had been investigated and responded to in line with the procedure. The registered manager told us that issues were dealt with as quickly as possible.

End of life care and support

- There was no end of life care being delivered at the time of the inspection.
- We saw that there were policies and procedures in place in relation to death and dying and pain management. There was information available for staff in relation to caring for people with different cultural backgrounds and religious beliefs at the end of their life.
- Staff had access to End of Life training.

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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- People's feedback and conversations with staff confirmed that Westminster Homecare continued to provide care which was person-centred.
- Staff told us that the registered manager knew the people and understood their needs and listened to them if they felt people's needs had changed. For example, one member of staff had raised a concern about the length of time a call was, they told us that having spoken about it the time had been increased for that person.
- There was an effective on-call system in place which ensured that there was always someone for staff to contact if they had any concerns. One member of staff said, "There is always someone there if you need help."
- Staff training was focussed on how people experienced care, the insight this gave to staff came across in the way they spoke about their role and working for the service. One said, "I love my work, it's very good."
- The registered manager was aware of, and they and the provider had systems in place to ensure compliance with duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.
- Staff knew about how to whistle-blow and knew how to raise concerns with the local authority and the Care Quality Commission (CQC) if they felt they were not being listened to or their concerns acted upon.

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

- Staff were clear about their roles and responsibilities towards the people they supported and felt listened to. They had regular supervisions and 'spot checks' of their work were undertaken which ensured they provided the care and support at the standards required.
- Staff meeting minutes confirmed that staff could raise concerns and make suggestions as to how the service could be improved.
- There were effective systems in place to monitor the quality and standard of the service. The provider had established audits in place relating to the running of the service. These included care records, staff training and medicine administration.
- The registered manager had notified CQC about events they were required to by law and we saw that the provider had displayed the last inspection rating on their website as required.

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

characteristics

- People's feedback about the service was captured through regular contact with people and questionnaires sent out. The overall feedback was positive and any negative feedback was addressed. For example, when one person raised a concern about the timing of their visit the registered manager ensured this was considered and sorted out with the person.
- People's and staff diversity was celebrated. We saw that different religious and cultural festivals were celebrated with both people using the service and staff. For example, an Eid celebration event had taken place following the fasting period.
- Fundraising events were also undertaken which gave an opportunity for people and staff to meet, for example each year the service organised a Macmillan coffee morning.

Continuous learning and improving care

- The provider ensured that the registered manager was kept up to date with changes in legislation. Training programmes for all staff were continuously reviewed and revised to ensure that up to date guidance and legislation was shared with everyone.

Working in partnership with others

- The provider and registered manager worked closely with the local authority commissioners to ensure that the service developed to meet the needs of the people in the area.
- Good relationships had been developed with local health and social care professionals such as social workers, District Nurses and Occupational Therapists.