

Westminster Homecare Limited

Westminster Homecare Limited (Chelmsford)

Inspection report

1a Cooper Drive
Springwood Industrial Estate
Braintree
CM7 2RF

Tel: 01376440523
Website: www.whc.uk.com

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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?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Westminster Homecare Limited (Chelmsford) is a domiciliary care agency providing personal care to 117 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

Some improvements were required to how concerns raised by staff were managed and how staff were supported by the management team.

There was a governance system in place to monitor the quality of the service, however some notifications had not been submitted to CQC as required in relation to safeguarding. The registered manager was open and honest. The service worked closely with other agencies and healthcare professionals. Plans were in place to upgrade to electronic systems to improve the oversight and care provided by the service

Staff had received an induction and training suitable to their needs. People's needs had been assessed to ensure the service could provide the care they required. People's preferences, likes and dislikes had been recorded and staff knew people well.

We have made a recommendation about improving staff support through more regular spot checks and supervisions.

People told us they were safe and were cared for by staff who understood safeguarding procedures. People's risks had been assessed and managed to make sure they were kept safe. Staff were recruited safely and there were enough staff, which meant people received the calls they needed. People received their medicines safely and there were processes in place to report and monitor accidents and incidents to prevent reoccurrence.

People were treated with kindness and respect and staff knew people well. People said staff provided care in a dignified way and they felt comfortable with them. People were able to express their views and staff adapted the way they provided care to meet their needs.

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.

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

Rating at last inspection

The last rating for the service under the previous provider was good, published on 20 August 2019.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe finding below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was well-led.

Details are in our well-Led findings below.

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was completed by three inspectors 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.

Service and service type

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

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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. At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave short notice of this inspection. This was because we needed to be sure the registered manager

would be in the service to support the inspection.

Inspection activity started on 8 June 2022 and ended on 17 June 2022. We visited the location's office on 8 June 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 12 people who used the service and five relatives about their experience of the care provided. We spoke with nine members of staff, the branch manager, the registered manager and two members of the senior management team. We reviewed a range of records. This included four people's care records and medication records. We looked at two staff files in relation to recruitment and 11 staff supervisions 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.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There were systems and processes in place to support staff to keep people safe. One staff member said, "I am aware of safeguarding. I can tell you what it means. I would ring up the office if I ever thought a person was at risk. I have never had to, but I do know how to if I needed to. I would only ever speak to someone I trust. I have a handbook which has the safeguarding policy in it. I read it often and know what is written in that policy."
- People told us they felt safe. One person said, "'I do feel safe with the carers. I'm definitely not afraid of them. It's somebody to back me up every day.'" Another said, "I feel very safe with my carers. They come in once a day to help me have a shower [if I want one] and they do it well. I try to be as independent as possible, so they help me and prevent me from falling. They never leave me alone in the shower until I'm finished, and they help me onto and from my shower chair."

Assessing risk, safety monitoring and management

- People's risks had been assessed and were monitored. Care plans contained risk assessments that identified people's needs for example, using specialist equipment such as hoists and how to use them safely.
- Where people were at risk of developing pressure areas on their skin, there was guidance in place for staff to support people safely. Staff completed body maps and records were kept showing when creams had been applied to prevent skin breaking down.
- There were risk assessments in place for people's home environments which were detailed and supported staff to keep people safe. When people's care plans and risk assessments were updated, the environment was also reviewed, and any changes communicated to staff.

Staffing and recruitment

- Staff were recruited safely. Checks such as references, visas and Disclosure and Barring Service checks had been completed. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There were enough staff to cover care calls however, like most services, the provider had struggled with recruitment of staff during the pandemic. The office staff were trained to provide care. This meant agency staff were not employed by the provider. One staff member said, "We seem to have enough staff, they are recruiting so that's positive." Another said, "We do need more carers. I would never do a double up shift on my own. I would wait for someone to come and help me. I would not put the service user or myself at risk."
- The provider had recently signed up to an overseas recruitment project and were in the process of inducting new staff. Overseas staff were being supported by the provider to settle in and had been given support with accommodation and driving lessons to ensure they felt safe on the roads.

- Staff and people using the service were positive about the care calls, however people told us they weren't informed if staff were going to be late. One person said, "I've never had a missed call and the carers are usually here on time. I'm very happy with them." Another said, "I have never had a missed call, but they are often late. I don't get told if they are going to be late." A staff member said, "I have a lot of time to spend with people. I won't rush for anyone. I will spend time at the weekends giving people a bath."
- People told us the same staff regularly looked after them which gave continuity of care but they didn't get a rota. One person said, "I don't get a rota, but I usually know who is coming to look after me. This week, it's the same person for 5 days." Another person said, "No, I don't need a rota. It's the same group of people who call here, it's usually 3 regulars."

Using medicines safely

- People received their medicines safely. One person said, "The carers help me with my tablets. They put them in a little glass for me and watch me take them. They've never given me the wrong tablets."
- Staff were trained and assessed as competent to administer people's medicines. One staff member said, "I have had my medicines training refreshed in March 2022. If someone refused their medicines, I would call the office and let them know and make a note of it on their care plan."

Preventing and controlling infection

- Staff had received training in infection control as part of their mandatory training. During the COVID-19 pandemic staff had received extra training which included the correct use and disposal of personal protective equipment [PPE] and COVID-19 testing. One person said, "The carers always arrive wearing a face mask and then put on gloves and an apron before they do anything for me."

Learning lessons when things go wrong

- Accidents and incidents had been reported and recorded. These were shared across the organisation to help reduce the risk of them happening again.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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's needs and choices had been assessed to ensure the service would be able to provide the right level of care. The assessment was comprehensive and covered their physical, emotional, mental health and social needs.
- Assessments were carried out with people using the service and their family/representative. Although people were not always able to tell us if they had been involved in the assessment, records showed they had been and any changes to their care had been discussed.

Staff support: induction, training, skills and experience

- Staff received an induction suitable for their role which was based on the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- New staff shadowed more experienced staff until they felt confident to carry out their role. Ongoing support was provided, and staff were able to request further support if they needed to. One staff member said, "I was really happy with the training. I did shadowing for three days. They asked me if I felt ready after the three days. They said if I wasn't ready I could do more."
- Staff were up to date with their training and felt they had the skills and knowledge for their role. Due to the pandemic, training had mostly been online via e-learning however, the in-house trainer was in the process of recommencing face to face training for all staff to attend. New staff joining the service had received some face to face training such as manual handling. One person said, "They [staff] are well trained and encourage [person] to be independent." A staff member said, "I got some extra training which I asked for and then felt great. It was easy to ask for, and they were very happy to give it. They asked what areas I was unsure in."
- Staff gave us a mixed response about the support they received. Most staff had received a recent telephone supervision and records showed spot checks had been completed, however, staff were not always sure if or when they had taken place. One staff member said, "I haven't had a supervision for a while, I know I am due one soon. I had a telephone support call last week, but they are not regular." Another staff member said, "Between every three and six months we go in for supervisions to discuss how it's going. They are good, we can talk about anything."
- The registered manager explained supervisions had been over the telephone and the service was in the process of completing spot checks and supervisions for all staff.

We recommend the provider ensures supervisions and spot checks are completed regularly to ensure staff are receiving the support they need.

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

- People were supported to eat and drink. People's preferences were recorded in their care plans and staff knew how to support people. One person said, "Staff prepare my breakfast, leave me with a cup of tea, some water and some orange juice. They make me a sandwich for my tea and leave me with a milkshake in case I get hungry before they arrive."
- Staff completed food and fluid charts when needed and care plans detailed where people needed to follow a special diet.

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

- The service worked with other healthcare agencies such as district nurses and the local hospice to ensure people were supported with their health care needs.
- People's healthcare needs were assessed and recorded in their care plans and included details to support staff to help people stay healthy. For example, where people experienced pain, an assessment had been completed and a plan created to help people manage their pain.
- Records showed staff recognised when people were unwell and needed healthcare support. Any concerns were reported to the office straight away and a referral made to the appropriate healthcare professional. Where one person was feeling unwell, the service had added extra calls so staff could provide support to the person. Staff had continued to assess the person and had contacted the GP with the person's consent.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- Staff had received training about the MCA and understood what this meant for people. One staff member said, "People can make any choice. If they don't have capacity, I would work with the family to make a best interests decision. I would still offer the person choice even if they didn't have capacity."
- People's care plans followed the principles of the MCA and contained information to support staff. For example, "Please give me a choice, I cannot always voice my request due to my difficulties with verbal communication."

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated with respect and kindness. One relative said, "They [staff] are very caring and make [person] laugh when they are here. They are very professional in a caring way with jokes and laughter. [Person] really likes them.'
- People's cultural and religious preferences were recorded and their choice of gender of care staff. Some people told us the service was not always able to provide the gender of staff member of their choice and they had found this difficult. We discussed this with the registered manager who explained people were always told before the care package was accepted there were male and female staff and they would try and meet the persons preferences but sometimes this would not be possible. A member of staff told us, "This can be difficult; I'm often told by people they won't have personal care from me. The most important thing is their dignity is kept. I will request another carer to support the person. I try to earn their trust and work with them."
- Staff spoke fondly about the people they cared for and knew them well. One staff member said, "I always have a smile when I get there or leave, that cheers people up. I sit down and have a little chat, find out about what they used do for a living and their families." Another said, "[Person] was very wary at first, I really had to earn their trust. I took time to build up the relationship and now we are really connected."

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

- People's care plans were person centred and contained information about how they wished to be cared for. All assessments had been completed with people, although the people we spoke with were unsure about how they were involved. People said, "I'm not sure if I have or not? I know that the carers will do anything I ask of them." And, "I know I'm happy with the care I get, but I can't remember what we discussed about my care?"
 - People's care plans were updated as their needs changed and staff were proactive in letting the office know about any changes. One staff member said, "If there are ever any changes the office immediately call us before we go out, so we know of the change. I always read through assessments and get to know people."
- Respecting and promoting people's privacy, dignity and independence
- People were treated with dignity and respect. One person said, "I might be old, but I still have my pride and the carers are very discreet when they help me have a shower." A staff member said, "I always keep the curtains closed and work with people as a team with things like getting dressed."
 - Staff supported people with their independence. One staff member said, "I promote people's independence by supporting them to help wash themselves where they can and choose their own clothes."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. 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

- People's care plans were individual, detailed and person centred and contained lots of information about their likes, dislikes, hobbies, and their personal history. One person had a favourite singer and loved listening to their music and talking about them.
- People and their relatives felt the service was responsive to their needs, One person said, "They [staff] support my independence, this is really important to me, I will always try to do things myself. Mostly they are responsive to my requests. They write their notes and reports while they are here." Another said, "They support [person] as is needed and can change and adapt to [persons] needs."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs had been assessed and recorded. One person's care plan clearly explained they had speech difficulties and staff should be patient and allow the person to explain what they needed in their own time.
- The service was able to provide people with information in different formats such as large print.

Improving care quality in response to complaints or concerns

- A system was in place to record and respond to complaints. We saw what action had been taken when people had raised a complaint. People were provided with the complaints policy when they began receiving care from the service. People we spoke with were mostly positive about raising a complaint. One person said, "'If I did have a problem, I would call the main office, they'd soon sort things out for me.' Another said, 'I've never needed to make a complaint, but I have the number of the office if I'm not happy with something.'"

End of life care and support

- People's end of life wishes had been recorded in their care plans. This included completing a detailed assessment which covered people's preferred place of care and their goals, for example, their pain being controlled.
- The service provided people with details of local services including bereavement support for friends and family.

- Staff had received training in end of life care. One staff member said, "I've had training, I know to keep people comfortable and pain free and to work with the family and district nurses."

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- We received mixed views about the management of the service. Whilst many staff were positive about the management in the service, others felt concerns they raised were not always dealt with effectively. One staff member said, "I feel 100% supported by my line manager. I feel I could go to them with any concerns. They keep me informed with anything I need to know about." Another staff member said, "I do sometimes wonder about making complaints, but it doesn't get escalated, so I do wonder whether it's actually worth saying something or not."
- As recorded in the effective key question of this report, supervisions and spot checks had not been completed as often as they were prior to the COVID-19 pandemic. The management team had recently completed telephone supervisions with staff as recorded in their internal action plan to address this issue.
- We discussed the concerns some staff had raised with the registered manager who was open and transparent and explained how they were working with staff and gave us assurances the provider was investigating all the concerns that had been raised in line with their company policy.
- The registered manager understood what good quality care looked like and was passionate about people receiving the care they needed. They had focused on staff during the pandemic and had managed to retain the staff team as they knew this was important people had regular care staff.
- The management team were proud of the staff and how hard they had worked during the pandemic. "Staff have been superb and have done a really good job. Everyone has supported each other really well and its highlighted some real stars along the way."
- People were positive about the care they received. One person said, "It [Westminster Care Limited] is well managed in my opinion. They respond to me when I call, and they are pleasant people to deal with." Another person said, "They are good in all areas of [persons] care. I feel a weight has gone from my shoulders. I did have a questionnaire come about [persons] care the other week."
- Satisfaction surveys were sent to people to understand their views about the service. The last survey had been sent out in 2021. A letter was sent out to everyone using the service in May 2022 detailing the results and providing people with information where there had been a negative response.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on duty of candour which is their legal

responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibilities to report on safeguarding and notify CQC about incidents however, some safeguarding notifications had not been submitted and there had been a delay responding to a local authority safeguarding investigation. This had been recorded on the services quality assurance report and action plan. We discussed this with the registered manager who responded immediately to rectify this.
- The registered manager had expanded their role to become a regional director and was in the process of training the branch manager to take on the role of registered manager. The branch manager was an experienced carer and was slowly taking on more responsibility at the service.
- Staff were clear about their roles and knew what was expected of them. One staff member said, "I feel really confident in my role."
- Quality assurance systems such as audits were in place to ensure there was good oversight of the service. This included missed and late calls, staff training and supervision, medicines records and care files. There were monthly manager reports and an internal action plan in place which were reviewed and monitored by the provider.

Continuous learning and improving care

- The registered manager had already recognised some of the shortfalls we identified at the inspection and was taking the appropriate action.
- The provider was in the process of upgrading their systems to an electronic system. Once the system is fully installed, records will be more accessible to staff and people using the service. The management team were very positive about the changes and were looking forward to using the system to drive further improvements at the service.

Working in partnership with others

- The service worked in partnership with other organisations and healthcare professionals including the local authority and community matrons. The registered manager was really proud of the collaborative work from the staff and healthcare professionals with one person who was now walking again having lost their mobility.