Westminster Homecare Limited

Westminster Homecare Limited (North London/Herts)

Inspection report

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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?	Requires improvement
Is the service well-led?	Good

Overall summary

Westminster Homecare Limited is a domiciliary care agency providing a range of services including personal care for people in their own homes. People were either funded by their local authority or were paying for their care. This inspection took place on 21 September 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available. There had been a previous inspection of the service on 10 June 2014, where the Regulations we inspected were met.

At the time of our inspection Westminster Homecare Limited was providing care for 269 people, of which 77 were funding their own care and 192 were funded by five local authorities.

Summary of findings

There was a registered manager in post. 'A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Feedback from people using the service, relatives and care workers was mostly positive, although some people said that care workers were sometimes late, and some said that they had different carers which made it harder to get to know them. However, all of them said that the care workers were good at their jobs and all followed the same procedures. Comments from people included: "I feel safe with them. They are nice girls", "I would say 95% of the time, they are on time", "they are caring and kind people". Relatives' comments included: "sometimes they are late for some reason", "they never go and leave what needs to be done undone", "these people are brilliant. They are very kind". Care workers told us that they felt supported by their manager. Some of their comments included: "I feel supported by my manager 100%", "the management team is always available" and "My induction was very good".

There were procedures for safeguarding adults and the care workers were aware of these. The risks to people's wellbeing and safety had been assessed. Care workers knew how to respond to any medical emergencies or significant changes in a person's wellbeing.

There were systems in place to ensure that people received their medicines safely, although it was identified that for one person, lateness of care staff had a knock on effect on them receiving their medication on time. This had been identified and was being addressed by the manager at the time of the inspection.

The service employed enough staff to meet people's needs safely and had contingency plans in place in the event of staff absence. Recruitment checks were in place to obtain information about new staff before they supported people unsupervised.

The service had policies and procedures in place to assess people's capacity to make decisions about their care and support. The provider and registered manager were aware of their responsibilities in line with the requirements of the Mental Capacity Act (MCA) 2005.

People's needs were assessed prior to receiving a service and support plans were developed from the assessment. The registered manager was working with the local authority to improve the support plans and make them more person-centred and detailed.

People's health and nutritional needs had been assessed, recorded and were being monitored. These informed care workers about how to support the person safely and in a dignified way. Care workers received an induction and shadowing period before delivering care to people. They received the training and support they needed to care for people.

There was an appropriate complaints procedure which the provider followed. People felt confident that if they raised a complaint, they would be listened to and their concerns addressed.

There were systems in place to monitor and assess the quality and effectiveness of the service. These were used to make ongoing improvements.

Summary of findings

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.

There were procedures for safeguarding adults and the staff were aware of these.

The risks to people's safety and wellbeing were assessed and regularly reviewed.

People were given the support they needed with medicines and there were regular audits by the manager.

The service employed enough staff and contingency plans were in place in case of staff absence. Recruitment checks were in place to obtain information about new staff before they supported people unsupervised.

Good

Is the service effective?
The service was effective.

Staff received the training and support they needed to care for people.

People had consented to their care and support. The service had policies and procedures in place to assess people's capacity, in line with the Mental Capacity Act (2005).

People were supported to make choices about the food they wished to eat and staff respected those choices. Staff all received food hygiene training and regular refreshers.

Good

Is the service caring?
The service was caring.

Feedback from people and relatives was positive about both the care workers and the management team.

People and relatives said the care workers were kind and caring. Most people received care from regular care workers and developed a trusting relationship. Those who did not have regular ones said they were all very kind.

People and their relatives were involved in decisions about their care and support.

The service regularly conducted satisfaction questionnaires of people and their relatives and these were analysed in order to gain vital information about the quality of the service provided.

Good

Is the service responsive?
The service required improvement.

Requires improvement

Summary of findings

The care workers were sometimes late and this had an impact on the care and support of the people using the service.

People's individual needs had been assessed and recorded in their support plans. People's needs were regularly reviewed and they contributed to their reviews.

People knew how to make a complaint, and felt confident that their concerns would be addressed appropriately.

The service had a complaint procedure and staff, service users and their relatives were aware of this.

Is the service well-led?

Good

The service was well-led.

At the time of our inspection, the service had a registered manager who had been in post for two years.

People and their relatives found the management team to be approachable and supportive, in particular the care coordinators.

Care workers were complimentary about the support they received and very happy to work for the company.

There was a culture of openness and transparency, and a robust development plan in place.

There were systems in place to assess and monitor the quality of the service.

Westminster Homecare Limited (North London/Herts)

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 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 Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 21 September 2015. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

The inspection was carried out by a single inspector. An expert by experience carried out telephone interviews with people and their relatives. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert on this inspection had personal experience of caring for an older person.

Before we visited the service, we checked the information that we held about it, including notifications sent to us informing us of significant events that occurred at the service. We telephoned six service users and four relatives to obtain feedback about their experiences of using the service. We contacted the local authority to obtain their feedback.

At the inspection we looked at four support plans, four staff records, quality assurance records, accident and incident records, policies and procedures, meeting minutes, development plan, training records and correspondence with people who used services.

During the inspection, we met with the managing director, the registered manager, a care coordinator, the training officer, and three care workers.

Good

Is the service safe?

Our findings

People told us they felt safe with the carers who visited their home: "I feel safe with them, they are nice girls", "I do feel safe, yes very safe", one relative confirmed this and told us: "they ensure that (family member) does not fall". People we spoke to said that they would know who to contact if they had any concerns, and had the contact numbers in the book given to them by the service.

Two people said that care workers are sometimes late at weekends, one relative said that when carers arrived late, it had a knock on effect on their relative's care as they relied on receiving their medicines early to improve their mobility throughout the day.

People said that the care workers arrived on time for most of the time. One person told us: "I would say 95% of the time they're on time". Another told us: "Yes they do arrive on time". The service used an electronic call monitoring system which ensured service delivery was timely and monitored accurately. The system recorded and reported the start, end and duration of every visit in real time, accumulated the total hours, the real time whereabouts of the care workers. This enabled the agency to take proactive action during instances of late or missed calls. Alarms were raised in real time when care workers had not logged on. This system provided a full audit trail and a record of actions taken. It was used to audit delivered hours against commissioned hours and to ensure no missed or late visits had occurred.

Some people said that if the carer was going to be late, they phoned to let them know. One person said that there was an occasion when carers were over an hour and a half late to support them. Records showed that this was a one off and the manager had taken appropriate action with the member of staff.

People said they were provided with schedules of the carers that were coming to them and what time they should arrive, although people said that carers didn't always arrive at the times on the schedule.

Staff told us they received training in safeguarding adults, and the training records confirmed this. The service had a safeguarding policy and procedure in place. Staff were able to tell us what they would do if they suspected someone was being abused. They told us that they would report any concerns to their manager, or social services, the Police or the Care Quality Commission (CQC) if necessary. One care worker told us: "I would feel confident to report anything to my manager, I know that she would deal with it".

Where there were risks to people's safety and wellbeing these had been assessed. These included general risk assessments of the person's home environment to identify if there would be any problems in providing a service and carrying out falls risk assessments. Regular health and safety checks on equipment such as hoists or other mobility equipment were taking place and we saw evidence of this. Risks were assessed at the point of initial assessment and regularly reviewed and updated where necessary.

The provider employed sufficient staff to meet people's needs, and there were systems in place to ensure that staff absences were appropriately covered and people received the care as planned.

One person said that they had lots of different carers to support them, but no regular carers. Other people said they had regular carers but also had less familiar carers, particularly at weekends. One person, who had a number of different carers over a week said that they felt more comfortable with their regular carer. They went on to say: "They're so different all the carers. You get such a mixture you don't get to know anyone". One relative said: "Every day is a different carer", but went on to say: "They're all experienced". Another relative told us that they had different carers, "but they all act the same way". This was confirmed by somebody else who said that if they have different carers, they "still know what to do to help". One person had a hoist and a sliding seat that carers used to help them move and lift the service user. The person's relative told us that the carers were experienced in using the equipment.

There were appropriate procedures in place for recruiting staff. These included checks on people's suitability and character, including reference checks, a criminal record check, such as a Disclosure and Barring Service check and proof of identity. New care staff attended a formal interview. Care staff confirmed that they had gone through various recruitment checks prior to starting working for the service.

There were protocols in place to respond to any medical emergencies or significant changes in a person's wellbeing.

Good

Is the service safe?

We saw evidence of this recorded in care notes by a care worker, who had found a person unwell during a visit. They had contacted emergency services and had informed their office immediately. This meant that the person received medical attention without delay.

People and their relatives as well as care workers had the contact numbers of the office and the out of hours number in case of emergency. The manager told us that people always received the care they needed because they had a contingency plan in place to cover calls.

Care workers supported some people with either prompting or administering their prescribed medicines. We saw one medicine chart which had been completed over several weeks. It showed that the staff had administered all the medicines as prescribed. It showed no gaps in signatures. Staff we spoke to said that they were clear about only administering medication that was recorded on the medicines administration records. Medicine risk assessments were in place and were reviewed to ensure they were accurate. We saw training records showing that all staff had received training in medicine administration and that they received yearly refresher training. The senior staff carried out spot checks in people's homes to ensure that people were supported with their medicines. Regular audits were carried out to review records. This meant people were protected from the risk of not receiving their medicines as prescribed.

We checked the accidents and incidents records. They were recorded appropriately and there was evidence of follow up actions. This included a full investigation into a missing item, statements from various care workers, and a full outcome of the investigation.

Good

Is the service effective?

Our findings

People and their relatives spoke positively about the care workers, the provider and registered manager. People said that carers knew what they were doing and had the skills and the knowledge they needed to support them with their needs. One person told us: "70-80% know their job". Relatives also expressed this point of view, but one suggested that this improved as they got to know their loved one. They suggested that some carers were not as knowledgeable as others about their needs: "Some don't seem to have come to me with prior knowledge of the problem". They went on to say that they understood that people had to learn and that they told them what needed to be done. They also consulted the support plan and care notes at each visit.

All the care workers we spoke to said that they went into the office every week and always discussed people's needs with their manager. They told us that if they noticed any changes to a person's wellbeing, they could always speak to management and their needs would be re-assessed or a referral to the relevant professional would be made.

The manager told us that they had access to HomeFirst, an integrated community support service which provided effective care for people at risk of hospital admission. They had used this service successfully when one of the people using the service was very unwell. Between HomeFirst and the service they managed to give the person a high quality of care which assisted in them remaining in their own home.

When regular carers had to be replaced during holidays or sickness, people said that their replacements were experienced. One person told us: "They all work in the same way". A relative told us: "They follow the same practice".

People said that carers communicated appropriately with them. One relative said that once carers got to know how to communicate with their relative, whose hearing was impaired, they communicated with them effectively. They told us: "Once they know how to communicate, they do it well". Another relative said: "They explain why they do things and what it's all about". Some people told us: "I can understand what's being said", "the communication skills are perfect".

People's nutritional needs were assessed and recorded in their support plans. These were regularly reviewed. Some people needed support at meal times. They told us that carers assisted them by preparing or heating up the food of their choice. Some people told us that they did not always like the way food was prepared.

New staff went through an induction period which included a two week shadowing period in order for the service users to get used to them and for the care workers to learn the job thoroughly before attending to people's care needs. This was to make sure that they had acquired the necessary skills to support people in their own homes.Care workers were supported through one to one supervision and spot checks from senior staff. We saw evidence on the staff records we checked that issues were raised and discussed. For example we saw that a care worker had not turned up for a double up call. This was dealt with appropriately and professionally. Staff received yearly appraisals.

Care workers told us that they felt "supported and listened to" by management. We saw in the care worker files we checked that spot checks were taking place. Records showed that all new care workers had been through an induction of the service and the provider would be using a new induction that incorporated the new Care Certificate which was more in depth and covered various areas of working in social care. The service employed a training officer who was in charge of induction and training for all staff.

Care workers confirmed that they received training during their induction before being allowed to deliver care to people. They told us the manager was "very strict with training". Records showed that training was kept up to date with regular refresher courses.

Team meetings were taking place. Records showed that there were management meetings and carers forum meetings, where important issues were discussed and important information was shared. Staff we spoke to said that they always talked with the manager on a weekly basis to discuss any issues they might have. However, there were no records of these discussions.

Care workers told us that they encouraged people to be as independent as they could be. People told us that care workers gave them the chance to make daily choices. Care workers had received basic awareness training in the

Good

Is the service effective?

Mental Capacity Act (MCA) 2005. The manager told us that all the people using the service had capacity and where they felt that somebody needed a Mental Capacity Act assessment, they would liaise with their local authority to request this. . We saw evidence in the care records we checked that people were consulted and consent was obtained. People had signed the records themselves indicating their consent to the care being provided.

The law requires the Care Quality Commission (CQC) to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS provides a process to make sure that providers only deprive people of their liberty in a safe and correct way, when it is in their best interests and there is no other way to look after them. The provider and registered manager were aware of the legal requirements relating to this and knew they would need to identify if people had any restrictions so they could take appropriate action to make sure these were in the person's best interest and were authorised through the Court of Protection.

Good

Is the service caring?

Our findings

People and their relatives were complimentary about the service and the care they received. People said the care workers were kind, caring, approachable and courteous. Some told us: "They are caring and kind people", "they are very nice. Very nice girls. They always ask if I am alright". Relatives told us: "These people are brilliant. They are very kind", "They are lovely, lovely smile, polite". People felt that they were treated with respect and dignity. Relatives told us: "They are very professional", "they often ask permission. They explain things they need to do", "definitely caring, no question about that". However one person also said that there were times when they had to remind carers about privacy. They told us: "Very often I just have to say could you please close that door". Other people told us that their privacy was maintained. One relative said that carers shut doors and curtains when they supported their relative with personal care. They told us that carers also "kept them covered until they have to wash them". People said that the service had explained about their support and that either they or relatives were involved in discussions about their care and had signed to give consent for their support. People said: "They did talk to us. They did ask me if I needed anything", "somebody was here the day I came out of hospital and everything was in place. I did sign it off and there is a copy in my Westminster folder", "two ladies came and talked to me". Where appropriate, relatives had been involved in discussions about their loved ones' care and support. One relative said they had signed two copies of the paperwork and it was in the support plan Another relative had not only been involved in a planning meeting, but said a "getting to know you" session had also been arranged. Relatives said: "I sign in the folder", "I had a very long meeting getting all the details and all the forms filled in", "they explained things". The people who had been getting support for several months told us that their needs had been reviewed or they had appointments for a review in the near future. One person said they had an assessment "due this week or next week". One relative said: "Somebody came two or three months back now and went through the book".

The service recruited carers from different background and this enabled them to allocate care workers to service users with specific cultural needs. During the initial assessment, people were asked what was important to them. Religious and cultural needs were recorded in a part of the support plan called "my social and physical profile". We saw two records where people had asked to have a same sex carer and were receiving this service. The manager told us that sometimes people requested someone who spoke their language, or they might have had special dietary requirements. She said that based on the information obtained, the most suitable carers would be allocated.

Support plans showed that people's choices were considered. For example a person only received care from female carers. Another person had not "gelled" well with their carer, and told the management who immediately sent another carer.

People told us that they had regular carers and had built a relationship with them. Care workers talked of valuing people, respecting their rights to make decisions about the care they received and respecting people's diverse needs.

Care workers confirmed that support plans contained relevant and sufficient information to know what the care needs were for each person and how to meet them. The service carried out regular quality monitoring visits, reviews and telephone calls. They indicated that people and their relatives were happy with the service and the support they received.

Requires improvement

Is the service responsive?

Our findings

People described a variety of support they received from the service. Those asked thought that the care and support they received was focussed on their individual needs. People told us: "Yes it's what I need right now", "they're very good I am pleased with the help I get". A relative told us: "the main thing is that they are doing the things my relative can't do independently".

However, some people said that carers arriving later than their appointed time had a detrimental effect on their needs being met. One person was unable to sit for longer than an hour and another had to have their tablets on time.

We saw that one person using the service had complained that care workers were often late. This had a knock on effect on them receiving their medicines on time. The registered manager told us that they were taking this concern seriously and would be addressing it immediately by putting in place a risk assessment and addressing this issue with care workers and the senior team.

Apart from two people, everybody we spoke to said that they had a contact number of somebody at the service that they could phone if they had concerns or worries. Four people specified that contact numbers were in the book that the service had left with them One person told us that they had telephoned the provider recently because a carer had not turned up. The service sent somebody else. Another person had telephoned because they had not received a rota. People told us they also phoned for support. A relative told us they had received advice when they phoned to ask how to operate a new bed that had been delivered for their relative.

The registered manager told us that people's needs were assessed and the support and care provided was all agreed prior to the start of the visits. Records indicated that people and their relatives were involved in the assessments, and they confirmed this. Information related to mobility, medicines, care needs and personal preferences was recorded so that comprehensive information was available.

Some support plans were not well organised and lacked details but others were detailed and person-centred. They were written in the first person. The registered manager told us that they were currently updating all the support plans following advice from the local authority compliance team, and were looking at improving further the format of their care plans.

Support plans were developed from the information gathered from the general needs assessment. They were based on people's identified needs, the support needed from the care workers and the expected outcomes. Support plans were person-centred and took into consideration people's choices and what they were able to do for themselves. A relative told us that carers encouraged their (relative) to do things for themselves. However another relative felt that their (relative) was capable of doing more than they did when the carers were supporting them, although they also pointed out that they were aware that there were time constraints on the carers which meant that things had to be done within their time frame.

We looked at a sample of daily records of support and found that these had been completed at every visit and described a range of tasks undertaken, including information regarding people's wellbeing, social interactions, or anything relevant to the day. We saw that the records were recorded in a person-centred way showing respect and care for the person receiving support.

There were processes in place for people to do so. We saw that questionnaires were regularly being sent to people and their relatives. Those questionnaires included questions relating to how they felt their relative was being treated by the care workers, if their care needs were being met and if the care workers were reliable and punctual. The relatives were also asked if they were happy with the service, and had an opportunity to add comments in a separate box. We saw letters and cards on file from satisfied relatives thanking the service for the care their relatives received. We saw that questionnaires returned to the service indicated that people were happy with the service.

We spoke to the local authority who told us that they found the service good and responsive and did not have any concerns.

We saw that the service had a complaints policy and procedure in place. This information was supplied to all people using the service. People told us that they believed the manager would deal with any complaints they might have. We saw records of a complaint which had been dealt with promptly and professionally. The service used a

Requires improvement

Is the service responsive?

complaints summary form with a colour coding system to categorize the severity of the complaint or concern. Red being high priority, amber being medium priority, green low priority and blue, no concern. We saw that there were not many complaints but all the complaints on file had been responded to in a timely manner, and the issues resolved and followed up.

Good

Is the service well-led?

Our findings

Only one person said they had met the registered manager of the service, although everybody had met the care coordinators when they discussed the care and support they needed. One relative said that a coordinator had come out to give support when a carer was not available. They told us that the coordinator was "very helpful and very obliging".

Some people told us that they had been asked their views on the quality of the service that was provided. Some people said that this process usually took place as the same time as the review of their needs, and one person said they had completed a survey. A relative said: "they asked me a lot of questions when they called". One person said: "We have a frank discussion".

Most people were positive about the quality of the support they received from the service. One person rated the service 7/10. Other people said: "It's pretty good", "I am pleased with the service I'm getting from Westminster". However one service user was not quite so positive. They told us: "It's average. There's nothing spectacular about them. They do what they need to do and then they go". Some relatives told us: "Generally it is very good. It's certainly adequate", "I am pleasantly surprised and pleased to say that the care has been very good".

The registered manager had put in place a number of different types of audits to review the quality of the care provided. The care coordinators were involved in audits taking place in people's homes. They included medication audits, spot checks about the quality of care people received, environmental checks and health and safety checks of the moving and handling equipment. This was recorded and signed off by the registered manager. We viewed a sample of audits which indicated that they were thorough and regular.

There was a call log which recorded every call made to and by care workers, and which recorded the reason for the call, time and action.

Other audits included a review of the time keeping of the care workers and the number of missed visits. We saw a report was produced weekly to review the electronic monitoring system used to record the arrival and departure times of the care workers. This enabled the manager to monitor any care workers who did not comply with the procedure and address the issue with them.

The registered manager told us there were regular team meetings held for care workers. They were called "carers forum" meetings. Staff we spoke to told us that they found them useful and enjoyed them. We saw the minutes of the last two meetings which included information about visit times, training and safeguarding.

Care workers were also asked for feedback from a regular questionnaire that was sent out. The questions included if the care workers had received adequate training and support from the management, if they felt valued, if communication was good and if they were happy in their work. The result showed that all the responses were positive.

We asked some care workers if they felt supported by their manager and if they thought the service was well led. All three care workers said that they felt very supported. One told us: "I can approach the care coordinators and the manager anytime, they always listen and help", another said: "When I started I got a lot of support with training and induction and now I love my job". The office staff we spoke to also praised the support they received from their manager, and told us that'' the manager gives 100%'' so they also do.

The service had started to issue a quarterly newsletter to inform people and relatives of any information about the service. This contributed to the communication between people and staff.

This section is primarily information for the provider