

Westminster Homecare Limited

Westminster Homecare Limited (Ipswich)

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?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Westminster Homecare Limited is a domiciliary care service providing personal care to people living in their own homes in Ipswich and surrounding areas. 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. At the time of inspection, the service was providing personal care to 50 people.

People's experience of using this service and what we found.

People and relatives were satisfied with the care provided by Westminster Homecare Limited which they described as good and met their individual needs. They were involved in making decisions about their care and told us they felt comfortable in the company of the staff who knew them well and were kind and friendly. Most said they would recommend the service, and several had.

Where people required support with their dietary needs, health and with their medicines, this was done safely. Infection control processes protected people from the risks of cross infection.

There were enough staff safely recruited, trained and supported appropriately to cover the planned visits to people. Staff understood how to protect and safeguard people. Risks to people were assessed and mitigated, which reduced the risk of harm.

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.

Systems to monitor the quality and safety of service were in place. People were asked for their views and their feedback used to improve the service and make any necessary changes.

Rating at last inspection

The last rating for this service was Good (published 4 July 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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.

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.	Good ●
Is the service effective? The service was effective.	Good ●
Is the service caring? The service was caring	Good ●
Is the service responsive? The service was responsive.	Good ●
Is the service well-led? The service was well-led.	Good ●

Westminster Homecare Limited (Ipswich)

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

This inspection was undertaken by one 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.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This meant they were legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was announced.

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or a member of their management team would be in the office to support the inspection.

Inspection site visit activity started on 29 January 2020 when we visited the office location to meet with the registered manager and to review care plans and other records. It ended on 14 February 2020 when we gave feedback.

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 and professionals who worked with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about their service, what the service does well, and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We carried out telephone interviews with people who use the service and with staff on 3, 4 and 7 February 2020. We spoke with 12 people who used the service and three relatives about their experience of the care provided. We spoke with the registered manager, provider's operational director, one field care supervisor, one care coordinator and five care staff. We received electronic feedback from one relative, a member of staff and four professionals involved with the service.

We reviewed a range of records. This included five people's care and medicines records. We looked at three staff files in relation to recruitment and staff supervision. We also looked at a variety of records relating to the management of the service, including policies and procedures.

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 good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Systems and processes to safeguard people from the risk of abuse

- Staff understood their roles and responsibilities in keeping people safe from harm. They raised safeguarding concerns appropriately when they were worried about people's safety.
- People's care records included risk assessments which informed staff on how to reduce the risks in people's lives. This included risks associated medicines and with moving and handling.
- All identified environmental risks had an associated risk assessment in place which guided staff how to mitigate risks within the service. There was also information for staff about lone working to keep them safe

Staffing and recruitment

- There continued to be enough staff safely recruited with the right skills and experience to meet the individual needs of the people who used the service.
- People were sent a weekly rota, so they knew who to expect and at what time. They said they received care and support from an established group of staff, who knew them well and there had been no missed visits. One person commented, "Having a weekly rota sent out to me at least gives me the reassurance that I haven't been forgotten and that they have given me some carers for all my visits."
- Several people commented that the timings could vary from what was on their rota and they were not always notified in advance of any changes. One person said, "I've certainly never had a time when nobody's come at all, but it is one of the concerns that I have with the agency because although I get my list every week with the timings on it, from one day to the next these timings can vary, and sometimes quite considerably."
- The registered manager advised of planned improvements to the current rostering system which was being implemented. This included staff logging in and out their visits onto an electronic system which would take into account additional data such as travel time to provide greater accuracy when planning visit times and consistency.

Using medicines safely

- Where people required support with administration and management of their prescribed medicine this was detailed in their care plan.
- Staff received training in medicines management and had their competency regularly assessed.
- The registered manager undertook regular checks and audits of the medicines system to ensure it continued to be managed in a safe way.

Preventing and controlling infection

- Staff continued to be trained effectively in infection prevention and control. They had access to personal protective equipment such as disposable gloves and aprons to reduce the risks of cross contamination. People confirmed this was worn when needed. One person said, "I actually think their [staff] hygiene standards are quite good, and I certainly haven't ever had any complaints about it."

Learning lessons when things go wrong

- Where incidents and accidents occurred, they were recorded with appropriate actions taken to reduce the risk of re-occurrence. Consideration was given to whether there were themes and trends which may indicate a change to people's needs and require a review of their care.

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 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's needs continued to be assessed before any care was provided, with family members and significant others involved in the process as much as possible.
- Assessments had been completed in line with current legislation and best practice guidance. The information was used to create a person-centred care plan to help people achieve good outcomes.

Staff support: induction, training, skills and experience

- People told us they felt the staff had the skills and knowledge to meet their needs. One person said, "I think they [staff] are well trained. They are professional and competent." Another person commented, "They are very good carers, they know what to do and just get on with it." A third person said, "They [staff] are well trained and use the hoist correctly. I feel safe with them."
- Staff continued to be supported to professionally develop through ongoing training, supervisions and appraisals. In addition, specific training to meet people's needs such as catheter care, pressure ulcer prevention, epilepsy awareness and stoma care was provided.
- Opportunities for staff to achieve nationally recognised qualifications in care were available. New staff received an induction which included training and assessed shadowing of more experienced colleagues before being signed off by the management team to work alone.
- Staff were complimentary about the support they received from each other and the registered manager.

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

- Where people required support with their dietary and hydration needs staff worked in accordance with their care plan. Information was documented in people's care records which provided guidance for staff on how to meet individual needs and preferences such as favourite foods and beverages.

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

- People received appropriate support to meet their healthcare needs.
- People's records showed that where other professionals were involved their input was acted on by staff and incorporated into their care plans. One professional commented that the service, "Have contacted me appropriately and proportionally when there are concerns about an individual or just to inform me of what is going on for the individual."

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 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

- People told us the staff consistently sought their consent before providing any care or support. One person said, "I do feel they [staff] listen to me and try to help me as much as possible." A relative commented, "Because I am here as well, I usually hear my [family member's] carer go along and knock on the bedroom door, they always wait for [family member] to call out before entering."
- Care records showed that people had consented to their care and support when they began to receive the service and were involved as much as possible in the ongoing development of their care arrangements.
- The registered manager and staff understood the requirements of the MCA and the importance of people giving consent before providing personal care and support.

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

- People were complimentary about the care and support provided to them by the staff. One person said about the staff approach, "They are very good. I rely on them to look after me." Another person said, "They [staff] are excellent and provide great care for me." A third person told us, "The carers I see on a regular basis, have all been very caring and always want to make sure that I'm comfortable and I've got everything I need." They added, "I do actually feel that I could ask them anything and I'm sure they would help me if they could."
- Staff assisted people in accordance with the person's wishes and their individual care plans and risk assessments. One person said, "I said I did not want male carers and they [management] have listened to me." A relative commented, "They [staff] do everything [family member] wants, he is very happy with the care."

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

- People were supported to express their views and involved in making decisions about their care and support. One person commented, "The carers are excellent, and I am involved in the reviews [of my care arrangements]." Another person described how they were, 'regularly involved' in making decisions about their care and had 'answered questions' as part of the review process.
- People's views were reflected in their care plans and where possible they had signed these in agreement to their plan of care and support.
- People's care plans contained information about their life histories from childhood through to employment and significant life events. This helped the staff to build a relationship with people, talking to them about things that were important or interested them.
- People held copies of their care plans in their own homes, so they could access them and check for accurate information. There was also information on who to contact outside of their normal visits and office hours in case of an emergency.

Respecting and promoting people's privacy, dignity and independence

- People told us staff treated them with dignity by talking to them in a polite and respectful manner. One person told us, "The carers say what they are doing when they are using the hoist. They are always kind and respectful." Another person described how the staff promoted their independence, "All of my carers have been wonderful, and they are so patient and support me so that I can [try to do as] much as I can on my own. I know it can take quite a long time for me to get from one room to the next, but they never complain, just stand patiently behind me to support me."

- People's care records included guidance for staff on respecting people's dignity, independence and privacy. The records included the areas of their care people could attend to independently and where they required support.
- Staff were observed in their usual work duties as part of quality monitoring processes. During these spot checks the management team checked people's independence, dignity and privacy were promoted and respected.

Is the service responsive?

Our findings

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

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

- People told us their individual needs were met and that staff were responsive to them. One person said, "When [registered manager] comes to visit we look through the care plan to see if there are any changes needed and she always asks me how I'm feeling about the service," A relative commented, "They [office staff] do listen to us. If I call them for anything, change a time or things like that, they always oblige." A professional commented, "The carers are consistent and patient; tailoring the support to meet the needs of the individual."
- People had care and support plans that were reviewed regularly and adapted when people's needs changed. They provided staff with guidance on how to respond to people's needs effectively and safely and according to their preferences.
- People's care records were personalised and included information such as the person's history, skills and interests to aid staff in developing a professional relationship and rapport with the person.
- We discussed with the registered manager that people's daily records were task focused and did not consistently reflect people's mood and social well-being. The registered manager advised they were planning to address this with further support and training for staff.
- Staff were familiar with people's needs and their preferences and what was important to them. This supported them to deliver people's care in a person-centred way.

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 registered manager told us they currently did not have to provide anyone with information in a different format such as large print or pictorial prompts, to help aid the person's understanding. They confirmed that if required they would be able to action this request.

Improving care quality in response to complaints or concerns

- A complaints process was in place. Records showed that any complaints received were dealt with in line with the provider's complaints policy.
- People and relatives told us that they knew how to make a complaint and said they would contact the office if they had any concerns. Most were confident these would be resolved. One person said, "I have been satisfied with them, no need to complain." A relative stated, "We have never needed to complain. Any

niggles are sorted straight away." However, some feedback cited issues with communication from the office. One person said, "I have rung the office to query things, but they never rung me back." Another person commented, "There is a variation in timings that I seem to get from one day to the next, Whenever I have raised it with the office, nothing has ever been done about it. It's very disconcerting." The registered manager advised they were confident that the planned improvements to the current rostering system which was being implemented would address the inconsistencies and support continuity of care.

End of life care and support

- Whilst no one was currently approaching the end of their life, the service did offer people the option of receiving end of life care from them in the comfort of their own home.
- The service linked up with external healthcare agencies such as the NHS, local hospice and doctor's surgeries so that when people required care at the end of their life, this was delivered promptly to reduce the risk of discomfort or distress.

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 good. At this inspection this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted 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

- Overall feedback from people who used the service and relatives was complimentary about Westminster Homecare Limited (Ipswich). They told us they were satisfied with the care they received, and most would recommend the service, and several had done so.
- Negative feedback related to timings of visits and continuity of care. However, the provider was taking steps to address this through ongoing recruitment and the implementation of an electronic log in and out system for staff to improve the coordination of people's visits.
- People told us the staff knew them and their backgrounds well, which enabled positive relationships to develop and contributed towards good outcomes for people.
- Consideration was given to match staff with people using the service to ensure compatibility, taking into account people's preferences and personalities.
- Planned assessments checked that the service was able to meet people's needs. Ongoing reviews included people who used the service and where appropriate their relatives to identify how they wanted their care delivered.
- Staff had their competency regularly assessed to ensure they were working to the standards expected. There was a transparent and open culture where staff felt able to speak to one another and the registered manager if they needed guidance and support.

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

- An appropriate system to monitor and assess the quality and safety of the service provided to people was in place and this supported continual improvement.
- Feedback from staff was positive, they liked working at the service, had confidence in the registered manager and felt supported.
- Notifiable events had been reported to CQC as required and the registered manager was aware of their responsibilities around this.
- Duty of candour requirements were met. This regulation requires safety incidents are managed transparently, apologies are provided and that 'relevant persons' are informed of all the facts in the matter.

Continuous learning and improving care; Working in partnership with others

- The service continued to work closely with organisations within the local community to share information and learning around local issues and best practice in care delivery.
- Feedback from professionals cited collaborative working arrangements. One professional commented, "I have no concerns about this provider and have received three compliments through social work colleagues about the service provided". Another professional stated, "Staff have been accommodating and willing to adapt plans to achieve positive outcomes for [people]. People have generally spoke positively about the care staff, some minor issues raised around timings of visits."