Westminster Homecare Limited

Westminster Homecare Limited (Oxford)

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
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

We inspected Westminster Homecare Limited (Oxford) on 19 and 20 January 2016. This was an announced visit. 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 in the office. Westminster Homecare Limited is a service which provides care and support to people who live in their own homes. At the time of our visit 46 people were using the service.

There wasn't a registered manager in post at the service. 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. A new manager had been appointed and started in October 2015. The manager was in the process of submitting their application to become a registered manager with the Care Quality Commission to manage the service.

At our last inspection on 29 January 2015 we found people did not always receive information which was important to them and affected their day. We also found staff did not always receive supervision, appraisals and not always had the training they needed to meet people's needs. The provider had implemented quality assurance systems which were not always effective. Following our inspection we asked the provider to send us an action plan telling us how they would meet the regulations.

At this inspection we found some improvements had been made and the provider was in a process of implementing further changes to meet the required standard. However we found another area where improvements were required.

People using the service were safe because staff understood their responsibilities for safeguarding people from abuse and avoidable harm. Safeguarding procedures were in place to ensure people were safe from abuse and staff were aware of the whistleblowing policy.

People's files contained risks assessments related to mobility, medication, moving and handling, using a wheelchair, hoisting a person and other. However, we found the risk assessments were of a generic nature and lacked person specific details and management plans to minimise the risk.

People who used the service were mostly positive about the knowledge and skills of staff who supported them. Staff said the training they received was good and gave them confidence in their roles. People were complimentary of staff and gave positive comments. There was consistency in staffing as staff had supported the same people over a period time. This helped staff to know people's needs and preferences, and develop good working relationships with them.

Staff spoke positively about the support they received from the management. Staff supervision records were up to date and the manager was in a process of carrying out annual appraisals.

Recruitment checks had been carried out to ensure only staff who were suitable and of a good nature were employed to work with people. People were supported to maintain good health and received support, where needed, with their nutritional needs. People told us that the staff were professional, gentle and kind and treated them with dignity and respect.

The provider had an appropriate complaints procedure and people told us they knew how to complain. The provider used an annual survey to obtain people's feedback about the service.

We received positive feedback about the new manager. The manager was aware of further improvements required to the service. They were in a process of reviewing their arrangements for monitoring the quality of the service. These arrangements were in their early stages but they were recognising signs of improvement. The manager undertook a number of quality assurance audits to monitor the standard of the service and planned to implement further audits and an ongoing service improvement plan.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) 2014. You can see what action we told the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Risk assessments lacked person specific details and management plans to minimise the risk relevant to the individuals.

Staff understood and practised their responsibilities for keeping people safe
and recognising and acting upon signs of abuse.

There were enough staff to meet people's needs and people told us they had their visits as planned.

Is the service effective?

Good

The service was effective.

People were supported by staff who had the training and knowledge to
support their needs.

Staff received support and supervision and had access to further training and development.

Staff had received training related to the Mental Capacity Act (MCA) and mostly understood its principles.

People were supported to access health services.

Is the service caring?

Good

The service was caring.

People told us staff were caring and that they were treated with respect.

People were cared for by consistent staff with whom they developed positive relationships.

Staff were kind, compassionate and respectful and they treated people and their relatives with dignity.

Is the service responsive?

Good

The service was responsive.

People and their relatives were involved in planning their care.

People received care and support that met their needs and preferences.

People knew how to raise concerns with the provider and complaints were responded to.

Is the service well-led?

Requires Improvement

The service was not always well led.

At the time of our inspection there was no registered manager. The new manager was in a process of submitting their application to become a registered manager.

There was a positive approach and responsiveness demonstrated from the new management to address the concerns going forward.

New procedures were being introduced for monitoring and assessing the quality of service but these needed to be embedded in practice.

Westminster Homecare Limited (Oxford)

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 is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 19 and 20 January 2016 and was announced. We told the provider two days before our visit that we would be coming. We did this because the manager is sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that they would be in. The inspection team consisted of two inspectors.

Before the visit we looked at previous inspection reports and notifications we had received. Services tell us about important events relating to the care they provide using a notification. This enabled us to ensure we were addressing potential areas of concern. We spoke with local authority safeguarding and contracts teams and sought the views of healthcare professionals.

We spoke with 11 of the 46 people who were receiving care and support from Westminster Homecare Limited (Oxford).

In addition we spoke with four care workers, the manager, the operations manager and one office staff member. We looked at six people's care records and at a range of audit records about how the service was managed. We reviewed the accident log, safeguarding and complaints records. We also reviewed staff files for six individuals, including their recruitment, supervision, training records and the training matrix for all the staff employed by the service.

Requires Improvement

Is the service safe?

Our findings

People's care records contained risk assessments which included: falls, mobility, nutrition, moving and handling, using a hoist or a wheelchair. Whilst these risks assessments appeared comprehensive and reflected various potential hazards we found these were of a generic nature and lacked person specific details and management plans to minimise the risk. For example, one person's care notes reflected that staff reported concerns about the person using their wheelchair. There was evidence that the staff were supported by their supervisor the 'correct way to position the person in their wheelchair'. However no details of this were recorded in the person's risk assessment that related to wheelchair use. This meant that the person could be at risk from equipment being used inappropriately on another occasion.

Another person's file reflected that they had been assessed by an external professional that they needed to be approached by the staff from the side of their chair when assisted with transfers. We found that this information was not recorded in the person's risk assessment for hoisting. The same person has been assessed as requiring thickened fluids for any fluids used when they were administered their medication. Again we found that the person's risk assessment relating to medicines was of a generic nature and did not reflect this information.

One person had sustained a recent fall and the staff told us the person's mobility deteriorated and they were referred to an occupational therapist for an assessment regarding equipment. The care records still described the person as fully weight-bearing and not requiring assistance. The mobility risk assessment did not reflect the changed needs of the person.

The above issue is a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

When we spoke with people using the service nobody expressed any concerns about their safety when they were supported by care workers. Comments included "Yes, I certainly feel safe with them", "I do feel safe, no concerns here". People were supported by staff who could explain how they would recognise and report abuse. They told us they would report concerns immediately to their manager or senior person on call. They were also aware they could report externally if needed. One member of staff said "If there was anything worrying, I'd report to head office, social services or Care Quality Commission (CQC)".

Staff told us there were sufficient staff to meet people's needs. Comments included "Oh, yes, we mostly have a regular rotas now, things may change last minute at times when someone rings in sick but it's so much better now. We had a rough patch last year and it has improved", "Yes and it is good that we have regular clients so we can get to know them well".

People told us staff were punctual and rarely late. Comments included:; "They're on time, maybe minutes late", "They are on time nine out of ten times!", "No concerns with this, if the staff were late the office would ring me and let me know".

The service had a system for monitoring care visits. Staff used the Electronic Telephone Monitoring System (ETMS) by logging in and out using telephones. The office staff were able to monitor this live and would identify a missed or significantly delayed visit. The manager told us if there was a missed visit, an investigation would take place, safeguarding alert would be raised if the person was put at risk and a letter of apology would be sent to the person. None of the people we spoke with said they had experienced a missed visit.

Records relating to the recruitment of new staff reflected relevant checks had been completed before staff worked unsupervised at the service. These included employment references and Disclosure and Barring Service checks (DBS). DBS checks enable employers to make safer recruitment decisions and prevent unsuitable people from working with vulnerable people. These checks identify if prospective staff were of good character and were suitable for their role.

Most of the people we spoke with told us they did not need support with taking their medicine. On our last inspection we identified that where staff assisted people with their medicines, an accurate record of this support was not always maintained. The manager told us they worked hard to address this. Records confirmed staff had received training and we saw that the regular audits of Medicines Administration Records (MAR) had been carried out. One person we spoke with told us "I can see them (staff) signing the form after they helped me to cream my legs".

The service had contingency arrangements for emergencies. Staff told us that contact details were always available for the manager and field care supervisors. There was always a back up to an on call person available. The service had a car for staff to use if their own vehicle was off the road.
The staff told us if the office became unusable they had a facility that allowed office staff to work from home and still maintain the service.

Good

Is the service effective?

Our findings

At our last inspection we found staff did not always receive supervision, appraisals and not always had the training they needed to meet people's needs. At this inspection we found the provider made improvements in this area and the manager was in the process of embedding good practice around staff training and supervision.

Staff praised the new trainer who delivered in house, classroom based sessions tailored to the needs of the group. One member of staff told us "The new trainer is brilliant; the training is of so much better standard now". Another staff member told us "The training is great and we can always ask for more if needed".

We reviewed the training records for the service and we noted the staff had received mandatory training relevant to homecare care workers. The training included moving and handling, infection control, food hygiene, dementia awareness, safeguarding, medication management and other. There was a training room available at any time and we saw equipment such as a hoist was available for the practice sessions. We also noted staff received specialist training from external health professionals such as administration of certain medicine, for example a blood thinning medication.

New staff were supported through induction into the service and familiarisation with people using the service. Staff spoke positively about the induction process, comments included "The induction was good, I had some classroom based training and shadowed an experienced colleague, it was my decision to work on my own when I felt confident to do so", "As I've worked here for a while I sometimes have new staff shadowing me, they would watch me first and I'd explain things to them, then I'd stand back and observe them. If you're not ready they'll keep you shadowing", "I have been asked to mentor new staff and I felt I needed extra training to do so, they (company) sorted it for me within two weeks".

We received positive feedback from people using the service about the skills and experience of staff who supported them. A person told us "Yes, they seem to be trained as they know what they are doing". Another person said "I think they are trained; they even were trained by the nurse how to help me with my (compression) stockings".

People told us they had mostly experienced care from regular staff who were familiar with them and their needs. One person said "I have some regular girls coming to me". Care workers we spoke with mirrored people's comments about the continuity of care. One staff said "We have regular clients, it's so much better as we can get to know them well".

The manager ensured one-to-one supervision meetings were taking place for staff where they could discuss their performance and training needs. We viewed six staff files and we saw they received supervision in line with provider's policy. Staff confirmed they felt well supported. Comments included "I had my supervision recently, I also had a spot check done", "I had my supervision two months ago and just had my appraisal".

The Mental Capacity Act (MCA) 2005 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. The new manager was aware of their responsibilities under the MCA and we noted that the staff received training. However when we spoke with the staff they had varied awareness of the principles of the Act and did not refer to capacity only being assessed on specific decisions. However they were able to tell us how they ensured that people's right were protected. One staff told us "It is about if a person can decide for themselves. They may not be able to make big decisions about finances for example". Another one said "We know our clients and we know they can make choices what they want to eat or wear". We have raised this with the manager who told us the MCA training will be revisited to ensure staff understanding was clear.

People we spoke with mostly told us they did not need support with their meals and nutrition. Staff told us that food and fluid charts would be maintained for people at risk of malnutrition or dehydration if required. Staff were aware and understood people's dietary preferences and choices. One member of staff told us "I know that [person] likes the certain type of juice and that they do not like peas, we would feedback this kind of information to the families who do the shopping".

People were supported to access health services. Care documentation reflected various professionals were involved in assessing and evaluating people's care and treatment. Professionals involved included the GP, district nurses and the occupational therapist. Staff told us they would make a referral when required. One member of staff said "Only yesterday I visited a person who said they may need a doctor, I arranged a visit for them. We would contact social services when we feel someone needs more support".

Good

Is the service caring?

Our findings

At our last inspection we found people did not always receive information which was important to them. People did not always receive information about when a care worker would be visiting them, who it would be and people felt this impacted on how they choose to spend their day.

At this inspection we found improvements had been made. People told us they received daily schedules, one person said "I do receive them, they may not always be 100% but nothing too concerning". Another person said "I know who will be coming as I have not had any new faces for some time now". We saw an example of a weekly schedule and the management told us that these were sent to people every Thursday. If there was an anticipated change the office would include a letter with further explanation.

People we spoke with about whether they felt care workers were kind and compassionate responded in positive terms. Comments included "Where would I be if I did not have my care staff", "The staff are caring and polite, they are all very nice", "They are good, we get on quite well, I can be myself with them", "They are very polite, I am happy with the girls", "I am very pleased with my staff".

Staff told us they enjoyed working at the service. Comments included "I love this job", "It's brilliant here, we have a really good staff", "We are a good team, it is really good".

People told us staff were friendly, polite and respectful when providing support to people. One person said "Oh, they are polite and all very nice". Other comments included "They are very polite but we can also laugh and chat", "They are polite and nice to me, I like them very much", "They are a very nice bunch of girls".

We asked staff how they promoted people's dignity and respect. One member of staff told us "We would always shut the door when providing personal hygiene and offer to cover the person with a towel".

When we spoke with staff about people they were respectful and referred to them with genuine affection. We also noted the language used in care plans and support documents was respectful and appropriate. For example, care plans stressed an importance of maintaining a meaningful verbal communication and a provision of reassurance whilst carrying out the tasks. Staff knew people's needs well and they were aware about their routines. One staff member told us "I have one client and she likes things in a very particular way, whether it's to do with her toast or drink, we know she always likes us to leave her a hot drink for late before we go".

People told us they felt involved in their care. Comments included "They (staff) always ask me how I like things done", "They always ask me before doing something, for example, if I want to have my legs creamed".

People's care records were kept in their homes. Duplicate records were kept securely in the provider's office. Staff were aware about confidentiality issues and not to disclose or misuse information about people using the service. People told us staff respected their confidentiality. One person said "They never discuss other people or their problems with me".

Good

Is the service responsive?

Our findings

People's care records contained referral paperwork from the local authority. The information recorded in referrals was used as a starting point for the service to conduct their own assessment to create a support plan.

The new manager introduced a procedure for reviewing people's care plans and they had begun a comprehensive review of every person's care file. We saw evidence of quality checks on people's files. Some of the care plans had recently been rewritten and the office staff had plans to review and update the remaining files.

Care records we viewed were organised well and we noted a form 'my care and support plan' was in place. This included 'my care and support plan routine' which covered time allocated for visits and the level of support required. Care plans contained personal information, background, rotas and care plan routine, as well as emergency personal and professional (medical) contacts. Care plans were reviewed regularly.

We noted that the service responded well to people's changing needs. One person had recently returned home following a stay in a hospital admission and we identified that their care plan was updated accordingly. There was evidence that changes required were discussed with the person and their representative.

Another person had been prescribed additional medicine that needed to be administered for pain four times per day. The service had obtained an agreement from the person's social worker for a temporary approval to increase the visits from two to four times daily. We noted this care arrangement was outlined in the variation form received from the local authority and implemented by the service promptly.

People using the service were able to raise concerns and complaints. People had access to information about the provider's complaints procedure and the staff told us a service users' guide was available for people. People told us they were able to contact the manager and the office. One person said "I'd ring the office if I needed to raise anything". Another one said "I am aware I can ring the office if I want to". We reviewed the complaints log and noted when people had done so and saw concerns were investigated and responded to.

People's views were sought through an annual survey. The management informed us that the most recent satisfaction survey results were largely positive and people were mostly complimentary about the service. The management were in a process of implementing an action plan for the areas where the areas for improvement had been identified such as 'improve communication from the office'.

Requires Improvement

Is the service well-led?

Our findings

At our last inspection we found the provider had implemented quality assurance systems which were not always effective. At this inspection we found that some improvements were made in this area however due to the recent changes of the management these still needed to be embedded and sustained. Following the departure of the previous manager the service was run by the regional operations management who acted as an interim manager for the service pending the recruitment of a new registered manager. The new manager who started in October 2015 was in a process of submitting their application to become a registered manager with the Care Quality Commission (CQC).

The new manager and the regional manager were open and transparent and they told us that the branch almost had to 'start from scratch'. The number of people using the service had reduced significantly since our last inspection and the management saw this as an opportunity to ensure the quality was up to expected standards. The reduced number of people who used the service meant the continuity of care was maintained and there was less pressure to provide cover for all care visits.

Staff spoke positively about the manager and the support they received from them. Comments included "He is great, we are very pleased with him", "He is definitely doing a good job, paperwork (rotas, care plans) is on time now; you know where you are and what to do. The atmosphere in the office is much more positive too", "He is brilliant, it's all black and white now, it is so much better for us to follow when we have clear guidance and know the boundaries".

Staff told us the first staff meeting with the new manager took place last month and we saw the minutes from this meeting. The manager informed us that the staff meeting will be a regular occurrence. The manager also used other forms of communication such as memos to inform and update staff about any issues when required.

People told us they were aware of the new manager. Comments included "I know there is a man now, haven't had a chance to meet him as yet", "I have not met him but spoke to him over the phone".

We noted the manager started implementing various audits to monitor the quality of service. We noted audits of care files and medicines records were ongoing. We were informed that the service was due a comprehensive internal quality audit which would allow the new manager to implement their own service improvement plan. The management informed us that in the meantime they worked to the action plan agreed with the commissioners following their recent quality monitoring visits.

There was a whistle blowing policy in place that was available to staff. The staff we spoke with were aware about whistle blowing. The provider showed us the 'Staff handbook' that staff received when they joined the service. The handbook covered all aspects of various responsibilities of working as a home support care worker.

Services that provide health and social care to people are required to inform the Care Quality Commission,

(the CQC), of important events that happen in the service. The manager of the service had informed the CQC of reportable events.

The service worked closely with other external professionals including GPs, occupational therapists and district nurses. Records of referrals to social serviced and any variations to people's care support plans were available.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered person did not ensure that the risks related to the health and safety of the service users were assessed and the risks assessments contained plans how to manage these risks. Regulation 12 (2)(a)(b)