Westward Consultants Limited

# Westward Consultant Ltd

## Inspection report

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## Ratings

| | |
|---|---|
| Overall rating for this service | Outstanding ☆ |

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|---|---|
| Is the service safe? | Good ● |
| Is the service effective? | Good ● |
| Is the service caring? | Good ● |
| Is the service responsive? | Outstanding ☆ |
| Is the service well-led? | Outstanding ☆ |

# Summary of findings

## Overall summary

This inspection took place on 13 March 2018 and was announced. We gave the service 24 hours' notice of the inspection visit because the registered manager and other senior staff are often out of the office supporting staff or providing care. We needed to be sure that they would be in. Westward Consultants Ltd is also known and trading as Draycott Nursing. This service is a domiciliary care agency and provides nursing and personal care to people living in their own homes in the community. It provides a service to adults. At the time of the inspection 80 people were using the service.

There was a registered manager in post at the time of the inspection and they were present during the inspection 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.

At the last inspection of this service on 15 and 16 October 2015 they were rated Good. The service was rated Outstanding for Caring and Good for Safe, Effective, Responsive and Well-led. At this inspection the service continued to meet and improve standards and we have therefore rated the service as Outstanding overall.

People who used the service said they received an exceptional quality of care. Staff went 'over and above' to ensure people received the care and support that met their individual care needs. People said staff were kind, gentle and helpful.

Staff respected people in a way that promoted their human rights. Staff delivered people's care and support in a dignified and compassionate way. Staff treated people in a way that made them feel special.

The nurse liaisons carried out assessments of need carried out assessments of need. This ensured people's needs and the support they required matched. People made decisions in the planning of their care which was integral to the support provided to them. Staff provided care that was person centred and people's support was delivered taking into account their views. Care and support was flexible to meet people's changing needs. The registered provider used evidence based practice and developed their own research to improve people's lives. Staff celebrated people's lives in a way that made them feel valued. Staff understood end of life care and delivered sensitive care to people taking into account their wishes. Staff developed and understanding of people's religious and cultural needs at the time of their death.

People and staff confirmed that the service was exceptionally well led. They said that the management team were remarkable and open, honest and approachable. The management team placed people at the centre of the service.

The Head of HR and Operations monitored the quality of the service. The quality assurance systems allowed for the registered manager and office based staff to assess, monitor and review the service to ensure

standards remained high. A service action plan was in place. The registered manager identified and recorded any areas for improvement with details of the action staff took to resolve the concern. The registered provider had plans in place to develop the service through an enhanced staff training programme and by using technology.

The registered manager understood their responsibilities and sent notifications to the Care Quality Commission (CQC) as required.

The registered manager had developed relationships with external organisations. This helped to improve the care people received because advice and support was obtained promptly. The registered manager was involved in raising awareness of people living with physical disabilities.

Safeguarding systems and processes used helped to protect people from harm and abuse. Staff knew what abuse was and completed safeguarding training to update their knowledge.

Staff identified risks for people. Risk management plans had enough detail so staff could manage and reduce the likelihood of harm. There was a system to record missed and late care visits, and accidents and incidents. Records showed and staff told us that training covered scenarios exploring when something had gone wrong. The office sent staff messages if something had been identified that they should be aware of. All incidents were managed effectively and actions taken to reduce incidents happening again.

Staff administered medicines to people as prescribed. Training in the safe management of medicines took place. Staff had their competency assessed to ensure their practice was safe to support people with their medicines.

There were enough staff available to support people as they needed. The Head of HR and Operations followed safe recruitment processes to ensure only suitable staff were employed to care for and support people. Checks were carried out before staff were approved as suitable to work at the service.

Staff were supported through training, supervision and appraisal. Staff explored the challenges and positive aspects of their jobs and reflected on their role working for the service.

The principles of the Mental Capacity Act 2005 (MCA) were followed by the registered manager and staff. MCA training was made available for all care staff. People were supported to have maximum choice and control of their lives and staff provided care in the least restrictive way possible for people. The policies and systems in the service supported this practice.

Staff sought people's consent to care and support. Care records held details of people's agreement and consent to receiving care and support from staff.

The quality of meals provided to people met their preferences and needs. The registered provider gave staff monthly recipes to support them to make nutritional meals for people. Shopping was completed by staff when required by people.

Staff understood infection control processes. The registered provider had an infection control policy in place. There was personal protective equipment for staff to use to help reduce the risk of infection for people.

People's choices were included in assessments in line with their views and wishes. Staff recognised when

people's health care needs changed and sought prompt advice. People were supported to access health care services to help them maintain and improve their health care needs.

The registered provider had a system for people to complain. People were provided with information on how to make a complaint about the quality of care and support. People felt able to complain if they chose and were confident that the registered manager would look into and respond to their concerns.

## 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. Staff understood what action to take to protect people from the risk of harm and abuse.

Risk assessments and management plans guided staff to reduce and manage known risks.

Staff recruitment practices ensured they were suitable to work with people. There were enough staff available to support people safely.

The management of medicines was safe and people received them as prescribed.

Infection control procedures were followed by staff to reduce the risk of infection.

### Is the service effective?

Good

The service was effective. The registered manager supported staff through induction, training, supervision, and appraisal.

The registered manager and staff understood the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

Staff supported people with meals that met their needs and preferences.

### Is the service caring?

Good

The service was exceptionally caring. People and their relatives were highly complimentary about the service, staff and the care and support they received.

Care was delivered in a dignified way to people which showed they were valued. Staff respected their individuality, which showed people mattered.

People were able to make decisions about their care and support and their support was coordinated in an effective way.

Staff respected people's privacy and were caring, compassionate and empathetic to people. They took action to celebrate people's lives so they felt special.

People's end of life plans, wishes and opinions were respected and carried out.

## Is the service responsive?

**Outstanding** ☆

The service was exceptionally responsive in meeting people's needs. People were placed at the centre of their care and support needs. The staff obtained advice and support from external organisations and professionals to improve the health and social care outcomes for people.

Staff provided care and support that was extraordinarily flexible and responded effectively to people's needs. People were comfortable discussing any concerns or complaints with staff or the registered manager. They felt their concerns were managed appropriately and with compassion.

People wishes for their care at the end of their life were respected.

## Is the service well-led?

**Outstanding** ☆

The service was remarkably well-led. The registered manager and management team encouraged staff to display the ethos and values of the service.

Staff clearly understood their role within the service. They were proud to work for the service and spoke positively about the people they cared for. Staff said they felt respected, appreciated and valued by the management team.

The service displayed an open and positive organisational culture and people were at the centre of the service. The registered manager understood their registration responsibilities with the Care Quality Commission. The service sought feedback from people for their views about the service.

The registered provider had a robust quality assurance system in place. This helped to monitor, review and improve the quality of care for people.

There were relationships developed with organisations both voluntary and statutory health and social care services. These relationships enhanced the care people received because

people's support was co-ordinated effectively.

# Westward Consultant Ltd

**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, 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 13 March 2018 and was announced. We gave the service 24 hours' notice of the inspection visit because the registered manager and other senior staff are often out of the office supporting staff or providing care. We needed to be sure that they would be in.

The membership of the inspection team included two 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. Their area of expertise was with older adults, some of whom lived with dementia.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

As a part of the inspection we spoke with 18 people who used the service and four relatives. We also spoke with the registered manager, nine nurses, five care staff, the managing director and founder of the service, and the head of human resources who was also the nominated individual.

We looked at records at the service related to the delivery of care to people and the administration and management of the service. We looked at 10 care plans, 10 recruitment files, staff duty rosters, quality audits and medicine administration records for five people.

We asked health and social care professionals for their views of the service after the visit. We received feedback from four professionals and we have included their views and comments of the service in the report.

Good

# Is the service safe?

## Our findings

People said they felt safe with staff. People's comments included, "Yes they are [safe], especially the regular ones [care workers]", "I'm comfortable with them, there's no issues regarding trust or safety," and "I feel safe when they are with me because I'm not too happy in the shower, a bit unsteady on my feet. I know when they're there I won't fall. Also, I feel comfortable with them, there's been nothing untoward." People's comments supported the evidence that we found that the service was safe.

The registered provider's safeguarding process guided staff to reduce the risks from harm and abuse. Staff completed safeguarding training so they understood and recognised the types of abuse people were at risk from. Staff confirmed they had completed training in safeguarding adults to enable them to deal with potential abuse. No member of staff spoken with had encountered a serious safeguarding event. Staff said they would report safeguarding concerns to the office immediately and would receive extra support from the registered manager, or other managerial and supervisory staff in the office.

Staff knew how to report an allegation of abuse to the management staff. The safeguarding policy provided guidance on how to report allegations of abuse promptly to the local authority for investigation. The registered provider's safeguarding policy protected people from the risk of financial abuse. When staff handled people's money this was clearly recorded. Receipts were kept and returned to the office so this could be checked to ensure people's monies were kept safe and staff were acting in a way that reduced risks from financial abuse. Staff completed the financial records accurately and no concerns were apparent. There was a whistleblowing policy in place for staff. This guided staff about how to report concerns of poor quality of care if the registered manager did not take action to respond to their concerns.

The registered provider had a system in place to manage accidents and incidents that occurred at the service. The registered manager told us when any incident occurred this was reported to them by the member of staff involved in the incident. The information from these reports allowed the registered manager to identify and act on themes found. They said staff were encouraged to be open and honest when things went wrong. We saw an example where a medicine management error occurred. The member of the management team reviewed the incident and we saw a full investigation into these concerns, which was clearly recorded. The management team arranged further support for the member of staff. For example, the member of staff attended additional training in the safe management of medicines. This improved their skills and the nurse practitioner at the service monitored and reviewed their practice.

Risks to people were effectively assessed and managed to ensure people were kept safe. People had assessments of their care and support needs and these also identified risks to people's health and well-being. A management plan guided staff to help them support people and to mitigate risks. Nurses said in their professional role they were continuously assessing any risks associated with people's health needs, and would note for example if someone had increasing difficulty in swallowing and might need assessment by a speech and language therapist and/or a medicine changed to a liquid. Care staff told us they were also alert to changes in people's health and would arrange a GP visit if appropriate.

Infection control procedures were utilised by staff. Personal protective equipment (PPE) such as gloves and aprons were used by staff to manage risks relating to infection control and hygiene. Staff had access to PPE at all times.

The management of medicines was safe for people. The medicines administration policy and procedure guided staff in the safe management of medicines. People said they had support with taking their medicines. People shared comments such as, "The medication is important, they bring my pills, there's no problem, I get them on time" "Yes they monitor the medication, make sure everything is in order and I don't run out" "They give it to me and write it in the book, there's no problem" and "Medication? There's no problem with it." The registered manager completed medicine competency assessments for staff who administered medicines for people. Staff said they reminded people to take their medicines and staff recorded when it was taken. Staff confirmed they were aware when people had medicines to take as needed, such as an inhaler for breathing problems or paracetamol for pain relief. Nurses carried out clinical nursing tasks such as providing intravenous (IV) therapy, blood sampling and injections, and dressing changes. Medicine administration records (MARs) were completed accurately and office based staff regularly audited these to ensure that nursing and care staff recorded on them as required. This meant people received their medicines as prescribed and were supported by staff who had achieved a good standard of safe medicine management practice.

Sufficient staff were deployed to provide care for people. People said staff's availability was flexible which allowed them to have their care at a time they chose. People said, "They usually come at about 9am which suits me fine. They're never unreliable and ring me if they're short and tell me the name of who's coming and what time" "They usually come on time", "They come on the dot and stay the full amount of time", "[Care worker] is a wonderful time keeper, [care worker] comes regular and lets me know in good time [the week before] if [care worker] can't come." The registered manager said replacement care workers were available to cover staff absences. Nurses and care workers said there was no problem when they wanted to take annual leave and there appeared to always be enough staff to cover shifts.

The registered provider employed suitable staff by using their robust recruitment process. The head of human resources managed the recruitment of new staff. Each member of staff completed an assessment of their suitability for the role through psychometric testing, assessments and an additional online assessment before an interview was offered. This allowed the interviewer the opportunity to analyse prospective employees' responses which provided them with information on whether candidates had the right attitude and aptitude for the role.

Staff told us they had provided identification and references and done psychometric tests. Records confirmed that the provider obtained a minimum of two references and the Disclosure and Barring Service (DBS) completed criminal record checks on staff, before new staff were permitted to commence employment. The DBS check helps employers make safer recruitment decisions and prevent unsuitable people being employed. When concerns were found with a DBS, this was discussed with the applicant and a risk assessment to assess they were safe to work with people was completed. The employee then was provided with additional support and supervision was arranged. Systems were in place for the head of human resources to monitor staff visa requirements, and identify when DBS checks and nurses registrations were due for renewal. Staff produced copies of their UK nurse registration with the Nursing and Midwifery Council (NMC). The NMC is the regulator for nursing and midwifery professions in the UK.

Good

# Is the service effective?

## Our findings

People were cared for by staff who were effective in their roles. The nurse liaisons assessed people's needs in an effective way because people were fully involved in the assessment process, where possible. When people were not able to fully participate in their assessment, their opinions and choices were sought as much as possible and included, so that the support matched their needs. Assessments identified the person's physical and mental health needs, life histories and activities they enjoyed doing. Before receiving care people agreed to the support required and received a copy of their assessments so they understood what care and support they were going to receive.

Staff were supported in their role by the registered manager. Staff had training, supervision and an appraisal to support them in their roles. People said staff were very well trained and skilled in providing care and support to them. Comments from people using the service and their relatives included, "Yes I believe they are well-trained because they're frequently away doing courses and I've also observed them at work. I live [many] miles away so I need to be sure that they're capable of doing the job" "It's been very high quality indeed. My main care worker is very experienced, she's worked for many different agencies for many years as has her replacement. They're good at what they do, very well trained in my opinion" "They [the agency] are very meticulous about training; the staff have to attend regular training courses and are updated on anything new" and "All very nice, highly trained, they know what they're doing."

All staff said they had undergone induction training and had annual training updates. The office sent them text and email information about training opportunities and compulsory updates. Staff were paid to attend training sessions which was an incentive to attend, but they also said they welcomed the opportunity to meet other Westward Consultants Limited staff. Several nurses and care workers mentioned that the training was very well delivered and they always learned something new. Mandatory training included health and safety, moving and positioning, safeguarding adults, emergency first aid at work, fire safety, food hygiene, infection prevention and control, and basic life support.

The Registered Manager and Head of HR and Operations arranged and managed the staff training programme following feedback from training supervisions and appraisals. There was a training schedule in place for staff. Care workers completed the Care Certificate during their induction at the service. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. Staff said they had attended training on supporting people with dementia, on depression in older people and mental health. Other training sessions on offer included, drug and alcohol abuse in older age, diabetes, pressure ulcer prevention and bereavement. Nurses said they received clinical training to keep them up to date with medical developments, maintain their registration with the Nursing and Midwifery Council (NMC) and to improve their clinical skills. One nurse said the training programme was comprehensive and said, "We are paid to attend training which is rare and great." Another member of staff said, "The training is always participatory and excellent."

Staff had regular supervisions with the performance and improvement manager support them in their roles. These supervision meetings allowed staff the opportunity to discuss challenges they experienced in their

daily practice. The supervision also enabled staff to get advice from the performance and improvement manager to resolve any concerns or issues they had. The performance and improvement manager recorded each supervision meeting. Action for follow up was recorded and reviewed at the next supervision to ensure this was completed.

Staff had an appraisal of their performance each year. Staff discussed their role including challenges and positive experiences they had faced in the past year. Together staff and their line manager discussed and reviewed any practice issues and also allowed staff to reflect on their development and practice issues. This allowed staff to learn and improve their practice. These records were signed and a copy given to the member of staff for their records. Staff confirmed that they had regular supervision and appraisals which they valued.

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 were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. From the discussions we had with staff they understood how to care for a person who needed care within the framework of the MCA. Staff understood the concept of mental capacity and many had prior experience of working with people who had capacity for simple decisions. Training records confirmed that all staff had completed training in MCA. Staff we spoke with understood their responsibilities to care for people appropriately in line with the MCA and understood how to care for people when they lacked capacity to make decisions themselves.

People gave their consent before receiving care and support. People said they felt in control and directed staff when giving the care. They said, "I am in control, [care worker] makes suggestions but I don't have to follow it" "They ask permission and always do as I ask them" and "I tell them first what to do." Staff said they always asked for verbal consent when giving care or treatment. Records showed people gave their consent and this was documented in care records.

People were supported with meals, which they enjoyed and their food choices met their needs. People and relatives said, "[Care worker] takes [my family member] out shopping and they discuss what to buy. [Care worker] has ideas of their own as well about what to cook, for instance they suggested sausage casserole, we'd never had it before, but we like it, it's on the menu now" ,"On Christmas Day they like to have scrambled eggs; they're very specific about what they want and when they want it even though [my family member] knows they can have scrambled eggs on any day of the week", "They make me porridge and toast and it's always nice," "I choose what I like. It's always hot and nicely presented", "I have ready meals and they're always cooked properly and look appetising" and "The meals are tasty and how I like them." Staff were committed to and aware of people's nutritional needs and they combined this knowledge with preparing food people enjoyed. The registered manager had organised cookery classes for staff. This enabled them to understand nutritional needs, food presentation and improve their cookery skills so people had a variety of meals to choose from. One care worker said they had some cookery lessons to help them prepare healthy meals for a person.

People's health care needs were monitored and reviewed by healthcare professionals. When required, staff referred people for assessments with health care professionals so they could maintain and improve their

health. Staff told us people were registered with GPs or private specialist doctors. Staff said they had direct contact with healthcare professionals other than doctors for advice, for example occupational therapists and physiotherapists. People had adaptations such as additional handrails, and special baths and hoists. Staff sometimes used their initiative and spoke with their line manager about whether people might benefit from new aids and adaptations. The office based staff would act on this information and make appropriate referrals to health care services for their professional advice. Staff were trained to identify changes in people's healthcare needs. Staff took action to resolve changes in people's care needs promptly for example, when a person's physical health deteriorated. Staff supported people to attend appointments with health services.

People said staff supported them to attended health care appointments if they needed this support. One relative said, "Yes they do take [my family member] out in the wheelchair to appointments." A healthcare professional said, "They have been attentive and are very responsive to my requests for urgent input. I have found them extremely easy to communicate with." The service had a nurse liaison role who worked with a multidisciplinary team to plan and coordinate care in complex situations. A multidisciplinary team is a group of health care workers who are members of different disciplines including psychiatrists and social workers, each providing specific services to the patient. The nurse said the agency had, "Great working relationships with the private GPs in our area" which benefitted people's healthcare.

Good

# Is the service caring?

## Our findings

People commended the support they received and stated that it was of an exceptionally high standard. People and their relatives were extremely positive about the staff, and the quality of the care and support they received. There was a common theme in the comments people and their relatives made about how caring all staff were. People comments included, "Yes they're kind and caring", "They're very good, very helpful, always ask if there's anything I need before they go" "They ask questions about my welfare such as am I sleeping, am I okay, is everything in order, have I taken my medication? They do it every day and write it in the book", "They're kind people and seem interested in my welfare. I'm very happy indeed" and "They're kind, very sweet people, there's never been a problem. I'm satisfied they're excellent." Professionals told us the service provided an exceptionally high standard of care. We received comments from professionals which included, "They provided compassionate, supportive and professional care in the home and I would recommend them again to anyone requiring such services" and "Draycott [Westward Consultants Ltd] have provided excellent care for one of my patients."

We were not present when staff and people engaged with each other. However, we were present on the telephone with a person using the service when a member of staff demonstrated how they treated people with kindness and compassion. During our telephone conversation with the person the care worker politely informed us that they were concerned because the person was temporarily unwell and it was time for them to rest. We found the care worker showed genuine concern for the person's well-being. This showed that staff had a mindful approach to people's needs while delivering care to them.

People and their relatives were involved and made decisions about their care planning. People's care was co-ordinated so that it reflected their individual care and support needs. One relative said, "I do the decisions. I've learned a lot from the care workers. I know what [my family member] likes and they know what [my family member] likes and how [my family member] likes things done; we work together like a team." A nurse assessor was responsible for completing the initial care assessments of people. They recorded information about key contacts for that person's healthcare. Following the initial home visit, the nurse assessor developed care plans, risk assessments, moving and positioning assessments, falls risk assessments and pressure ulcer risk assessments. Then the office based staff sought to find the best match of nurse or care worker for each new person using the service, including matching people and staff who shared the same language or cultural heritage.

Each person had a review visit to assess whether a care need had changed. Staff confirmed they always read the care plan for new people, but also checked it for updates in the case of established people. People were able to contribute and be involved in the reviews of their care. People commented, "I have regular talks with my care coordinator. They called initially to look at my house, ask me questions about what was needed. They phone me now to check if everything is ok" "We have regular conversations about the care. Every six months my care coordinator comes around to check what we are getting and to assess what we need and what the carers need to do. We are given all the support we need at the moment", "Initially someone came to do an assessment, and since then have been in touch a few times, they want to know what the carers are doing and if they need to do more" and "They always send someone once a year to have a chat and see if

everything is ok."

Staff supported people to be actively involved in making decisions about their care. We noted that one person's care needs changed following a review. The person discussed with staff that they had fallen and they were concerned about this. The member of staff reported this to the staff at the office and a falls risk assessment visit with the person was arranged. A nurse assessed the person and the outcome was that the person had reduced mobility and they were at a continued risk of falls. The nurse recommended the person needed support from the use of equipment to help them. The person was assessed and the equipment was put in place, which helped reduced the risks of falls. The service also developed and provided the person with an individual easy read guide that described what actions they should take if they had a fall, which included making contact the GP or the agency. In addition staff completed an environmental check to ensure their home was safe and free of trip hazards. Where concerns were identified these were discussed with the person so they were able to take action to keep themselves safe. This meant that people were supported to discuss concerns they had about their care when they noticed changes in their health and wellbeing. Staff took action on people's concerns to enable them to live independent lives as able.

The registered provider had service policy that stated people would receive a minimum of a one hour care visit. People said they knew the care workers well and staff attended to their care needs for the required time. This approach improved the continuity of care so people could achieve their care and support outcomes. This approach was in line with recent best practice guidance from the National Institute for Health and Care Excellence (NICE), Older People with Social Care Needs and Multiple Long-Term Conditions. The service took account of best practice and incorporated this into the service delivery which meant people received care that was effective.

The registered provider recognised the importance of relatives as important care givers. Staff arranged 'support for relatives' sessions for relatives who wished to attend. These sessions allowed relatives to meet with each other to share their experiences and learn from each other. At one of the monthly meetings relatives discussed their experiences of being a carer to a person living with dementia. The registered manager identified that relatives had a varied understanding of dementia and some relatives needed some more information to help them improve their understanding. As a result the registered manager organised training specifically for relatives in dementia care. Relatives were able to discuss issues and ask questions during the training. Feedback from relatives was that they had benefited from the training and were grateful for having the opportunity to meet others who cared for a family member with dementia. It helped them to have a better understanding of their family member's needs.

The registered manager reviewed relative's feedback following the dementia training. The analysis of the feedback identified that relatives wanted more training. This feedback was acted on and a programme of training was developed especially for the needs of relatives as care givers. An example of the courses available included, dementia awareness including virtual dementia, drug misuse in later life, safeguarding in the community and cooking for diminished appetite. The training equipped relatives with knowledge and skills as care givers and they gained a greater understating of their relatives needs which helped to reduce their concerns and worries.

Care workers were alert to changes in needs which often included those of relatives/carers. One care worker said they had recently recommended that a person's relative should be assessed to meet their own care needs. Care workers reported significant changes, such as illness to the office immediately and were expected to send brief updates every few days. This meant that the office staff could promptly address any potential concerns with the level of care the person received.

People had regular contact with relatives and friends that mattered to them. When people needed support to go out to meet a friend or relative, staff supported them to do so. When people needed their care visit at an earlier time staff accommodated this so people could have the support they needed. This demonstrated that the provider was as flexible as possible. Staff told us that they developed relationships with people and their relatives whilst delivering care.

People valued their relationships with staff who often went 'the extra mile' for them. We saw examples of where staff went 'over and above' their role to show commitment to people by maintaining continuity of care. For example, staff rearranged their personal commitments with short notice to provide care. Another member of staff postponed their annual leave to provide care to a person. This ensured the person had consistent care from a care worker they were familiar with. People received care from staff that were willing to provide care and support in a flexible and considerate way to ensure people received their care that met their needs.

Staff demonstrated that they knew people well and understood their needs. A member of staff provided care to a person that had memory problems. The person had difficulties and concerns with not being able to recall the days of the week, the dates of the month and what activities they were doing each day. The care worker noticed these changes and reported them to the office who informed the GP for their input. In the meantime the care worker suggested with the person that they could benefit from visual reminders. A writing board was purchased and displayed in the person's home with their agreement. The board was used to write the messages, the day and date and also events that were going to happen each day. The person had access to this so they could remind themselves of these things. Staff commented that the introduction of the writing board reduced the level of memory difficulties for the person. This meant with the member of staff's intervention and 'thinking outside the box' helped the person reduce their anxieties and in turn improving their well-being.

Staff cared for people in a dignified manner. Personal care tasks were completed in private. People confirmed staff respected both their privacy and dignity. People shared their comments with us, "Yes they do. When [my family member] sits on the chair, they're proper and respectful. [My family member] is covered-up whenever [he/she] needs to be" and "Yes, they close the door when carrying out personal care."

The registered manager and staff recognised special events in people's lives. People's birthdays were recorded in their care records and celebrated by the service. The service contacted each person using the service on their birthday and sent them a birthday card from the staff at the service. This demonstrated that people using the service mattered to the provider.

The registered manager supported people to access advocacy service. We saw an example where a person was referred for support with the management of their finances from an advocacy service. Advocacy services help people access information and services, become involved in decisions about their lives, explore choices and options and speak out about issues that matter to them. The person received the support and advice they required and were able to take action to resolve the concerns they had regarding their money. The service had developed links with other local advocacy services. This included the Dementia Pathfinders. This is a service that delivers education and learning for people working in the dementia care field and providing therapeutic care and support for people with dementia and their families. People and their relatives who needed advocacy and advice were able to contact the service.

Outstanding ☆

# Is the service responsive?

## Our findings

People received a service that was especially responsive to their needs. People's care and support were planned in co-operation with them. Assessments were conducted in a person-centred way. One person told us, "My main [care worker] is very experienced and worked with a number of agencies over many years. She says this one is the best run organisation she has ever worked for. Very efficiently organised and run. It's obvious the staff are happy and morale is high, they have annual outings and Christmas parties."

People were provided with care and support they needed which recognised and valued their individual strengths and levels of independence. For example, a person had identified that their health needs had changed and deteriorated recently. A care professional assessed the person care needs and the outcome was that they required 24 hour care in a care home because of their reduced abilities. The person understood they needed more care and support and the professional's recommendation of residential care. But the person did not want to live in a care home setting and wanted to remain in the home they were familiar with and had lived for a number of years. Staff worked with the person to develop a plan of care that helped to safely meet all their needs whilst remaining at home. Staff acted on and respected the person's care choices and provided them with increased support that included care during the day and also at night. Domestic care tasks were also carried out for the person. A professional who was involved with supporting the person said, "Draycott Nursing & Care Agency [Westward Consultants Ltd] was instructed to look after a longstanding person of ours so that 24 hour care could be provided to them in [his/her] own home. There were regular assessments at the home as well and checks made on the care workers by more senior staff." Staff acknowledged it was important for the person to be supported to make their decisions known and carried out so they were satisfied with their care. The person was valued and staff listened to them which helped them maintain their level of control and independence and improve their well-being because their wishes were acted on and their choices respected so they could have the outcome they wanted. The person remained in their home whilst receiving the level of care they needed and they were able to live as they chose.

We found another example where staff provided individualised person centred care. People commented on the attitude of the staff that supported them. One person said, "I always seem able to get someone immediately. They're responsive and they deliver." We saw that the care provided took into account people's heritage. Staff assessed that a person had a reduced appetite and did not always eat the meals the care worker provided for them. The person told staff that they did not have an appetite to eat. The person and staff spoke about their favourite foods they enjoyed and remembered eating in their childhood. The person said that they were no longer able to cook meals due to their reduced abilities. The care time allocated did not provide the care worker sufficient time to prepare home cooked meals. The care worker with the agreement of the registered manager prepared a meal in their own home and brought it to the person's home for them to enjoy. The person was able to eat this meal because it was familiar and provoked positive childhood memories of sharing and eating a meal with their family. As a consequence the person's appetite improved because they found enjoyment in eating a variety of meals staff provided. This encouragement from staff reduced the likelihood of malnutrition as the person was able to eat meals that met their preferences and needs.

Care workers said the care plans for each person were personalised to their specific needs and identified risks such as falls, the risk of pressure ulcers and risk of depression. A care worker said that when bathing or dressing a person they would examine the skin for any signs of redness or colour changes that might indicate a pressure ulcer. Staff regularly reported updates needed to care plans and risk assessments. Staff in the office updated these and a copy was sent to the person's home so the information in the home was always the most up to date. People were involved in their care reviews. One person said, "We see [care co-ordinator] on the six-monthly reviews" and another person commented, "Once a year I see [care co-ordinator] for my review and I speak to or get emails from (name), the care planner; the one who makes the placements." Care workers said they would alert the office to changes in a person's care needs and sometimes suggested a new assessment be done. For example, when someone's mobility changed and there might be a need for two care workers to support the person with bathing or going out.

The registered manager assessed people's needs and met them in line with the new Accessible Information Standard, for example providing large print documents for people with visual impairments, supporting people to get large print books or audio books from their local library and supporting people who were hard of hearing. The Accessible Information Standard makes sure that people with a disability or sensory loss are given information in a way they could understand.

Staff said people had the minimum size team of care workers and nurses as possible which provided continuity and enabled staff to get to know people well and so meet their needs effectively and minimise risks. Care workers specifically mentioned the value of the team approach when supporting a person and said they had regular contact with other employees caring for a particular person.

Staff used information from "This is Me" to find out what people enjoyed to do. "This is Me" is a document designed to record people's life history including their past employment history, hobbies, likes, dislikes and what people enjoyed to do. One person enjoyed dancing, however, due to changes in their health they had stopped this activity that they loved. The person shared with staff that they missed dancing. The care worker found a dancing class that was local to where the person lived. Following discussions with the person, the member of staff supported the person to attend the dance class so that they could continue to enjoy dancing. This meant that the person's well-being improved because they were doing an activity they enjoyed. The person was also able to socialise and meet new people with whom they could develop relationships and enjoy the activity. This also reduced the person's risk of social isolation.

We saw another example where staff went 'over and above' their role to help people. A person using the service enjoyed watching films from the 1940's and 1950's but didn't have access to these. The person's care worker discussed this with the registered manager and with the permission of the person using the service the care worker took their personal computer to work when visiting the person. This allowed the care worker to access films of the person's choice and they were able to watch these together. This demonstrated that staff listened to people using the service and understood the importance of supporting people to engage in meaningful activities that met their individual preferences. The service used innovative ways to help people improve their wellbeing through using positive aspects of their history.

The service used imaginative and innovative ways to help people improve their health and wellbeing through the use of technology. Staff sent daily updates to the office and information was shared amongst the nursing teams for particular people to ensure all relevant staff were up to date and there was seamless nursing care. Full nursing records were kept in people's homes. From these records the registered manager identified some themes from the daily notes. They found that some people did not eat well because they did not have an appetite even when staff cooked meals they liked. The registered manager used evidence based research that recommended the use of smells to improve people's appetite. The registered provider

purchased a system that emitted food scents that could trigger and improve people's appetite. This was to be given to people who had been identified with poor appetites. At the time of the inspection staff were testing the effectiveness of the device and allocating them to people using the service who had been assessed as required support with improving their appetite.

Staff also identified that people needed reminding to take their medicines. The registered manager looked into devices that people could use to set a reminder to take their medicines. This meant that the level of care and support could be reduced so they could be more independent. The registered provider had arranged for devices to be given to people who had poor memory and who would forget to take their medicines when due. At the time of the inspection staff were testing the effectiveness of the device and allocating them to people using the service who had memory problems and needed this additional support by reminding them to rake their medicines.

Staff completed training in end of life care which gave them the skills to care for people. Staff told us that they supported people while working alongside a district nurse to provide end of life care. The registered manager and staff had developed working relationships with healthcare professionals in hospital and hospice outreach palliative care teams as well as liaising with GPs. Staff took into account people's religious and cultural needs at the time of their death. For example, how staff should care for people at and after their time of death in relation to specific religious beliefs and death rites. Staff were provided with information on individual religions and religious practices so they had the knowledge to care for people in an appropriate way.

Staff supported relatives when their family member died and sent sympathy cards to families. They provided bereavement support to relatives and staff. The registered manager also invited bereaved relatives to the charity events they arranged such as their annual Christmas carol concert so that they could still remain involved with the service if they wanted to and enjoy social events.

The registered provider had a well organised system in place to manage complaints. The registered manager investigated complaints appropriately and had a system to respond to the complainant once the investigation was concluded. People were provided with details of how to make a complaint, this was included in the service user guide people received when they first started using the service. At the time of the inspection we were told that no current complaints had been received. People said they had no reason to complain but would feel comfortable if they had to raise an issue. People had a telephone number to contact staff if there were any problems. People commented, "No complaints but I have a number to ring if there are any problems" "I would go to the manager, she is very, very nice," "I find the people in the office friendly and helpful" and "If there was a problem I would get someone to write to you [Care Quality Commission]."

Outstanding ☆

# Is the service well-led?

## Our findings

People and staff said the service was exceptionally well run and that the management team were highly professional. The office staff were considered approachable and supportive. People commented, "[Office based staff are] the ones I contact at (the agency). They handle the carers and the rotas and the emails", "It's well-run and local, we had used them before. The care workers are nice and they recruit good people who are consistent" and "It's very well run. They give you a schedule which changes every week. The carers are very responsive and I train them." People's feedback demonstrated that they were extremely satisfied with the service which they reported to be "well organised", "reliable" with "competent and caring staff."

People described the service as "excellent", "wonderful" and of "high quality" and said they would recommend Westward Consultants Limited to others. Comments from people and relatives included, "Recommend? Very much so. I don't think you can make it better", "I'm happy and indeed I would recommend it" and "I would recommend them on the grounds of their conscientiousness."

Staff said the management team were always there to support them. The management team said they operated an open door policy which allowed staff to speak with them at any time they needed. A member of staff shared with us, "All staff valued the friendly and professional support and expertise available in the office." External professionals also shared their comments with on the management of the service and said, "[They provide] professional care in the home and I would recommend them again to anyone requiring such services" and "I have found them extremely easy to communicate with. Draycott [Westward Consultants Ltd] have provided excellent care for one of my patients" and "Draycott [Westward Consultants Ltd] is a fantastic organisation which is unrivalled in the UK. The staff are consummate professionals and truly dedicated. The organisation is exceptionally well run and [the managing director] is outstanding."

The registered manager fulfilled their requirements of their registration with the Care Quality Commission. They notified us of incidents that occurred at the service as required by law.

The vision and values of the service were extremely person-centred. The ethos of the service was of competence, communication, compassion and collaboration. All staff were impressed with the agency as an employer and a service giver. Some had experience of working with other agencies and said this agency was excellent. One care worker said "I feel that I work for an ethical and professional company and am proud to be in their employ." Staff felt able to contact office staff for advice and support as well as to suggest changes to care plans. A nurse said they loved working for Westward Consultants Ltd because it "is not a money making machine but an organisation that really cares about providing the best possible care." Staff we spoke with said that the supportive management helped to build and maintain good working relationships within the team. This approach enabled staff to gain and develop trust and improve teamwork. This allowed staff to maintain and also increase their work performance often going 'over and above' for people they cared for because of their level of job satisfaction they described.

The registered provider used a number of methods to communicate with staff. Team meetings were arranged on a weekly basis. At these meetings the management discussed issues that affected the delivery

of care to people. Staff had the opportunity to share their ideas with each other and seek advice from colleagues. There was a newsletter developed for staff. This provided staff with a snapshot of what was happening within the service. It also included relevant health and social care news that may be of interest to staff. Monthly recipes were also included so staff could further develop and build on their cooking skills. The head of human resources communicated with staff by email every fortnight through '149'. '149' is a system where staff achievements were shared using information gathered from comments made by staff, people using the service and observations made by office based staff. The registered manager openly recognised care workers involvement in the service by appreciating how the care worker displayed a positive contribution in their daily practice. This allowed staff to share good practice ideas, be positively recognised which in turn created pride in their work and feel appreciated.

The management team took steps to ensure staff felt appreciated. They celebrated staff birthdays and sent them cards to mark their special day. Staff were hugely complimentary both about their employer, the service they provided to people and how they were supported to meet people's physical, spiritual and emotional needs. Staff felt their own suggestions in relation to a person's care were listened to and action taken as necessary. Staff also told us they felt valued by the agency and were given praise and encouragement. All staff valued the friendly and professional support and expertise available in the office and appreciated the provider's support and understanding when they faced personal difficulties. This meant that staff were motivated to do a good job because the registered manager positively supported and valued staff as individuals and as part of a team.

Staff performance was celebrated in a number of ways. The registered provider had a system that recognised length of service during an award ceremony where they received a badge recognising either one, three, five and ten years of service. There was also a Carers Award for care workers. This was for staff who had been recognised as outstanding. A member of the management team said, "If you care for the care worker the care worker will care for the [person]." The registered manager understood that care workers that were supported in turn provided effective care to people. They said, "We support care workers because we care about them as well as the people who have services."

The provider organised team-building events and social functions for staff to show their appreciation and encourage team development. For example, the registered provider arranged an annual summer party, pamper spa days and afternoon tea days.

Staff informed us that they really enjoyed their work, appreciated being able to care for people without being rushed and valued the training and access to 24 hour support from office staff. Staff were without exception proud to work for Westward Consultants Limited and passionate about providing good care. They were aware that the managing director had set up the agency after finding it hard to find good care for her mother, and several said they would like to be able to use the service for their own relatives. Many had worked for other agencies and considered Westward Consultants Limited superior to other agencies in terms of support for staff and feeling that giving attentive care was appreciated by the people who used the service and by the agency's management team. Staff also valued the opportunity to work with people with a range of different care and support needs. A member of staff said, "Everyone works above and beyond to try to ensure our people are supported to live as independently as possible with professional, caring, skilled and discreet care." A second staff member said, "Westward Consultants Limited is a wonderful, supportive place to work. The best thing for me is knowing that I work for a company with the very highest professional standards, led by a managing director who is a nurse with the highest standards, knows everything that is going on with people and staff and is ever present with valuable knowledge and advice. I also really appreciate having the nurse tutor/registered manager on site who has a wealth of knowledge available." One nurse described the experience of working for two years with Westward Consultants Ltd as "truly

memorable." A care worker reported that, "The office had excellent specialist staff to give advice."

The registered provider and registered manager welcomed feedback from staff. Staff were asked for their feedback about the service, for example on the quality of the training that was provided. Staff rated the training highly and said the training supported them to improve their performance in different aspects of their role. The registered manager sent staff a questionnaire so they could give their views about the service. Staff were invited to reflect on their role in the service. They completed an exercise that looked at what made them feel valued at work. Amongst the responses were having the opportunity to reflect on their practice, feeling heard by the office based staff and receiving good feedback from the people they supported. This helped staff look at their role in the service whilst receiving positive feedback from managers about how they were respected and appreciated by the management team.

People said they were asked to provide feedback about the service and the care they received. Each year staff sent a survey to people using the service and their relatives. One person said, "We've had one survey asking us about how they can do it better," and "Once a year you get a survey." People were satisfied with the care and support they received from the service. One person said, "They're very good; I'd give them 10 out of 10." Quality audits were embedded in the service so that the care was of a high standard. The registered manager carried out monitoring checks of the service. People's care records and monitoring charts were accurate and up to date. There were reviews of people's medicine records and these were completed as required to ensure people had they medicines safely. An external company were commissioned to review the quality of care in June 2017. The audit company produced a report that reviewed the management systems and processes used in the service. There were no actions identified from this audit in regards to the quality of care delivered by staff. The management team carried out 'spot checks' with staff. Spot checks allowed management staff to monitor and review the practices of care staff. The records of spot checks we looked at showed that any concerns identified were addressed with the individual to support their development.

The registered provider evaluated the service and strived for improvement. They had completed a review of the management systems and looked in detail at relevant reports and reviews conducted by external bodies. This included the last inspection report completed by the Care Quality Commission, and the 'Best Companies', 'Investors in People', and International Organisation for Standardisation awards. From this an action plan was developed to improve and build on the quality of the service. For example, an outcome was to continue to invest in comprehensive staff development and support, which we found the provider was actively doing. This showed the provider was committed to improving the service even when positive outcomes from independent assessments were received.

The provider strived to continually learn and teach staff that worked for the service. The registered provider had developed a Carers College. This allowed care staff to receive continued training to support them in their role. The ethos of the Carers College was to encourage care workers to be proud of their profession whilst obtaining skills, and to build and perfect their knowledge. The development of the Carers College demonstrated that staff were valued because the service invested in them. This helped staff to continue working for the service because they were able to learn new skills, increase their contribution to the service while having the opportunity to gain new knowledge and develop their practice.

Nurses were supported with courses that helped them maintain their nursing registration. This included training in catheterisation, pressure ulcer care and tracheostomy care. The registered manager understood the importance in the development of staff so they could continue to improve the caring experiences for people.

The service recognised the importance of empathy and understanding people's needs. The registered manager identified that staff had little insight into the lives of people living with dementia. The registered manager used a virtual dementia tour training tool to help improve staff's empathy for people with dementia, "to get carers to have an understanding of what it is like to have dementia."

People's care and support continued to be coordinated through partnership working with health and social care services. This enabled people to have the most appropriate assessments, services and care to meet their needs. Relationships were developed with local community organisations. The provider had worked in partnership with a housing developer that had developed self-contained flats for older people over 65 to help them live independently in the centre of London. Westward Consultants Ltd had been commissioned to deliver nursing, personal and domestic care support for people who required this in the development to enable them to remain living independently.

The provider supported a charity called Canine Partners. Canine Partners is a registered charity that partners specially trained assistance dogs with people who have physical disabilities. Westward Consultants Ltd held an evening service each year that celebrated Christmas with festive carols, readings and a demonstration by the Canine Partners Demonstration Team. This is a charity event to raise awareness and funding to help transform the lives of people with disabilities by providing them with specially trained assistance dogs. People using the service had positive experiences of this because they were given information by the provider about how to access this specialised support. The link with this charity also enabled staff to learn more about organisations that supported people with a disability to retain their independence.