

Westhome Care Services Limited

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Inspection report

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23 November 2018

26 November 2018

29 November 2018

30 November 2018

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection of Westhome Care Services Limited on 21, 23, 26, 29 and 30 November 2018. At the last comprehensive inspection of the service on 24 and 27 July 2017, 24 August 2017 and 29 September 2017 breaches of legal requirements were found in relation to the person-centred care, safe care and treatment of people and the governance of the service. At this inspection the service had made the required improvements and was meeting the legal requirements.

Following the last comprehensive inspection, we asked the service to complete an action plan detailing what they would do and by when to improve the key questions of safe, caring, responsive and well-led to at least good. We saw people's needs had been assessed regularly and these were detailed in care plans. Infection control procedures were now in place at the service and the service had a policy for staff around this. The governance of the service had improved and we saw evidence of a new governance framework which included regular audits and documented actions taken if any issues were highlighted.

Westhome Care Services Limited is a domiciliary care agency. It provides personal care and support to people living in their own homes. It provides a service to a range of people including those living with mental health needs, dementia and physical disabilities. At the time of inspection there were 97 people using the service and 84 were receiving the regulated activity of personal care.

There was a registered manager in post who had been registered with the Care Quality Commission (CQC) to provide the regulated activity since March 2016. A registered manager is a person who has registered with the CQC 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. The registered manager submitted notifications to the Commission but we found two incidents that had not been notified to the CQC.

There was a new governance framework in place to monitor the quality and safety of the care provided to people. At the time of inspection this framework had not been fully imbedded and not all audits had been completed.

People told us that they felt safe with the care provided by staff and relatives agreed with these comments. We found there were policies and procedures in place to help keep people safe. Care files contained detailed risk assessments which were personalised, these included steps to mitigate risks around infection control, environmental risks and people's risk of having a fall. Staff had received training and attended supervision sessions around safeguarding vulnerable adults.

Medicines were managed safely. Staff had received training around medicine's management and had regular checks of their competencies.

Staff were safely recruited and they were provided with all the necessary induction training required for their

role. The registered manager continued to provide on-going training for staff and monitored when refresher training was required. The registered manager had previous experience in a training role and delivered face to face training with all staff in a designated training room at the service's main office. Accidents and incidents were recorded correctly and if any actions were required, they were acted upon and documented. There was an infection control policy in place and staff had received training in this.

Staffing levels reflected the needs of people using the service and visits were appropriately scheduled to meet people's needs. Staff received regular supervision and appraisals.

The service had carried out an extensive service user quality project to ensure that the service was performing to a high standard. This included collating feedback and survey information. People and their relatives told us that they felt staff were caring and kind. People were supported to maintain social relationships and were supported to attend activities that they had chosen in the community. People told us that staff were caring and respectful whilst carrying out personal care. Staff demonstrated a good knowledge of people and their relatives, what people liked and disliked and the best way to support each person.

There was a complaints procedure in place and people were provided with this when joining the service. Complaints received were investigated fully and outcomes shared with people, staff and their relatives. People and their relatives told us that they felt confident in raising a complaint and who they would contact. One person was accessing an advocacy service and the service worked with them to support this..

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.

People received care from staff who were trained and aware of safeguarding procedures.

Risks which people faced were assessed and reviewed regularly. There were suitable staffing levels to safely support people.

Medicines were administered safely and in line with safe medicines management procedures.

Is the service effective?

Good ●

The service was effective.

People received care that was delivered in line with the Mental Capacity Act (2005) MCA.

Consent was sought before staff provided care to people. People and their relatives were involved in care planning.

Staff providing care to people had received appropriate training and support to carry out their roles.

Is the service caring?

Good ●

The service was caring.

People were treated with kindness and respect by staff.

Staff upheld people's privacy and dignity.

People and their relatives were consulted and supported with planning their care.

Is the service responsive?

Good ●

The service was responsive.

People received person-centred care which met their needs and was regularly reviewed and updated.

People were supported with end of life care when required.

The provider had a robust complaints procedure in place.

Is the service well-led?

The service was not always well led.

There was a new governance framework in place that was still to be fully embedded and further work was needed in this area.

There was a registered manager in post who understood their role and responsibilities. People, staff and relatives felt that the registered manager was open and approachable.

The provider and registered manager had a clear vision, strategy and plan to deliver quality care.

Requires Improvement ●

Westhome Care Services Limited

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 site visit took place on 21 November and 30 November 2018 and was unannounced. Inspection site visit activity started on 21 November 2018 and ended on 30 November 2018. It included reviewing documentation and speaking to staff and relatives via telephone interviews. We visited the office location on 21 and 30 November 2018 to see the registered manager and office staff; and to review care records and policies and procedures.

The inspection was carried out by one inspector, an assistant inspector and two Experts by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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. We also reviewed the information that we held about the service. This included any statutory notifications received. Statutory notifications are specific pieces of information about events that happen within the service, which the provider is required to send to us by law.

We sought feedback from the local authority contracts monitoring and safeguarding adults' teams, and reviewed the information they provided. We contacted the NHS Clinical Commissioning Group (CCG), who commission services from the provider. We also contacted Healthwatch, who are the independent consumer champion for people who use health and social care services. We used the feedback gathered from these parties to inform our inspection and judgements.

During the inspection, we spoke with nine people who used the service, 18 relatives and seven members of staff including the registered manager, nominated individual and a director of the service. We reviewed the care records for six people receiving the related activity and the recruitment records for two members of staff. We reviewed policies, procedures, audits and records relating to how the service is ran.

Is the service safe?

Our findings

At the last inspection of the service we found a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014: Safe, care and treatment. This was due to care staff not arriving or staying for the designated visit times and poor infection control. We found at this inspection the management team had implemented an infection control policy, provided infection control training to staff, employed additional care staff, were regularly reviewing visit times and asked for continual feedback from people and their relatives on the quality and safety of care provided.

People and relatives we spoke with said they felt safe with the care provided by Westhome Care Services Limited. People's comments included, "Yes, I feel very safe with the staff. They always turn up on time well, a couple of minutes either way, but it's all good", "I do feel safe with them", and "I definitely feel safe. The staff are very good and I don't have any concerns when they are here. They are all lovely". Relative's comments echoed these and they told us, "Yes, I believe that my daughter is safe with the staff", "No doubt my husband is safe, definitely. If he needs anything extra doing, they will stay a few extra minutes, they are never in a hurry to rush off or anything", and "My wife is safe with the staff."

We reviewed the safeguarding policies and procedures in place at the service and found these were used effectively to help keep people, staff and relatives safe. Staff had received training around safeguarding vulnerable adults and had received yearly refresher training around this. Supervision records also included discussions around safeguarding. Staff we spoke with had knowledge of safeguarding and could inform us of the escalation routes they would take if they felt anyone was at risk of abuse or harm. One member of staff said, "I've had safeguarding training but I haven't seen anything I would have to report." Another member of staff commented, "I'm aware of safeguarding, what to do and where to go."

We reviewed the accidents and incidents log at the service. These were all documented, investigated and outcomes shared with people, staff and relatives. Where appropriate the service had raised safeguarding alerts to the local authority. Safeguarding referrals received from the local authority were also investigated and outcomes shared with all parties. Accidents and incidents were to be analysed for trends and themes but at the time of inspection this aspect of the governance framework had not been fully completed. The registered manager and nominated individual discussed what they would do with the information once they began to analyse the data. Outcomes from investigations were used to help improve the service and shared with all staff as lessons learned.

Staff recruitment was safe. We saw evidence that all staff had a current Disclosure and Barring Service (DBS) check in place. The DBS check a list of people who are barred or have restrictions in place from working with vulnerable people; employers obtain this data to ensure candidates are suitable for the role. Other pre-employment checks had been carried out such as gathering references from previous employers.

We reviewed the staffing levels at the service and found that there were enough staff to support people in line with their assessed requirements. People and relatives commented that care staff were generally on time for visits but sometimes were a couple of minutes late. People also told us that staff stayed for the

designated amount of time and sometimes longer to provide additional support. The service had calculated the number of staff needed to effectively support people and meet people's needs. The service did not use any agency staff and had recently recruited additional staff members to make sure the service could effectively deliver the regulated activity.

Medicines were managed safely. Medicines administration records (MARs) were checked regularly and were correctly completed. Staff received training in medicines management and had their competencies checked. The management team visited people to carry out spot checks of all documentation related to medicines and care provided.

Risks to people were identified and mitigation measures were in place to help support people safely. Care files we reviewed included personalised risk assessments around falls, moving and handling, the environment, choking, malnutrition and infection. Risk assessments were regularly reviewed and updated when people's needs changed.

There was an infection control policy in place at the service and staff had received training around this. People we spoke with commented that staff always wore personalised protective equipment (PPE), for example gloves, whilst delivering personal care. There were risk assessments in place for the Control of Substances Hazardous to Health (COSHH) in people's care files and these included data information sheets and protocols for each substance. One relative told us, "They always clean up before they go."

Is the service effective?

Our findings

People in receipt of care from the service had their support assessed and delivered in line with current national best practice standards and guidance, such as the National Institute for Clinical Excellence (NICE) guidance and the Medicines Act 1968.

People received care from skilled staff who had completed training that the provider deemed as mandatory for their roles, such as safeguarding vulnerable adults, infection control, first aid, dementia awareness and moving and handling people. All new care staff who did not have previous qualifications or experience in health and social care, received a detailed induction in line with the 'Care Certificate'. The Care Certificate is a benchmark for induction of new staff. It assesses the fundamental skills, knowledge and behaviours that are required by staff to provide safe, effective and compassionate care.

The registered manager had previously worked in a training capacity and delivered face to face staff training. The registered manager used their own initiative to create videos and online bite sized training sessions for staff also via a secured platform. A member of staff told us, "We always have more training offered and if you ask you can get extra training." Another staff member commented, "You can access all the training and they keep you up to date with it too." The service had a dedicated training room at the main office.

Staff received regular supervision every four months and a yearly appraisal in line with the provider's policy. We reviewed supervision notes and conversations included lessons learned from incidents, safeguarding, training and welfare of staff and people. Staff had their competencies checked regularly and we saw records in staff files of these.

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".

We checked whether the service was working within the principles of the MCA. For people who did not always have capacity, mental capacity assessments and best interest decisions had been completed for their care and treatment, for example for medication and life changing choices about serious medical treatment or where to live. Records of best interest decisions showed involvement from people's relatives, GPs and staff. Where people had a Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) in place, these were recorded in people's records.

People's care records showed details of appointments with, and visits by, health and social care professionals. Staff had worked with various agencies and made sure people accessed other services in cases of emergency or when people's needs had changed. For example, GPs, psychiatrists, specialist nurses, best interest assessors, dieticians and opticians. Care plans reflected the advice and guidance provided by

external health and social care professionals. This demonstrated that staff worked with various external agencies and services to seek professional advice and ensure the individual needs of the people were being met.

People and their relatives were involved in their care planning. People consented to each aspect of their care and there was documented evidence to support this.

Daily communication notes were kept for each person detailing the support provided on each home visit. These contained a summary of the care and support delivered and any changes to people's preferences or needs observed by staff. This helped ensure staff had the latest information on how people wanted and needed to be supported. These were easily accessible to staff to allow for a consistent approach to care at each visit.

Where people were at risk of pressure damage, we saw detailed risk assessments in place and partnership working with the district nursing team and GP, to mitigate as much of the risk as possible. There were records of treatment provided for pressure damage and medicine administration records showed staff were following specific care plans to reduce the damage to people's skin integrity. Some people were supported with the preparation of their meals. One person's file included a nutritional care plan to support the person maintain a balanced and healthy diet.

Is the service caring?

Our findings

People told us that staff from Westhome Care Services Limited were caring and kind. Comments included, "I feel like they listen to me and they're all easy to talk to. They spend time on my care and I never feel rushed", "They are caring, kind and considerate. They help me with everything" and "I am made to feel that I matter and I do believe that the staff care. They're very professional and very good at their jobs."

Relatives we spoke with were also very complimentary about the care provided. Relatives told us "They're very caring and very pleasant", "They are genuine and caring" and "The girls are brilliant with him." Care staff we spoke with felt that people were provided with kind and caring support. One staff member said, "People are well cared for. I've worked with other carers and they look after people too."

When people first joined the service, an initial assessment was completed. This assessment contained details of social relationships, activities people liked to do, religious needs and their personal care needs. People had a personal profile in their care records which also covered family, jobs, a brief history of their life, interests and relationships. Care files also included personal preferences, for example how they liked to have a cup of tea made and preferred bed time. These were all used to help create personalised care packages for people. One person discussed how personalised their care was and commented, "I'm able to stay independent because of the support that I receive and that means a lot to me."

We saw involvement from people and their relatives on the creation of people's care plans. These included best interest decisions and mental capacity assessments. These were clearly documented and had signatures from all involved. People's record showed that, where possible, choices were always given to people with regards to their personal care needs.

One relative told us that the staff had supported one person to access advocacy services. The relative told us that they were provided by staff with information on who to contact to discuss how an advocate can help and what they could do. At the time of the inspection no one was using an advocate. There was information, advice and guidance provided to people, in their service user pack, which was of benefit to people and their families. This included information on local safeguarding contact details, advocacy services and advice on relevant topics of interest.

Equality and diversity policies were in place to ensure that people were treated with dignity and respect regardless of their sex, sexual orientation, race, age, disability or religious belief. People told us that they felt their equality, privacy and dignity was respected by staff. Comments included, "They're good when it comes to my dignity, and they always ask permission before helping me" and "They do listen and I feel they treat us with respect and care about our dignity." Relatives also felt that privacy and dignity was maintained. Relatives commented, "I can't say that my mum has any cultural or religious needs but the company do seem keen on making sure people are treated equally", "I do think that they maintain my daughter's dignity. They shut the curtains when necessary, they are polite and they ask her before they give her assistance", "They do respect his dignity. They close the doors when they're doing his personal care and they don't just walk in, they always knock, they seem to be well trained in those ways" and "They do listen and I feel they

treat us with respect and care about our dignity."

Is the service responsive?

Our findings

At the last inspection of the service we found a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) 2014: Person-centred care, and regulation 17: Good governance. This was due to inconsistent care, missing care plans and care plans not being person-centred. We found at this inspection the management team were regularly reviewing people's care records, all care files contained relevant plans reflective of initial assessments and people were receiving personalised care.

Following an initial assessment, care plans were developed to support people's personal care needs such as physical wellbeing, continence, medication and personal hygiene. These gave specific information about how people's needs were to be met and gave staff instructions about what was required during each visit. Care plans were reviewed and updated regularly to ensure they contained relevant information.

Each care plan we viewed was person centred and they contained detailed instructions for carrying out people's care. The service ensured there was a holistic approach to meeting people's needs. Care plans included sections on social, emotional, cultural and religious needs as well as their physical needs. The care plans we reviewed had been written in a person-centred way. Person-centred care planning is a way of helping someone to plan their care and support, focusing on what is important to the person. For example, one person's care record detailed that they liked to have their glasses and a cup of tea in the morning. Staff were able to tell us about how people liked to be supported and how they would access individual care records.

One person told us, "I have a care plan and I am fully involved in it." A relative told us about how the service had adapted their visits as their family member's needs had changed. The person had improved and regular reviews had been undertaken of the support needed. They told us, "We had them four times a day at the start now we can manage so we reduced it to once a day in the morning".

People were encouraged to attend activities in the local community and staff supported people with this. One relative discussed a local centre that care staff had recommended to increase the person's social circle. People told us that staff often spent time talking with them and that they enjoyed the company. One relative said, "You hear them chatting away with him and he loves it. They're like good friends at a coffee morning."

When people first joined the service, they were provided with service user information, including how to make a complaint. There was a complaints policy in place at the service and we reviewed two complaints received by the service. The complaint was investigated fully and outcomes were shared with people, relatives and staff. The service had taken appropriate action for each complaint and followed human resources guidance when dealing with staff members. People and relatives commented, "They've explained the complaints procedure but I haven't had to complain", "I've never had to complain. I like the care that I receive", "I complained and they did deal with it straight away to give them credit. It was definitely sorted out to my satisfaction and it hasn't happened since," and "They have explained the complaints procedure to us."

At the time of the inspection no one who used the service was in receipt of end of life care. People's care records showed that there were assessments for how people would like to receive support at the end of their life and their last wishes which they wanted to be followed. Staff received training around providing end of life care.

Is the service well-led?

Our findings

At the last inspection we found a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014: Good governance. This was due to the lack of information or records relating to people's care and lack of systems in place to monitor the quality of care. At this inspection we found improvements had been made and the service was no longer in breach but further time was needed to fully embed these systems.

There was a new governance framework in place at the service. We reviewed the audits and trend analysis used as part of this framework. Not all audits had been fully completed but we were assured the new framework was being followed to monitor and review the quality of the service. The registered manager, nominated individual and director explained about the service user quality work which had recently been carried out. The service had gained the views of everyone who used the service, to shape the direction of Westhome Care Services Limited for the future. We saw evidence of feedback surveys to people and reviewed their comments. People's comments were positive about the service and where there was a concern, for example inconsistency of staff, the management team had personally investigated the issue and resolved it in partnership with people, staff and relatives.

There was a registered manager in post who had been registered with the Commission since March 2016. This was in line with the requirements of the provider's registration of this service with the CQC. They were generally aware of their legal responsibilities and had submitted all but two statutory notifications as and when required. A notification is information about important events which the service is required to send to the Commission by law. We found two incidents which had not been notified to the CQC which related to injuries. The registered manager and nominated individual were unaware that this type of incident had to be notified to the Commission and submitted the two notifications during the inspection process. We are dealing with this outside of the inspection process.

The registered manager and provider had a clear vision and strategy for the service, this was to provide a high level of personalised support to people in their own homes. Staff we spoke with also followed this in their day to day roles. One member of staff told us, "I do whatever I can, whenever I can."

The registered manager was present during our inspection on site. They provided us with all of the information and records we required to carry out the inspection. Staff were very complimentary about the registered manager, comments included, "She is really helpful, she always helps and does all the training too", "She is brilliant as a manager", "She is very, very supportive", and "She's very good and an excellent trainer too." People and relatives knew who the registered manager was and one relative told us, "The manager has been [to the house]. She looked at the books to make sure that things are being written down correctly. I can talk to her and I do sometimes ask her about the care." A person who used the service commented, "The company have been great. The managers are lovely."

Staff we spoke with told us that they had regular communication from the registered manager and attended staff meetings. We reviewed a recent staff meeting and communication memo which was around changes to a type of training provided. Staff commented that they have regular contact with the main office and if

there is a problem or they have an issue they could always access support.

We saw evidence of partnership working between the service and the local GP, nurses and other professionals. Care files documented information from visiting professionals and there were notes to support this.

The service had their latest CQC inspection rating on display at the main office and on their website. This allowed for people in receipt of care from the service, relatives, visitors, professionals and people seeking information about the service, to see our previous judgements.