Westminster Homecare Limited

Westminster Homecare Limited (West London)

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This comprehensive inspection took place on 12 December 2018 and was announced.

We gave the provider 48 hours' notice because the location provides a domiciliary care service and we needed to be sure someone would be available when we inspected.

The service was last inspected on 12 May 2016 when we rated the service good in all key questions and overall.

Westminster Homecare Limited (West London) is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults including those with physical frailty or memory loss due to the progression of age whilst others were living with the experience of dementia or had mental health needs. At the time of our inspection, there were 172 people using the service. Most people using the service were receiving funding from their local authority, either Hounslow or Ealing, and a few people were funding their own care.

There was a registered manager in post at the time of our 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.

There was a policy and procedures for the management of people's medicines and staff had received training in this. However, one person who used the service had not received their medicines as prescribed.

There were systems in place to monitor and assess the quality and effectiveness of the service, and the provider ensured that areas for improvement were identified and addressed. However, a medicines audit had failed to identify the issues we found during our inspection.

Compared to the number of calls completed, the number of missed calls was small, but in each case, these were investigated and recorded. The registered manager showed us evidence that a new system had recently been put in place to improve this and prevent further missed visits.

Feedback from people and their relatives was not always positive. Some people said they did not always feel listened to by office staff when they raised concerns. Others told us they were happy and had built a good rapport with the care workers.

There was a complaints procedure in place which the provider followed. All recorded complaints had been addressed appropriately and in line with the provider's procedures.

The risks to people's wellbeing and safety had been assessed, and there were detailed plans in place for all

the risks identified.

Incidents and accidents were recorded and appropriate action was taken. The provider ensured that lessons were learned when things went wrong and put action plans in place.

People and staff were protected from the risk of infection and cross contamination. Staff were issued with appropriate equipment and received training in infection control.

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

The registered manager raised safeguarding concerns to the local authority and worked with them to investigate these and take appropriate action.

People's needs were assessed by the provider prior to receiving a service and care and support plans were developed from the assessments. People had taken part in the planning of their care and received regular visits from the care coordinators or the field supervisor.

Most people we spoke with and their relatives said that they were happy with the level of care they were receiving from the service and found the care workers kind and respectful.

The registered manager was aware of their responsibilities in line with the requirements of the Mental Capacity Act (MCA) 2005 and we saw evidence that staff received training in this.

Records showed that, where able, people had consented to their care and support and had their capacity assessed prior to receiving a service from the agency.

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

People's health and nutritional needs had been assessed, recorded and were being monitored.

Care workers received an induction and shadowing period before delivering care and support to people. They received the training and support they needed to care for people.

Staff told us that the registered manager was approachable and supportive. There was a clear management structure, and they encouraged an open and transparent culture within the service. The registered manager felt supported by senior management.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

There was a policy and procedures for the management of people's medicines and staff had received training in this. However, at least one person who used the service had not received their medicines as prescribed.

Compared to the number of calls completed, the number of missed calls was small, but in each case, these were investigated and recorded. A new system had been put in place to improve this and prevent further missed visits.

The risks to people's wellbeing and safety had been assessed, and there were detailed plans in place for all the risks identified.

Incidents and accidents were recorded and appropriate action was taken where necessary to deal with them. The provider ensured that lessons were learned when things went wrong and put action plans in place.

People and staff were protected from the risk of infection and cross contamination. Staff were issued with appropriate equipment and received training in infection control.

There were procedures for safeguarding adults and the care workers were aware of these. The registered manager raised safeguarding concerns to the local authority where necessary and worked with them to investigate these and take appropriate action.

Is the service effective?

Good

The service was effective.

People had their needs assessed prior to receiving support from the agency.

The registered manager was aware of their responsibilities in line with the requirements of the Mental Capacity Act (MCA) 2005 and understood its principles. People had consented to their care and support.

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

People's health and nutritional needs had been assessed, recorded and were being monitored.

Is the service caring?

Good

The service was caring.

People and relatives said the care workers were kind, caring and respectful. Most people received care from regular care workers and developed a trusting relationship with them.

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

People were given choice and their individual wishes were recorded and respected.

Is the service responsive?

Requires Improvement

The service was not always responsive.

There was a complaints policy in place. People knew how to make a complaint and all recorded complaints were addressed appropriately. However, some people told us that their concerns were not addressed and they did not always feel listened to.

Care plans did not include information about people's wishes when they reached the end of their lives. The provider told us they would address this.

There were end of life care plan templates available in the event of a person reaching this stage. However, initial assessments and care plans did not include information about people's end of life wishes. The provider told us they would address this.

Care and support plans were developed from the initial assessment and were regularly reviewed.

Is the service well-led?

Requires Improvement

The service was not always well-led.

There were systems in place to monitor and assess the quality and effectiveness of the service, and these were mostly effective in identifying and addressing areas for improvement. However, audits had failed to identify the issues we found during our

inspection.

Feedback from people and their relatives was not always positive. Some people said they did not always feel listened to by office staff when they raised concerns about care staff.

At the time of our inspection, the service employed a registered manager who was experienced and dedicated.

The service regularly conducted satisfaction surveys of people and their relatives. These provided information about the quality of the service provided.

Westminster Homecare Limited (West London)

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.

The inspection took place on 12 December 2018 and was announced.

The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

The inspection was carried out by a single inspector. An expert by experience carried out telephone interviews with people and their relatives. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Before we visited the service, we checked the information that we held about it, including notifications sent to us informing us of significant events that occurred at the service. Notifications are for certain changes, events and incidents affecting the service or the people who use it that providers are required to notify us about.

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

During the inspection we looked at the care records of six people who used the service, five staff files and a range of records relating to the management of the service such as medicines records, recruitment files, accident and incident records and meeting minutes. We met with the registered manager, the operations manager, a care coordinator and four care workers. We also received feedback by email from three care workers.

We telephoned 11 people who used the service and five relatives to obtain feedback about their experiences of using the service. We emailed five social care professionals and received feedback from three.

Requires Improvement

Is the service safe?

Our findings

There was a policy and procedures for the management of medicines. Care workers supported some people with their prescribed medicines and had received training in this. We saw a range of medicines administration records (MAR) charts which had been completed over several weeks. These showed that, in most cases, the staff had administered all the medicines as prescribed and there were no gaps in signatures. However, we saw that one person had not received one of their prescribed medicines from 9 October to 12 October 2018. Care workers had recorded on 9 October that the medicine had 'run out' but there was no record of what action had been taken about this. For the same person, we saw that another medicine was not signed for on 6 October. No reason was given for this, and we could not be sure if this was a recording error, or if the person had not received the medicine.

We viewed a medicines audit for the month of October, undertaken on 2 November 2018, indicating that these shortfalls had not been identified or recorded. Following the inspection, the registered manager informed us that they had undertaken an investigation and found that there had been miscommunication between the GP and the pharmacy, which meant that the delivery of the medicine had been delayed. However, they acknowledged that prompt action had not been taken in this instance to address this matter. This meant that the person did not receive their medicines safely and as prescribed. The registered manager told us they would discuss this with their team without delay. They also assured us they would check all medicines audits to ensure that appropriate action is taken where shortfalls have been identified.

Feedback we received suggested that people and relatives did not always feel safe with the care workers who supported them. Some people's comments included, "I have had some carers who are aggressive. I was hoping this would improve when Westminster took over the old agency but they kept the same carers with the same problems. Others are very kind", "I do feel safe but I have asked the office not to send some [care workers]. Some of the carers mainly those from [specific country], refuse to wash around my private areas. I asked if this was a cultural reason but told it isn't", "This Monday I had a very bad day and was wobbly and dizzy, the carer helped me to the bathroom then disappeared. I had to ask her to come back and stay with me, she did not like doing this. I have informed the office about this and asked them not to send certain carers but occasionally they do send them again when short of staff" and "I have to be careful as I have a lot of falls. One of my carers keeps receiving phone calls when helping me in the shower etc. Must be from his family as he speaks in his own language."

Some relatives stated, "I feel safe with the majority who come to my [family member] but there are two I have had problems with, one did not want to do the things she needed to and her mannerisms were off. I did say to her do you really want to be caring for my [family member] and she told me she didn't. I told the office not to send her but they still sent her. The other carer I asked them not to send was always extremely late and never on time. They haven't sent her again."

We raised this with the registered manager who immediately looked into the concerns raised. They reported that in some cases, people were referring to previous care workers who were no longer employed by the agency. However, they told us they would investigate all concerns raised without delay by speaking with

people and relatives. They added that assessments were carried out in November and no one had raised issues in relation to the care workers providing service. In the case of the person who claimed that carers refused to wash her private areas, we saw evidence that this had been addressed and dealt with and was no longer an issue.

We asked people and their relatives if they thought there were enough staff available to provide the care they needed. People's comments included, "I am not sure if they have enough staff but the ones I have are helpful and kind and around when I need them" and "They don't have enough carers. I have to ring on several occasions when no one has turned up and in the last year there has been seven to eight times they have had no one to send. They have a rota but times and carers' names are not always accurate." Relatives' comments varied and included, "There is certainly enough staff looking after my [family member]. One is here permanently and others come in at regular times to help with the double up tasks", "Not really. There are times when no one comes" and "No, they don't have enough carers. I live with [family member] but work. I pop home at lunch time to make sure the carer has been. If not, I give [family member] her lunch" and "I am lucky, I do have regular carers who come when needed."

The provider had a missed visits procedure and kept a log of all missed visits and action taken to help prevent reoccurrence. Compared to the number of calls completed, the number of missed calls was small, but in each case, these were investigated and recorded. We saw that the reasons included care workers failing to check their rotas, or miscommunication between the care workers and the office. Where people had not received their planned visit, a letter of apology and the outcome of the investigation was communicated to the person. People were also given details of the local Government Ombudsman and the CQC if they wished to take their complaint further.

We discussed the seriousness of the missed visits with the registered manager. They told us they had, in the last two weeks, provided each person using the service with a mobile phone and instructed all the care workers to log in and out. This was connected in real time to the call monitoring system so that office staff could see immediately if a care worker had not logged in. This enabled them to take immediate action such as calling the care worker, or undertaking the visit themselves, if necessary. The registered manager told us they were confident there would be no more missed visits from now on.

The registered manager raised alerts of incidents of potential abuse to the local authority's safeguarding team as necessary. They also notified the Care Quality Commission (CQC) as required of allegations of abuse or serious incidents. The registered manager worked closely with the local safeguarding team to carry out the necessary investigations and management plans were developed and implemented in response to any concerns identified to support people's safety and wellbeing. At the time of our inspection, there were two safeguarding concerns being investigated. We saw that the registered manager had taken appropriate action such as taking disciplinary action in line with the provider's policy and procedures.

Staff told us they received training in safeguarding adults and training records confirmed this. The service had a safeguarding policy and procedure in place and staff were aware of these. They told us they had access to the whistleblowing policy. Staff were able to tell us what they would do if they suspected someone was being abused. They told us they would report any concerns to their manager or the local authority. One care worker told us, "Safeguarding is preventing abuse or neglect of adults in our care. Safeguarding training received, involves recognising abuse and neglect. My first point of contact is my line manager whom I raise my concerns to, who will then refer the matter to local authority adult safeguarding team" and another said, "I know about the signs of abuse, changes of appearance or behaviour, if they are eating or not. I would report to the office is there was a concern. Then they could escalate it to social services."

There were appropriate procedures for recruiting staff. These included checks on people's suitability and character, including reference checks, a Disclosure and Barring Service check (DBS) and proof of identity. Care workers confirmed that they had gone through various recruitment checks prior to starting work with the service. Records we checked confirmed this.

There were protocols in place to respond to any medical emergencies or significant changes in a person's wellbeing. One care worker told us, "If I turn up and the client is unwell, I would call the office or even 999 if I think it is urgent. I have not had to do that yet" and another said, "If someone is unwell I report it straight away." One care worker described their action when they noticed changes in a person's condition. They stated, "One person had cancer and their mobility got worse so they had to review their package. They were reassessed and changed their bed and provided them with the right equipment." This indicated that people were appropriately supported to receive medical attention.

Where there were risks to people's safety and wellbeing, these had been assessed. These included general risk assessments of the person's home environment to identify if there would be any problems in providing a service and carrying out falls risk assessments. Risks were assessed at the point of initial assessment and regularly reviewed and updated where necessary. Each risk assessment was rated low, medium or high and included the type of risk, remedial action and how to mitigate the risk. For example, where there was a risk of infection and cross contamination, staff were instructed to wear protective equipment at all times and to follow the provider's infection control policy and procedures. Individual risks were assessed and senior staff put measures in place to minimise identified risks and keep people as safe as possible.

People who used the service and staff were protected from the risk of infection. Staff told us they received training in infection control and regular refreshers. They informed us that they were supplied with protective equipment such as gloves and aprons and ensured they always used these.

Accidents and incidents were recorded appropriately and included details of actions taken to minimise the risk of reoccurrence. Records showed that the registered manager carried out the necessary investigations and recorded their recommendations. For example, where a care worker had found a person using the service on the floor, they had made the person comfortable and called the emergency services. We saw that they were taken to hospital and the risk assessment had been updated accordingly.

Good

Is the service effective?

Our findings

Most people and their relatives spoke positively about the care workers and the service they received. People's comments included, "I think on the whole they are well trained to do my care and are genuinely caring. They invariably ask me how I want things done when they come the first couple of times but after that they know my preferences" and "I think the carers are well trained to care for me." A relative stated, "Whenever they have new carers for [family member], they always shadow the regular ones first." However, some people disagreed and said, "When my regular carer is off they send new ones with no introduction so I have to tell them what to do" and "I can have seven different carers in a week. Some new ones shadow the regular one and I am happy with that but not all do. It makes it much more difficult when you have staff that you don't know or don't see very often."

People were cared for by staff who were appropriately trained, supervised and appraised. New staff were subject to an induction period where they undertook training in the Care Certificate. The Care Certificate is a nationally recognised set of standards that gives staff an introduction to their roles and responsibilities within a care setting. This was followed by a development programme which included shadowing a more experienced colleague in order for the people who used the service to get used to them and for the care worker to get to know people and their individual needs before providing care. New care workers were assessed throughout the development programme in areas such as safeguarding, health and safety, fluid and nutrition, basic life support and infection control. Assessments carried out included observations of the care worker's practices such as medicines administration competencies.

Records of staff training showed that they had received training in areas the provider identified as mandatory. This included training in safeguarding adults, moving and handling, health and safety, medicines management, dementia awareness and infection control. They also received yearly refresher courses. The agency offices had a well-equipped training room, which included equipment used for moving people safely so they could practice and be assessed using this. One care worker told us, "We have had a lot of training, including yearly refreshers, such as moving and handling. I do medication. We get spot checks regularly. They come in and just observe what you do. They explain to the client what they are doing and observe your practice. They then give you feedback and tell you if everything is ok. We also have a yearly appraisal and regular supervision every six months. It's useful and it's nice to know if my work is ok and if there are any issues."

People's needs were assessed and the support and care provided was agreed prior to the start of the visits. People and relatives confirmed that they were involved in these assessments. Information related to mobility, medicines, care needs and personal preferences was recorded so that comprehensive information was available.

Care workers told us they were able to approach the senior staff to discuss people's needs anytime they wanted. We saw from the daily care records that any changes to people's conditions were recorded and this prompted a review of their needs, or a referral to the relevant professional. One care worker told us, "I had a lady who was very withdrawn, something out of character. But she has been recently diagnosed with

dementia. I spoke with her relative and she was assessed."

People's nutritional needs were assessed and recorded in their care plans. This included their dietary requirements, likes and dislikes and allergy status. Some people required support at mealtimes such as warming up already prepared food of their choice. Daily care records we viewed described the support given to people, what they ate, and whether there were any concerns. Most people were happy with the support they received with their meals. However, one relative stated, "They come anytime between 7.30am and 8.30am to give [family member] her breakfast and then not come back until 1.45pm to do her lunch. This is too long a gap between the two visits and although I have asked for times to be changed to a more appropriate gap, nothing has really changed, so I now come home at lunch time to check if they have been, if not, I give [family member] her lunch." We raised this with the registered manager who told us they would address this.

Other comments included, "If [family member] does not want what I have left, they [care workers] will do her other things depending on what is available in the fridge. They do make sure she has plenty to drink with her meals and at hand between visits" and "They do all my meals for me, breakfast, lunch and tea. They always ask what I would like. They make sure I have plenty to drink and leave me with fruit and snacks as well."

People's capacity to make decisions had been assessed and they had been asked to consent to their care and treatment. Decisions had been made by the person or in their best interests by people who knew them well. People told us they had been consulted about their care and had agreed to this. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA. The registered manager told us that all the people who used the service had the capacity to consent to their care and support and that none of the people using the service were being deprived of their liberty. Records we viewed confirmed this. The registered manager was aware of the legal requirements relating to this and knew they would need to identify if people had any restrictions so they could take appropriate action to make sure these were in the person's best interests and were authorised through the Court of Protection.

People told us that care workers gave them the chance to make daily choices. We saw evidence in the care records we checked that people were consulted and consent was obtained. People had signed the records themselves, indicating their consent to the care being provided. Staff told us they received training about the principles of the MCA and records we viewed confirmed this.

Good

Is the service caring?

Our findings

Most people were happy with the service and said the carers were kind, caring and respectful. Some of people's comments included, "I am very happy with the carers who come to me. They are very good and helpful", "The carers are polite and respectful. A male carer sometimes pops in to see I am alright" and "I find them all very good and they support me if I am feeling a bit down. I can talk to them and they reassure me." A relative echoed this and said, "I find the carers genuinely caring and since this company took over the previous company it is so much better than before."

Care plans indicated that people were treated with dignity and that staff respected their human rights and diverse needs and people we spoke with confirmed this. During the initial assessment, people were asked what was important to them and these were recorded. Their religious and cultural needs were also recorded. One person told us, "I was asked if I had a preference of gender for the carers coming to me." We saw that this was respected and recorded in their care plan.

Staff we spoke with described how they ensured they treated people with respect. Their comments included, "I respect their personal care by giving them space. I treat people the way I would want to be treated myself", "One of the thing is not to rush a person, I take my time and put them at ease. One person has a condition which means they get anxious, so I explain everything I do, cover them up and let them wash their private areas. Keep reassuring them", "When you start with a client, you read their care plans in their house. It's all in there. Their likes and dislikes. Then you get to know them. They tell you over time, what they like or don't like. We have to respect their confidentiality."

Staff supported people with their diverse needs. For example, a care worker told us, "We had diversity training, I would know how to meet a person's need. I had an Indian gentleman who was uncomfortable with female carers, so I made sure I gave him privacy, closed the bathroom door and reported to the office about it. A male carer resumed the calls" and another said, "One lady lights a candle, it's part of her cultural needs. We respect that" and "Food, if somebody for example, does not eat ham, we make sure we don't buy or offer it. It's communication. That's the key."

People said that care workers communicated appropriately with them and they were supported to be as independent as possible. Their comments included, "Staff encourage me to wash the areas I can reach", "They never rush me which I appreciate and encourage me to do things for myself with their help and guidance" and "I find some carers unable to learn new things so I have to tell them how to do my care all the time. They do ask me what I need and how I want it done." Relatives stated, "They always ask my [family member] or myself what needs doing and in what order. If they have any spare times they will ask if there is anything else [family member] would like them to do" and "I am lucky that I have regular carers who know how I like things done but they always ask me in what order I want things done."

Requires Improvement

Is the service responsive?

Our findings

Some people and relatives told us they did not always feel listened to when they had concerns. One person stated, "I have a lot of concerns about the quality of the service I receive. I have had a couple of carers I did not want again but one in particular they still send when short of staff. They might improve for a while then it reverts back again. I ring up and they give me a rota over the phone. Why can't they post it or give it to a carer to bring? Timing and name of carers are all over the place on rota don't match when carer actually turns up." A relative echoed this and said, "The biggest problem is whether you call the office or put your concerns in an email they don't get back to you. You have to keep ringing them for a decision" and another stated, "I do contact them and ask if they can alter times if [family member] has a hospital appointment but they don't get back to me so I have to ring again. Sometimes they can provide a carer but not always." We raised these comments with the registered manager who told us they would speak with people and relatives without delay.

Notwithstanding the above, the provider had a complaints policy and procedures and people were aware of these. The registered manager kept a log of all complaints received which included the overview of the complaint, when the letter of acknowledgment was sent and when the complaint was resolved. We saw evidence that all recorded complaints were addressed appropriately and action was taken to rectify concerns and make necessary improvements. For example, where a relative had complained about only one care worker attending a two-care worker call, there was an investigation which highlighted that this had been due to a miscommunication with the office and systems were put in place to minimise the risk of this happening again. Communication and coordination between the office and the care workers were discussed in staff meetings.

We saw that none of the care plans included details about people's end of life wishes. The operations manager told us they had end of life care plans available and showed us evidence of this. However, they added that, as nobody using the service was receiving end of life care, these had not yet been used by the agency. We discussed this with the registered manager who acknowledged that it would be good practice to incorporate and end of life section into people's care plans and told us they would raise this with senior managers. They also added that this subject would be raised at the point of initial assessment and they would look into appropriate training for staff. They added that where a person using the service required end of life care, they would ensure that specifically trained staff would be identified to maintain and manage an end of life care package including a field care supervisor and care workers who would be caring for that individual.

The provider kept a log of compliments received. We view a range of these which included, "[Relative] wanted to thank the care workers for the amazing job they did looking after his [family member], "A simple thank you for the good service that was provided to [family member] and [Family member] has never had a carer that has visited him looking so professional. I was very impressed."

Care plans we looked at were clear and contained instructions for care workers to follow to ensure people's needs were met. They were developed from the information gathered from the initial assessments and were

based on people's identified needs, the support needed from the care workers and the expected outcomes. We saw that people's needs were reviewed regularly or whenever there were changes to people's needs.

People and relatives told us they were involved in discussions about their care and support, and had signed to give consent for their support. Relatives added they were consulted and took part in reviews with their family members. Records we looked at confirmed this.

Care workers confirmed that care plans contained relevant and sufficient information to know what the care needs were for each person and how to meet these. One care worker told us, "When you start with a client, you read their care plans in their house. It's all in there. Their likes and dislikes. Then you get to know them."

Support plans were person specific and took into consideration people's choices and what they were able to do for themselves. Care workers we spoke with told us they encouraged people to do things for themselves if they were able to. When appropriate, people's life history was recorded in their care plan. This included their hobbies and interests, background, social network, choice of care worker, former occupation and aspirations. One person's aspirations described they 'wished to remain and be cared for in my home'. Care plans specified people's health needs and medical history, their prescribed medicines and any allergies.

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

Requires Improvement

Is the service well-led?

Our findings

Not all the people and their relatives thought the service was well-led. People's comments included, "I don't think there is any discipline in the office. There is not a good connection between them and the carers or clients. We are treated poorly for a service we pay for", "I don't think the manager does run a well led company. I have never met them but spoken to them over the phone. They are open and honest with me at the time and promise me they will take up things I have raised but nothing changes and if it does, it soon reverts back again after a week or two" and "I think it is debatable whether this company is well led as their responses are variable. I do know how to get hold of the manager and I currently feel I need to have a chat with her."

Some people and relatives found the staff and registered manager friendly and approachable, but they lacked confidence in their ability to deal with concerns. People's comments included, "[Registered manager] did listen and took on board some of what I was saying. I know I can ring her if needed but whether she would resolve issues to my satisfaction, I am not sure she would" and "My concerns have not all been addressed, if we had a major problem I would hope she would resolve it but I am not confident she will. I am really not sure that she does well lead the company." However, some people disagreed and said, "I have spoken to the manager on the phone sometimes and she has come and seen me. I think she is good and would if I was unhappy about something, put it right" and "I usually contact the office by email and they respond fairly quickly."

The provider had a quality assurance procedure and processes to monitor and improve the quality of the service. However, their medicines audit had not been very effective in that it had not identified the concerns we found with the management of medicines. The registered manager told they would review their audit of medicines.

Notwithstanding the above, we saw that the care coordinators carried out regular telephone monitoring checks, to ensure that people's needs were met and to find out if there were any concerns with the care they received. We checked a sample of recorded checks and saw that people were happy with the service they received. Staff checked if the care workers arrived on time, if they logged in and out, if they wore they identity badges and correct uniforms, if they offered people choice and made them feel safe, and if they were treated with respect and kindness. Comments included, "Everything is sound", "Very happy", "My [family member] is happy with [Care worker] and [Care worker], they are both very good carers." The field supervisors were involved in audits taking place in people's homes. They included medicines audits, spot checks about the quality of care people received, environmental checks and health and safety checks.

The registered manager had been in post for over four years and was supported by three care coordinators, two field assessors, a recruitment officer and an administrator. Care and office staff told us that the registered manager was approachable and supportive and they were happy working for the agency. Their comments included, "I find [Registered manager] very professional, helpful, if I need anything, they are always available", "I am happy with the agency. I do not have any issues. If I had, I would speak to [Registered manager]", "I feel supported, they are always at the end of a phone providing support" and "I

find [Registered manager] very supportive." All the staff we spoke with told us they were very happy in their work and worked well as a team.

The registered manager informed us they organised regular team meetings and we saw evidence of these. Staff received regular memos which informed and reminded them of anything relevant such as safeguarding, flu vaccination, professional boundaries, health and safety, culture and religion and medication. There were regular branch meetings where the senior team discussed staffing issues, recruitment and training and branch managers meetings where topics such as recruitment, training, quality and compliance and quality surveys were discussed. Records we viewed confirmed that these were regular.

The registered manager told us they attended provider forums and events organised by Skills for Care whenever they could and kept themselves abreast of developments within the social care sector by accessing relevant websites such as that of the Care Quality Commission (CQC).

The registered manager told us they made sure they remained compliant, by undertaking checks on the quality of the service on a weekly basis. They said, "I check that reviews are done on time, spot checks are up to date. Ask questions when things are not done. What we do with people's feedback, how we improve." They stated they had a good relationship with the local authority who funded people who used the service. They told us, "We have a lot of forum meetings, every fortnight. We discuss safeguarding, capacity. Very useful meeting. We like to meet face to face. Hounslow have introduced an out of hours service. We do an on-call system, like a rapid response. We have a senior support and a care worker on duty to pick up any new package from a Friday evening until a Monday morning. Any discharge from the hospital, they would call. The senior support worker would do a mini assessment to make sure they can meet the person's needs, so the package can start immediately."

The registered manager and office team carried out a full quality assurance audit once a year. This included people and care workers' files, documentation, medicines, safeguarding, accidents and incidents and staff monitoring. This identified any areas for improvement and action required. The operations manager told us they received the outcome of the monthly audits undertaken by the registered manager. They added, "I also carry out monthly audits, so any issues can be addressed without delay. These go to the directors to discuss each report and so they are fully included in the running of the business" and "In addition, the manager does a weekly report for me, these include recruitment safeguarding, incident and accidents and training. We have regional meetings where we share topics, good practice and this involves the managers. Directors are also very involved too which is good. Communication is good, and there are quick responses from managers and directors."

There were processes in place for people and relatives to feedback their views of the service. Quality questionnaires were regularly sent to people and their relatives. These questionnaires included questions relating to how people were being cared for, if their care needs were being met and if the carers were reliable and punctual. The results of the surveys were collated and an action plan put in place where improvements were needed. For example, where people had complained about the missed visits, action had been taken to rectify this by supplying all the people who used the service with mobile phones. Overall, the surveys indicated that people were happy with the service.