Westminster Homecare Limited

Westminster Homecare Limited (Bexley)

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This announced inspection took place on 13 and 19 September 2016. At our previous inspection in January 2014 the provider met all five regulations we inspected.

Westminster Homecare provides personal care to 347 people, 23 of whom are currently residing in an extra care facility (self-contained flats within a retirement housing development aimed at promoting independence).

The current manager had recently transferred from another branch and was in the process of becoming the registered manager. 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.

Care plans were constructed jointly with people and their relatives and included people's social and emotional needs. These were drawn up after an assessment and reviewed regularly. However we noted that the section of people's hopes and aspirations was sometimes left blank. In addition where people lacked capacity to make decisions about their support, there was no record of capacity assessments or evidence that relatives had power of attorney.

Staff were supported by means of annual appraisal, supervisions and regular staff meetings. However, supervisions were not being completed in line with the service's policies thereby breaching the regulation.

Staff underwent a comprehensive induction program and regular training to ensure they were up to date with practice. However, staff had not received the Mental Capacity Act 2005 training and therefore did not have an understanding of how this impacted on people and the way they were cared for.

People told us they felt safe and trusted the staff who cared for them. Staff explained the procedures they would take in an emergency and how and where they would report any allegations of abuse. There was a safeguarding and whistle blowing policy in place and staff told us they would not hesitate to report any concerns to the management.

Staff were aware of the risk assessments in place for people and their environment and the appropriate management strategies in place to protect people from avoidable harm.

People told us there were enough staff to support them and that they always obtained consent before delivering care. We saw that there was an on-going robust recruitment program to ensure there were enough staff to support people. Where missed or late visits were identified, staff involved were met with to discuss and ensure they followed the proper procedures so as to avoid missed visits in future and protect people from avoidable harm.

Medicines were administered safely by staff that had been assessed as competent. There were regular audits and spot checks in place to ensure that medicines were administered as prescribed.

People were supported to eat a balanced diet and maintain their health. Staff reported any deterioration or changes in health and care needs to the office in order to ensure appropriate referrals were made where extra and/ or specialist support was required.

People, their relatives and staff told us that the service was well- run by an approachable management team. They told us they were aware of how to make a complaint and that any issues and concerns raised were investigated and rectified.

There were regular quality assurance systems and audits in place to ensure care was delivered safely. Spot checks (unannounced checks to ensure staff administered care safely) were completed to ensure staff were following appropriate infection control guidelines and delivering individualised care that met people's needs.

People told us they were treated with dignity and respect by staff who were polite and caring.

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 told us they felt safe and trusted the staff who cared for them.

Staff had received training and were able to demonstrate an understanding of how to recognise and report abuse.

There were systems in place to ensure that missed visits were minimised.

Robust recruitment systems ensured that only staff who had undergone the necessary checks and were satisfactory were employed.

Risks to people and the environment were clearly identified with steps taken to mitigate risks known by staff.

Is the service effective?

Requires Improvement

The service was not consistently effective. Not all staff were receiving regular supervision.

Staff did not always fully understand their responsibilities under the Mental Capacity Act 2005.

Staff received training to meet people's needs including any specialist needs. An induction and training programme was in place for all staff.

People were supported to remain as healthy as possible including maintaining their nutrition and hydration.

People were supported to access healthcare professionals when required.

Is the service caring?

Good

The service was caring. People told us they were supported by staff who were kind and respected their wishes.

Staff understood the need to deliver care according to people's

religious and cultural preferences.

People were involved in planning their care. Care records included people's social, emotional and physical needs.

Is the service responsive?

Good

The service was responsive. People told us staff were flexible and listened to their requests.

People's care and support needs were reviewed and agreed changes made when necessary

Complaints were acknowledged, investigated, responded to and resolved amicably where possible.

People's views were sought to develop and improve the service people received.

Is the service well-led?

Good

The service was well-led. People and their relatives told us the staff and management were approachable.

There were quality assurance systems in place for assessing, monitoring and developing the quality of the service being provided to people.

People and staff thought there was an open and honest culture where learning from mistakes was encouraged.

Records were maintained appropriately and were up to date.

The manager and provider understood their role and responsibility to provide quality care and support to people.

Westminster Homecare Limited (Bexley)

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 and 19 September 2016 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 completed by two inspectors. An expert-by-experience, with experience caring for someone living with dementia made telephone calls to people using the service.

Before the inspection we reviewed notifications and wrote to the commissioners to get their view of the service. A notification is information about important events which the provider is required to tell us about by law. The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We visited the extra care site and spoke with six people using the service. We spoke with another 23 people over the telephone. We interviewed ten staff, the deputy manager, the manager, the director, two care coordinators, a recruitment officer and a trainer.

We spoke with three relatives. We looked at 18 staff files and 19 care records. We reviewed missed visits records, complaints, rotas and audits. We also examined the training matrix, daily logs and health and safety records.

Good

Is the service safe?

Our findings

People told us they felt safe with the staff and that their home was always left secure. One person said, "Yes, them [staff] coming in makes me feel safe." Another person said, "Yes I feel safe. There has never been a problem." Staff told us the steps they took to keep people safe. Examples included making sure the front door was closed securely on leaving and that the key safe was properly closed.

Staff were aware of the procedure to follow in an emergency. They said they would call for the ambulance, alert the office and wait with the person until the ambulance came. Staff would alert the office if there was no reply when they attempted to visit so that this could be followed up to make sure the person was ok. Risks to people and the environment were assessed and actions taken to mitigate identified risks. These included falls, mobility and behaviours that challenged. Staff made checks to ensure there were no trip hazards before using moving and handling equipment. Staff knew that they were required to wait for their colleagues to help them and not attempt care delivery alone that had been assessed as needing two staff. All the staff we spoke with told us they would immediately report anything of concern to the office and that the office would respond. One staff member told us, "If I think anyone isn't safe I ring the office and the office staff are pretty good."

Staff told us they were aware of the whistleblowing policy which was discussed during induction and said they would not hesitate to raise any concerns. Staff received training in safeguarding adults and could identify examples of when they would alert the office about safeguarding concerns such as an unexplained change in a person's behaviour or marks on their body. Staff gave us examples of how they would balance a person's confidentiality with the need to keep them safe and report concerns. One senior carer told us, "We don't promise people that we won't tell if they disclose something of concern to us." We looked at safeguarding alerts made since January and found they had been investigated and any action plans had been implemented to prevent recurrence.

People told us they were enough staff to support them. One person said, "Yes, there are enough staff. I get the same [staff] most times." Another person said, "Yes someone always comes. I guess that indicates there is enough staff." Rotas confirmed there was a staff member allocated to complete each visit. We found that there had been nine missed visits for Bexley and 14 for Dartford since January. Each missed visit was discussed with the staff concerned and an apology and home visit arranged for the affected people. Staff were informed at every meeting of any missed visits and the procedure to follow in order to reduce and eliminate the number of missed visits. We checked and found that there had been no repeat missed visits and the necessary steps had been taken to ensure people were safe.

There were robust recruitment procedures in place. We saw effective systems in place for checking the suitability of applicants. These included references and carrying out checks with the Disclosure and Barring Service (checks to ensure staff were suitable to work in a social care environment.) There was a system to review work permits and visas and staff were asked to complete an annual declaration that their disclosure and barring status had not changed. Staff could not commence work until the service was satisfied that they were safe to do so. When applicants first applied to work for the service they were required to complete a

skills assessment. This was then used at the interview to test applicants' knowledge and transferable skills. It also helped the service identify particular training needs in order to best equip new staff for the role.

The service had a disciplinary procedure in place and we saw that this was used effectively. Disciplinary matters were dealt with by the manager and their deputy in line with the services policies in order to protect people from unsafe care.

People told us they were supported to receive their medicine when it was part of their care plan. One person said, "[Staff] just reminds me to not forget my tablets." Another person said, "They help me take my pills as I can't get them out myself." Staff told us and records confirmed that only staff who had undergone the necessary training were able to assist people with their medicines. Staff checked medicines before administering and told us how they would report any mistakes to ensure that appropriate action was taken to protect people from harm. Medicine audits were carried out by senior staff every six months or sooner if there were any changes to ensure people received their medicines as prescribed. In addition spot checks on staff included observations to ensure that medicines were administered safely.

Requires Improvement

Is the service effective?

Our findings

Staff supervision was thorough but not always regular. If a staff member's supervision identified any area for improvement an action plan was agreed and this was shared with the field care supervisor to spot check progress through direct observation of the staff member. However, we saw that supervision was not always held every three months as was written in the supervision policy. There were several gaps in some staff supervisions.

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. Applications must be made to the Court of Protection in order to legally deprive people of their liberty. There were no applications in progress or required.
Care staff could not remember specific training about mental capacity. We asked the training staff about this and they told us refresher training was planned later in the year. Furthermore where people lacked capacity, there were no capacity assessments made outlining the specific decisions for which they lacked capacity. The mental capacity part of the assessment record just read "relatives would make the decision" but did not specify if the relatives had power of attorney. The above showed gaps in staff knowledge and was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us staff asked for their consent before care was delivered. Staff explained to us how they would ensure that people's decisions were respected. For example, staff told us they would respect a person's decision but then prompt and encourage and offer alternatives such as a strip wash rather than a full shower. Staff told us they had sufficient time to fully involve people in decisions about their care and they would inform the office if they had run over their allotted time because of this so as to ensure that care delivered met people's needs.

Staff had regular training in a number of areas including safeguarding, medication awareness, health and safety, moving and handling and infection control. Some staff had completed dementia awareness training and some reablement training. Training involved completion of a questionnaire which tested each staff's understanding of the subject. Where staff were working with people with particular health needs they were given specific training. Staff told us they received training that was appropriate and were supported to further their career. One staff told us, "I want to go into nursing because of my good experience with this company, with the training I feel confident with whatever I face." Another staff member told us, "We have the regular training but can ask for more if we want it such as end of life care or dementia."

There was a mandatory induction procedure in place which encompassed the 15 standards required for new staff under the Care Certificate (an outline of the minimum standards health workers need). Once staff had completed their office based training they shadowed experienced staff in the community until they were assessed as competent to work alone. Staff who were not deemed suitable were offered more time

and support and training but if they were not able to meet the required standards they were not offered permanent positions. Staff told us they felt supported through the induction process and one told us, "I was evaluated at the end of the shadowing and then eased into working alone. Training prepared me for the role".

Staff were given an annual appraisal by the management team which gave them a chance to reflect on their work over the previous year and to set goals for the coming year. This also provided an opportunity for them to identify any training needs and areas for development. Staff were required to complete a self-assessment form prior to the meeting and rate their own performance. The manager also rated their performance based on feedback from people, senior staff. Annual appraisal was also used to compliment and appreciate staff.

People told us they were supported to maintain a balanced diet. One person said, "They ask me what I want and prepare it. They make sure I have my drinks nearby." Staff made sure before they left people had enough food and drinks to hand. One staff member told us, "We can tell from urine if someone needs to drink more or if they may have a urine infection so we let the office know and we take a urine sample." Staff were aware of people on special diets and those with swallowing difficulties and followed the proper steps to ensure they received adequate nutrition. Where a problem was identified they alerted the office and the GP for a review.

People were assisted to access healthcare services. The service made appropriate referrals to health care professionals and acted promptly when health needs were identified. One staff regularly liaised with the district nurses and other healthcare professionals to enable joint visits and provide holistic care. For example, a staff member being present during a home assessment by a health care professional to help give a background information and to make sure the person had a familiar face with them.

Good

Is the service caring?

Our findings

People told us they were supported by staff who were polite and caring. One person said, "I like all the carers that come around, they are very respectful." Another person said, "Yes, they are all caring and nice to me." Staff were proud of their work and spoke fondly of people they looked after. One member of staff told us, "I love my work, I like the thought that I leave someone's house having made them feel better." Another staff member told us how they gave hand massages to make people feel relaxed and to make them feel special.

Staff were aware of how to support people towards the end of their life. Although end of life care was not a regular need, staff were able, with the support of other healthcare professionals, to ensure people were comfortable during the last days of their life. We also saw various compliments made on the quality of care delivered some of which related to recently bereaved relatives. One read, "Thank you for all the love and support for [person] over the last year." At the extra care site we saw that a flower bed had been planted in memory of a recently deceased person and this had meant a lot to other people living at the service and the deceased's relatives.

People were encouraged to maintain their independence. One person said, "Staff encourage me to wash my face and to take a few steps." Staff explained how they encourage people to do as much as possible. They demonstrated how they gave people choices and respected those choices. We saw good examples of how staff had worked with people to get appropriate aids and to build up their confidence to enable them to slowly regain their mobility and do simple daily tasks like eating and buttoning up their clothes. One person was now only requiring support from one instead of two staff members over a short period as a result of encouragement from staff and following exercise routines.

Staff told us how they involved people who had speech which was difficult to understand by taking time, keeping eye contact and listening carefully. Staff made sure people had choices through gesture and behaviour if they couldn't communicate through speech. We saw an example of this in practice when we visited an extra care scheme and saw a staff member communicating effectively with someone living with dementia. One staff member said, "I get a lot of satisfaction when I leave someone happy and comfortable." Another staff member told us, "I always ask people what they want and give them options."

People were treated with dignity and respect. One person said, "Very respectful and kind." Another said "They do anything I ask of them, they are pretty good carers. I can't fault them." Staff explained how they would wait for people outside the bathroom to give them privacy when using the toilet. They addressed people by their preferred names. A staff member gave an example of how they explained what they were going to do at every step to reassure people and respect their dignity when moving and handling. One staff told us, "I hope I make a big difference to people and I always think if my relative needed care that their staff would treat them the way I treat my clients." Staff were aware of people's cultural and religious preferences. They gave examples of people who only wanted to be cared for by same gender staff. Care plans also stated people's religious or culture specific care needs.

Good

Is the service responsive?

Our findings

People could not always remember if they had a care plan due their various health conditions. However they all knew when their visits were due and who was coming to deliver the care. One person said, "Never been a problem, they have been very helpful the ones that come. Sometimes it's a different person." Another person said, "Sometimes it's the same one. Sometimes it's different but they send a rota through." A third person told us, "More or less the same ones." Sometimes they are on holiday but I always get told who's coming around."

Before people started to use the service a comprehensive assessment was completed. Care plans were then drawn up by senior staff who told us they sat and talked with the person and used conversation to understand their routines and preferences. They involved people and their relatives in planning their care. Care plans were reviewed when people were discharged from hospital or in response to a reported change in order to ensure they reflected peoples current needs.

People's care was responsive to their changing needs. One person said, "Yes they are very good, they listen and help me a lot when my legs are stiff." Staff told us that they had got to know people very well and could tell if they were unwell. They gave examples of knowing immediately on arrival to a person's home that something was wrong and calling an ambulance and alerting the office. One staff told us how they worked with a district nurse who visited twice a week in order to provide joined up care and support. People and staff said any changes in people's needs were reported to the office and we confirmed this in the records we reviewed. An example we saw was of a person becoming unsteady on their feet, a risk assessment made and appropriate referrals to an occupational therapist and for equipment.

People were able to make suggestions about their care and give feedback. They could do this during telephone monitoring, spot checks and annual satisfaction surveys. One person said, "I am able to discuss my views and interests with staff. I can change the times they come to suit my hospital appointments." Another person said, "I am given opportunity to make suggestions. Staff always ask if there is anything they can do for me."

The service regularly met with people and their families to discuss any complaints, problems or changes needed. Results from all audits were analysed and appropriate action taken implemented to rectify any identified problems. In addition a "service user forum" had been introduced as a platform to engage with people, obtain feedback and increase social inclusion. We reviewed minutes from the last forum held and found it to be inclusive and highlight any areas for improvement.

People told us they could complain in writing or over the phone and that they were satisfied with the responses they received after making a complaint. One person said, "I would just phone the office." Another person said, "One [staff] came round and I wasn't happy with [staff]. I talked to one of the [staff] in the office and they sorted it and they never came back." We reviewed the complaints policy and found that it was clear and easy for people to understand. Complaints made since January 2016 were acknowledged and responded to in a timely manner. Most were resolved amicably with the exception of one on-going

complaint which was still being escalated within the service as the complainant was not yet satisfied with the response. This showed that the service tried to resolve and use feedback from complaints as a way to learn and improve people's experience.

Good

Is the service well-led?

Our findings

The management had a good understanding of the requirements of CQC and ensured consistently that the appropriate and timely notifications had been submitted when required. The registered manager had recently retired and a new manager was in the process of registering to manage the service. The previous manager had completed the provider information return (PIR) on time and what was stated in the return matched what we observed and reviewed on the day of inspection.

People told us that they thought the service was well run and that there was an open culture. They said they could get through to the office and were usually informed when staff were running late. One person said, "Yes, I get to know who is coming each week. I think they are quite organised." Another person said, "I can't fault them yet. So far am very satisfied with the care and communication." Staff also said the management team were approachable and had an open door policy.

There were clear organisational structures and values that were understood by staff. Staff told us and records and observations confirmed that the main ethos of the service was to deliver care that met people's individual needs whilst promoting their dignity and independence. Staff were aware of their roles and responsibilities and told us they worked well as a team. The operations manager visited this branch regularly to support manager and also held regular meetings with other branch managers to discuss key performance indicators, recruitment and retention, quality and compliance and training. The managers meetings were also a tool to disseminate information and an opportunity to share learning and any innovative practice that could improve care delivered.

People and staff told us the office staff and managers were supportive and answered the phone promptly including the out of hour's number. One person said, "I always get a response when I ring the office. They try their best to help." A member of staff told us, "I get on very well with the office, any problems I have raised have been dealt with." The service rewarded staff by various means such as gift vouchers at Christmas, long service awards and a "Carer of the Month award". This was awarded to any staff nominated by colleagues or people. In addition the nominated staff member had to have update training and supervision and have gone that extra mile to help people and colleagues.

Staff told us and we saw that a staff survey was completed annually and staff meetings held every three months. One staff told us, "We are fully supported by the office. The managers are pretty good." We reviewed staff meeting minutes and found they discussed issues such as time keeping, missed visits and training in order to ensure staff were kept up to date and delivered care safely.

The service had a system to monitor the quality of care delivered. This included medicines audits, care plan reviews and spot check observations of staff. The regular spot checks assessed staff on a number of areas. These included their time of arrival and departure, correct wearing of uniform and protective clothing, how they provided care and if they treated the person with dignity and respect. The spot check also assessed how the staff gave people choices and positive encouragement and observed health and safety. One senior staff explained, "If we observe that something has been done incorrectly we would ask the carer why they

had done things that way. They may need retraining. If there was a problem we couldn't solve we would report to the co-ordinator for a more formal investigation."

People and their relatives completed annual satisfaction surveys and said their views were listened to. The latest people's satisfaction surveys were yet to be analysed. However, we saw that regular feedback was sought from people via telephone, during staff spot checks and at care plan reviews. People told us they remembered being asked for feedback about care. One person said, "[Senior Staff] comes to check on staff and they ask what I think of all the service."

The service regularly met with people and their families to discuss any complaints, problems or changes needed. Results from all audits were analysed and appropriate action taken implemented to rectify any identified problems. In addition a "service user forum" had been introduced as a platform to engage with people, obtain feedback and increase social inclusion. We reviewed minutes from the last forum held and found it to be inclusive and highlight any areas for improvement.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staff did not always receive appropriate training (particularly Mental Capacity and record keeping), and supervision as is necessary to enable them to carry out the duties they were employed to perform. Regulation 18 (2) (a).