Westminster Homecare Limited

Westminster Homecare - Sheffield

Inspection report

Redlands Business Centre
3-5 Tapton House Road, Broomhill
Sheffield
South Yorkshire
S10 5BY

Tel: 01142669996
Website: www.whc.uk.com

Date of inspection visit:
05 March 2018
09 March 2018

Date of publication:
09 July 2018

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 inspection took place on 5 and 9 March 2018 and was announced. This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community and specialist housing. It provides a service to older and younger adults, children, people living with dementia, people with a learning disability and people with mental health needs.

At our last inspection on 29 March and 3 April 2017, we found continued breaches in four regulations of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014: Regulation 9, Person-centred care, Regulation 12, Safe care and treatment, Regulation 13, Safeguarding service users from abuse and improper treatment and Regulation 17, Good governance. We also found an additional breach in Regulation 16, Receiving and acting on complaints. We issued warning notices for regulations 9, 12 and 17 and requirement notices for regulations 13 and 16.

Following our last inspection, we met with the registered provider to confirm what they would do and by to make improvements at the service.

This inspection was undertaken to check that the service had made improvements and to confirm that they now met all of the legal requirements. At this inspection, we found sufficient improvements had not been made to meet all those legal requirements.

There was a manager registered with the Care Quality Commission for the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. This was a different manager than at the last inspection.

We found some improvements in responding, recording and taking action to minimise risk. However, further improvement was required, so that all people were supported to stay safe and have their nutritional and healthcare needs met.

We found some improvements in the systems and processes in place to support the safe management of medicines, so that concerns with medicines were being identified and action taken to minimise further concerns. However, further improvement was required so that the proper and safe management of medicines was in place for all people.

We continued to receive mixed views regarding consistency of staff, call times and the length of calls.

The service had a process in place to listen and respond to people's concerns and complaints. Improvement was required to resolve the root cause of the complaint to minimise the risk of reoccurring complaints.

We found improvements to the systems and processes the service used to monitor risks and people's satisfaction at the service, and compliance with regulations. Whilst these showed improvements, further improvement was necessary to ensure compliance with regulations.

Systems and processes were in place to protect people from abuse and avoidable harm, including the management of financial transactions.

When staff were recruited, a system was in place so that the relevant information and documents were obtained. The service had systems and processes in place to provide training, supervision and appraisal for staff so that they had the skills, knowledge and experience to deliver effective care and support.

People were treated with compassion, kindness, dignity and respect.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. However, improving records and staff knowledge in the subject of MCA would better evidence this.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Further improvements were required with risk and medicine management to support people to stay safe.

The service need to improve their governance of call times and staff staying the correct amount of time so that people's needs are met and they are kept safe.

Systems and processes were in place to safeguard people from abuse, including the recruitment of staff.

People were protected by the prevention and control of infection.

Is the service effective?

Good

The service was effective

People's needs and choices had been assessed and information was provided to staff to ensure these were met.

Staff were trained, supervised and appraised as part of their role to provide care and support to people who used the service.

The service needed to improve their records in order to demonstrate compliance with the MCA and staff knowledge in the subject.

Improving records to demonstrate compliance with the MCA and staff knowledge in the subject would better support that people had maximum choice and control of their lives and that staff supported them in the least restrictive way.

Is the service caring?

Good

The service was caring.

People were treated with kindness, dignity and respect when care was provided by a regular staff team. People were less confident when other staff provided care for them.

Is the service responsive?

Requires Improvement

The service was not always responsive.

The scheduling and delivery of care calls required improvement to enable all people who used the service to receive a service that was responsive to their needs.

Where people's needs and risks had changed the system to make those changes required improvement so that care records reflected the care provided.

The service had a process in place to listen and respond to people's concerns and complaints. Improvement was required to resolve the root cause of the complaint to minimise the risk of reoccurring complaints.

Is the service well-led?

Requires Improvement

The service was not always well led

The registered provider had implemented an action plan and monitored progress to improve the quality and safety of the service, but further improvement was required before the standards required by the regulations were met.

Westminster Homecare - Sheffield

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.

Inspection activity commenced on 1 February 2018 with telephone calls to people and ended on 9 March 2018. We visited the office location on 5 and 9 March 2018. The visit was announced. We gave the service 48 hours' notice of the inspection visit because we needed to make sure the registered manager was available and arrange visits to people in their own homes. The membership of the inspection team was one adult social care inspector, a bank 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.

Before our inspection, we reviewed the information we held about the service and the registered provider, such as notifications of safeguarding and incidents. Notifications are changes, events or incidents the registered provider is legally obliged to send us within required timescales. This helped to inform us what areas we would focus on as part of our inspection. We also contacted the local authority to ask them about information they were able to share with us in respect of the commissioning and contracting arrangements.

We used a number of different methods to help us understand the experiences of people who used the service. We spoke with 15 people receiving a service, and four of their relatives by telephone. We also visited four people who received a service in their own homes. During the course of the inspection we spoke with 15 staff, including care staff and staff working in the office. At the office we also spoke with the registered manager, the national quality manager and the operations manager. We reviewed a range of records including 14 people's care records, medication administration records (MARs), six staff files and other

records relating to the management of the service such as complaints, staff rotas, staff training and supervision.

Requires Improvement

Is the service safe?

Our findings

At our previous two inspections, Westminster Homecare – Sheffield were found to be in breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) 2014, Safe care and treatment. At our last inspection in April 2017, we issued a warning notice requesting the registered provider comply with this regulation. During this inspection, we checked to see what improvements had been made.

At our last inspection, we found people's risk assessments were not being regularly reviewed to ensure they reflected people's changing needs. The purpose of a risk assessment is to put measures in place to reduce the risks to the person. It is important these are completed regularly so they balance the needs and safety of people using the service with their rights and preferences.

At this inspection, we found a system had been implemented so that all people's risk assessments had been reviewed. We saw the service had considered risks that may harm people who used the service and staff. This included risks such as moving people safely, eating and drinking, medication and risks in relation to the environment where people lived. However, we found examples where people's needs had changed and the risk assessment did not reflect those changed needs. In addition, we found the actions to be taken to minimise risks were not always adhered to. For example, one person told us they took a food supplement which was prescribed by their doctor. This was required as the person had been identified as being underweight. When we looked at the medication administration records [MAR] for this person we found it had only been given twice in the month of December 2017. The medication audit completed for January 2018 identified that the person was not taking the drink and the action was to contact the person's doctor to see if they were still required. This was carried out and confirmation was received that the food supplement was still required to maintain the person's weight. The record we saw in the person's home for February 2018 showed the supplement had not always been given. This meant that staff had not been following the directions of the doctor or taking appropriate action to ensure the person received their medication as prescribed to minimise the risk of malnutrition. We spoke with the registered manager about this and on the second day we visited the office, the registered manager confirmed and we saw action had been taken to address this.

At our last inspection, we found concerns relating to the management of medicines.

People who were supported with medication, or their relatives, told us they were confident that their medication was administered and recorded properly. People who needed to have topical applications, for example, creams to be applied told us that these were applied properly and that care staff took appropriate hygiene precautions. Comments included, "They [care staff] sort out my tablets for me. The carer gives me the tablets with a drink of water and writes down in the book when I've had them," "Yes they [care staff] give me my tablets. They sign the sheet, no problems," "I have a NOMAD pack and I use that myself" and "Yes they [care staff] give [family member] their medicines and sign the sheet every time." A NOMAD is where a pharmacist places a number of medicines in a disposable container.

Since our last inspection, the system in place to respond to concerns with medicines had improved, but

further improvement was required. Improvements had been achieved as audits of medicines were being undertaken regularly and medication administration records checked when they were returned to the office to identify as soon as possible potential errors. The culture of staff reporting concerns in order that medicine concerns could be addressed had also improved. The service had been more reactive in taking action with staff involved with medicine concerns to improve their competence and take action where this did not improve. These measures had reduced the number of errors and concerns.

We looked at the organisation's medication policy which staff were required to follow.

The care files we looked at contained a care plan in relation to medication administration. This included a description of the medication prescribed and how the person preferred to take their medication. The care plan described if medication assistance was needed at each of the visits to the person.

The medication audit dated 7 February 2018 for one person described 'calls not spaced out enough.' The MAR showed that the person required medication morning and teatime for the management diabetes. We looked at the call log for the period following the audit. The call log identified the person as requiring time critical calls for the medicine and the planned time for visits to accommodate that, in accordance with the person's plan of care. However, the actual call times did not meet the planned call times on 38 out of 56 calls. This meant that staff were not giving medicines in a way which met people's needs and which posed a risk to the person's health.

We also saw that where staff were administering medicines from a NOMAD there was no record of the medicines administered from the NOMAD with the medication administration record. This meant we were unable to confirm medicines had been administered as prescribed and in accordance with the medication plan.

This was a continued breach of Regulation 12 Health and Social Care Act (Regulated Activities) Regulations 2014, Safe care and treatment.

We continued to receive mixed views regarding consistency of staff and call times, and the length of calls. Comments included, "They [the service] have too many clients and not enough staff," "They [care staff] are in and out in no time, some stay for the allocated time but others do the basic and then leave," "I think the carers are over worked as they are always dashing from one call to another. Some seem stressed with the amount of calls they have to make" and "Everything is okay when it's my regular carer, but when it's their days off it can be anyone who comes through my door. I wish they would tell me who is coming."

In contrast, others said, "Yes, they [care staff] are more or less on time. They have never let me down yet," "They [care staff] do their best to get here on time. It depends on what happens with the people before me. They have never missed a call with me," "I don't have any problems with different carers arriving. They seem to manage sickness etc. fine" and "I am not usually there, but [family member] has never said it is a problem. They [care staff] have definitely never missed them."

There were mixed comments from staff about their rotas and scheduled visits. Some staff told us they did not seem to have sufficient time to get from one visit to the next and said visits were often cut short as they were often trying to catch up. Other staff felt they had regular rotas. Comments included, "Communication could be a lot better. Sometimes I have gone for a visit and the person tells me they have cancelled the call or they are not in. This is a waste of my time," "I think there's enough staff. We've had a lot of new recruits coming in and were doing alright. We cover for each other if we need to as well" and "We could do with more staff. We've been short staffed this week and this happens quite a lot. They are recruiting though and I've

been told there are a few people starting but we are short normally."

We looked at a sample of call logs to people. We found examples where staff were not staying for the full length of time allocated for the visit. Some calls were as little as 7 minutes when they were allocated 20 minutes for the call. Records for one person told us between 1 February 2018 and 3 March 2018 there were 127 calls with allocated time of 47hours 35minutes. The actual time spent with this person was 35hours 26minutes. There were similar deficits other schedules we looked at. This meant people who used the service were not receiving their allocated amount of visit time, which could have a detrimental effect on their health and wellbeing.

We saw staff meeting minutes that identified concerns from staff about the ability to cover care calls. The meetings identified there were unscheduled care calls and staff talking of 'call cramming' and staff going off sick because of work overload.

We spoke with the registered manager about steps that had been taken to improve the consistency of staff being rostered and carrying out the full length of care calls. The service had identified one particular area where they were unable to recruit sufficient staff. They worked with the local authority to arrange for that contract to be returned to the local authority. They also told us that they were continually recruiting new staff and we saw inductions were taking place on the first day of out inspection.

We reviewed three staff recruitment records. Each of the three files contained the necessary information required such as application forms, interview notes, health declarations, disclosure and barring service (DBS) checks, completed references and proofs of identity including a photograph. A DBS check provides information about any criminal convictions a person may have. This helped to ensure people employed were of good character and had been assessed as suitable to work at the service. Other information included telephone screening questionnaires, spelling and numeracy assessments, offer letters, signed copies of employee contracts, job descriptions and care worker agreements. There was also a recruitment checklist in place, which had to be completed prior to the employee commencing employment with the agency. This was then signed off by the registered manager. This meant information and documents required in the recruitment of staff were in place.

At our last inspection, we found there were not robust systems in place to safeguard people from the risk of financial abuse and we found the registered provider in breach of Regulation 13. At this inspection, we found that sufficient improvements had been made to ensure people were safeguarded from financial abuse.

During our visits to people, we found some people needed assistance with shopping and we saw financial records were kept. There was evidence of financial transactions and receipts for goods that had been purchased. Monthly audits of receipts and financial records were completed by management and action was taken when systems and processes had not been followed by staff. For example, one person had received a supervision reminding them of the process to be followed for financial transactions and a copy of the procedure provided. In addition, as the audit had identified this a reminder was sent to all staff to follow the procedure and a copy provided. Subsequent checks suggested that the change needed had been effective.

On one visit, a person told us a friend collected their pension and gave what was required to the care staff for shopping. This contradicted with information in the person's care file about the nominated person who was legally able to deal with the person's financial affairs. We told the registered manager so they were able to follow up the information we received. We were told the nominated person had passed away recently.

Care staff we spoke with were knowledgeable about their roles and responsibilities in keeping people safe from harm. We also found staff were reporting incidents and allegations categorised as causing potential harm or abuse. These were recorded on a safeguarding log and supporting documentation was available of the outcome and the action taken. We found that where action was required, in the main this had been carried out to effect change. However, where action had been identified by a person other than the registered manager, this had not always happened. We shared this information with the registered manager who told us they had become aware of this themselves and were now dealing with the actions themselves to ensure they were carried out.

People we spoke with did not express any concerns regarding their safety. They told us that staff knew how to access their property and they had no concerns about staff leaving the property locked and safe. One person who we visited said, "I know my carer and I can see from my chair who it is coming to the door. I let them in and they show me their badge, but they don't need to as I know most of the staff now."

When we spoke with people receiving support and their relatives, they told us that staff used gloves and aprons appropriately. This meant equipment was available for staff to prevent and control the spread of infection between people.

Good

Is the service effective?

Our findings

At our previous two inspections, Westminster Homecare – Sheffield were found to be in breach of Regulation 9 of The Health and Social Care Act 2008 (Regulated Activities) 2014, Person centred care. At our last inspection in April 2017, we issued a warning notice requesting the registered provider comply with this regulation. During this inspection, we checked to see improvements had been made.

Assessments and other relevant documentation contained evidence that people who used the service and their relatives had been asked for their opinions and been involved in the support planning process to make sure they could share what was important to them.

When we reviewed people's care files, we saw there was information about their medical conditions as well as their support needs.

When we spoke with people, they told us staff knew their routine health needs and supported them accordingly. Comments included, "They [care staff] look after me; if I need help with the GP they sort it out for us" and "If I am ill the girls [care staff] get help for me. They sometimes telephone my relative."

When we spoke with staff, they told us that if they arrived at a person's home and they were ill or had a fall they would stay with them until assistance arrived from relatives or medical health professionals.

We checked and found staff had the skills, knowledge and experience to deliver effective care and support to people.

The registered manager told us staff new to the caring industry would be expected to complete the 'Care Certificate'. The 'Care Certificate' looks to improve the consistency and portability of the fundamental skills, knowledge, values and behaviours of staff, and to help raise the status and profile of staff working in care settings. Some staff were able to confirm to us that they had completed the 'Care Certificate' and we saw copies of certificates held on some files that we looked at. One staff member told us that their induction was over seven days and they also had a further four days spent shadowing more experienced staff.

The registered provider used a training software package to monitor the training completed by staff. Staff were assigned dates for when they needed to complete their training. We saw there was a robust system in place to ensure staff received regular refresher training.

Staff gave mixed views about the training they received. Some said they thought training met their learning needs and as a result were confident at delivering care to people who used the service. Two staff members told us that they thought the training they had received was rushed, with not enough time spent on each of the subjects. One staff member said, "Some of the training is by completing work books on different subjects. It's not my style of learning. I prefer face to face in a class room."

The staff also gave mixed views on the support they received, but said supervision, appraisal and 'spot

checks' were carried out. Supervision is regular, planned and recorded sessions between a staff member and their manager to discuss their work objectives and wellbeing. An appraisal is an annual meeting a staff member has with their manager to review their performance and identify their work objectives for the next twelve months.

Staff told us 'spot checks' were carried out by senior care staff in people's homes and included checks such as staff wearing their ID badges, correct uniform and using protective equipment such as gloves when assisting with personal care. They would also check if the staff member was following the person's care plan. Staff told us these checks had only started since the new manager had been in post.

We checked records of staff training, supervision and appraisal to confirm what staff had told us. We found staff training was all up to date and this had been achieved by monitoring the training matrix and sending letters to staff to remind them their refresher training was due and reminding them that training was mandatory.

Within staff records, we found evidence of supervisions and spot checks. The supervision records included topics such as staff morale, duties and responsibilities, communication protocols, policies and procedures, monitoring service users, work performance, personal training and development, annual leave and any other business. Topics covered during spot checks included entering and leaving the premise, appearance, duty of care, health and safety, risk assessments, nutrition, safeguarding, medication and reviewing the daily record log.

We saw systems were in place to address concerns relating to a staff member's performance where necessary, for example, where staff had been involved with a concern about the administration of medicine.

People receiving support and their relatives told us that they thought most staff were well trained and knew what they were doing. Comments included, "I think mainly they [care staff] are all well trained and know what they are doing, unless it's one of the younger ones or somebody from an employment agency. Then I'm not so sure. I don't think they always understand about dementia and how it affects people, but if it's the same faces who are all very good it runs well, which is important," "I think the younger ones could do with more training. They are not trained very well. I need a leg brace taking off and putting back on. Some find it difficult to do, some find it easy" and "They are all well trained and very professional carers."

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. For people living in their own home, applications must be made to the Court of Protection. We checked whether the service was working within the principles of the MCA.

The registered manager was aware of their responsibilities under the legislation and staff were able to tell us what capacity and consent meant, but their understanding of consent in terms of protecting people when decisions are made in their best interests that may restrict their liberty required improvements. Comments included, "There are a lot of staff in the office that deal with care plans and things like this, normally someone does certain areas I think. Consent forms are kept in care plans but I'm not sure about if they

didn't consent. I've had training on MCA, but only a basic understanding" and "I think people sign consent forms or someone does on their behalf. Consent is obtained in initial assessment and this is reviewed every year. Yes I've had MCA training recently."

When we spoke with people receiving support and their relatives, our discussions told us they had been involved in making choices and decisions about the care and support they received. One person commented, "I think the carers are smashing. They never do anything without asking me if it's alright even though they do the same things most days. I try to be as independent as I can and I think they encourage that. They help get my dinner ready. It's usually just a sandwich and they let me prepare as much of my dinner as I can."

Care records we looked at contained signed documents by people or their representative. This showed people had been involved in making choices and decisions about the care and support they received.

Good

Is the service caring?

Our findings

At this inspection, people receiving support and their relatives we spoke with gave us mixed views regarding how staff treated them with compassion, kindness, dignity and respect.

Most people told us that they believed care staff understood the need for confidentiality, dignity and respect. We were told that when there were regular care staff they were very committed, building a good rapport and taking time to get to know them. Those people said that staff were respectful and polite and observed their rights and dignity. They spoke fondly about their regular carer. People said, "My carer is excellent. She does everything I need, she is a good friend," "I like how respectful they are. They have to do some unpleasant things, like putting cream on my private parts but they always keep me as covered as they can and do their best to make me feel comfortable about what they are doing," "They are very respectful towards me and I feel comfortable when they are helping me wash or shower," "They are all lovely. Very respectful," "Always. They work to a very high standard," "I feel good when they are here" and "The carers who come are lovely. I look forward to seeing them. It's nice to have somebody to talk to." A relative commented, "They are all very respectful. They will have a laugh and a joke which he likes, but they never go too far."

However, when it was a different member of care staff people were not as confident. One person commented, "There might be a few weeks when it settles down and I just start to get used to the carers and then somebody different turns up. I really like to see the same people because then I get to know them and they get to know me."

No -one expressed any concerns about care staff attitude or behaviour.

When we spoke with staff, they expressed commitment to providing a good service for people who used the service. They told us they were there for the people they cared for. Comments included, "I'm just pleasant, happy and get on with everyone. Everyone is quite warm and I know them well and I have good relationships with them. They tell me a lot and I keep confidentiality. It is just nice they trust me. It's down to us at the end of the day, I hope everyone feels the same," "I knock on the door and say who I am and make sure I complete what needs to be completed. I always keep talking and communicating. Once you get to know them they like you to talk with them," "Our training includes information about personal care and attitudes towards people and the respect we show them" and "By talking to them [people receiving support] about their needs and following their best wishes. I'm friends with my clients, they're like my family. We try and get matched to people appropriate to build relationships. It's personalised care."

Staff talked to us about the importance of maintaining people's confidentiality saying, "I wouldn't discuss anyone outside of work" and that it was important to "Remember not to talk about other people when in someone's home."

Information which was held by the service was securely stored. There were paper based records which were kept in locked filing cabinets and information which was stored electronically was password protected.

Care staff we spoke with gave examples of how they treated people with dignity and respect and maintained their privacy. Comments included, "I attend to personal care needs in the privacy of the bedroom with door and curtains closed. I cover exposed parts of the body with a towel" and "If I'm strip washing someone I put the towel over their lap or their shoulders."

Requires Improvement

Is the service responsive?

Our findings

At our last two inspections in August 2016 and April 2017 we found a breach of Regulation 9 of The Health and Social Care Act 2008 (Regulated Activities) 2014, Person centred care. At our last inspection in April 2017, we issued a warning notice requesting the registered provider comply with this regulation. During this inspection, we checked to see improvements had been made. We found further improvements were required to meet regulations.

At our last inspection, we found that some people's care plans had not been regularly reviewed in response to a change in needs. At this inspection, we found a system had been implemented so that all people's care plans had been reviewed. However, we found examples where people's care plans were not always being followed to people's needs in relation to their medicines, eating and drinking. This is reported on in the relevant sections of this report.

People we visited told us that most staff understood their personal care needs and supported them appropriately. The care plans we looked at had been recently reviewed and described the care that people required. People told us they had been consulted about their care needs and this was reflected in the written records. The care plans reflected their preferences in relation to who provided their care. However, we saw one care plan clearly stated that the person preferred a female member of staff to support them with their personal care. We looked at the call logs and found on a number of occasions care had been provided by a male member of staff. This showed the care delivered was not always in accordance with the person's recorded preferences.

Care staff we spoke with told us they were not introduced to people or given the opportunity to read their care plans before they started supporting them. They got to know people by regularly supporting them.

When we spoke with care staff about their role in the care planning process, we found care plans were formulated by staff in the office. Their role was to follow the plan, complete daily records to confirm the plan was followed and report any changes so that these could be reflected in the care plan. Comments included, "Staff are supposed to read them [care plans], whether they do or not I don't know. If you go to the same person every day we can get complacent," 'We do read care plans to find out about people. We talk to them as well to find out what's what and about medication and family details and background," "We read all care plans for care provided. I always keep up to date with changes as well," "I always read care plans when I first start and I go back to look if I think they need updating and if anything's changed. For example, if they [person supported] come out of hospital" and "Care plans are kept in people's own homes and we do read these when we have time."

When we asked people receiving support and their relatives if the care provided met their needs, comments included, "I do need quite a bit of help. The carers are very clued up though and they understand my needs," "When we first started with them, they [staff] came and went through everything I need," "Yes I have a care plan and it has been reviewed," "[Relative] has a care plan. I know what is in it and it is very good" and "They [staff] came and talked to us about the care plan at the start."

At our last inspection in April 2017 we found a breach of Regulation 16 of The Health and Social Care Act 2008 (Regulated Activities) 2014, Receiving and acting on complaints. The service was issued with a requirement notice. The registered provider submitted an action plan detailing how they would meet the regulation. We checked and found Westminster Homecare's internal policy and procedure had been implemented and there was a clear record for identifying, receiving, recording, handling and responding to complaints. However, we found the system was not always being operated effectively. For example, one family had complained about the timing of their visits in the last 12 months. The response was agreement of the timing of calls to allow for necessary space between medicines and eating and drinking. A further complaint was made advising a day when those times were not adhered to. This was confirmed when we checked the call log, including other calls made outside of the agreed core times. The response was that the call times were within the time bands specified by Sheffield City Council. Not coming to a resolution with the complainant means that further complaint is possible, because the complaint has not been dealt with effectively.

We asked people and their relatives how the service dealt with any complaints they may have. Comments included, "I have never had any problems. If I have any niggles I talk to the carers about them," "I would feel happy talking to them [staff] if I had any problems. I have had no need though" and "I would just ring the office with any major complaints. We have never needed to though."

Requires Improvement

Is the service well-led?

Our findings

At our last two inspections in August 2016 and April 2017, we found a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) 2014, Good governance. We issued a warning notice requesting the registered provider comply with this regulation. During this inspection, we checked to see improvements had been made.

We found a continued breach in Regulation 12, Safe care and treatment. We found some improvements had been made, but insufficient improvements to achieve compliance.

The registered manager provided the current service's action plan. We found discrepancies between information in the action plan and our findings. For example, the action plan stated 'MAR charts are continuously being audited, processes are working well' and we found improvements were still required in the management of medicines.

There was a mixed response from people and relatives when we asked them about the management of the service. Comments included, "It's well managed at the moment. They have had loads [of manager's], but she [registered manager] is very good," "I don't know the manager personally but everyone in the office is helpful, if I ring them for anything," "I do think it's well managed and I am so pleased I am staying with Westminster. They have had to get rid of some of their areas so I'm really glad I am staying with them," I think it is well managed. The professionalism comes from the top" and "I have no problems at all with them, so yes I do think it is well managed."

In contrast others said, "I have no complaints but that is because of the carers. I don't know what I'd do without them. I don't find the office people very helpful and I don't phone unless I really have to. If a carer is going to be late, they never let me know and when the carer comes they say, "Didn't the office let you know?" and "There are improvements they could make. The carers are very good but the office staff don't ring back even when they say they will."

As part of their governance, registered providers must seek and act on the feedback from people and those acting on their behalf, staff and other stakeholders. The feedback from the service user satisfaction survey for 2017 had resulted in a response rate of approximately 29%. It identified three out of 31 areas required improvement. The areas included changes to the care team to be communicated, that the outcome of a complaint had not always been satisfactory, communication at the office and dissatisfaction with call times. The service had identified how the areas people had identified as requiring improvement were to be addressed. Our findings at this inspection corresponded in relation to complaints and call times.

The service also sought feedback from staff. The feedback from the survey 2017 identified improvement was required by the service to improve the culture at the service. For example, half of staff that responded did not feel they were fairly treated at all times. One comment was "Felt bullied since the day current branch manager started." There was a mixed response about the registered manager's approachability. Comments included, "She's brilliant and very supportive. She's a really organised person and really respectful. Haven't

got a bad word to say about [registered manager]. She's brilliant," "The manager says she has an open door policy but when we ask for her she is always doing something and never calls us to see what we needed her for" and "The Sheffield branch is going down hill really fast. We are losing good carers because of the way Westminster is treating us carers. I myself am looking for another job because of this. Since the new manager has taken over things have worsened rather than got better. The attitude of office staff is a really big problem. They demand we do calls even if there is no room on rotas to fit them in or they threaten to take work off us block pay and threaten to take holidays off us which are booked in."

Staff reported they were clear of Westminster Homecare's policies and procedures and had the tools and resources to do their job well. They also reported they understood and were committed to the expectations of Westminster Homecare.

Some findings from the staff survey were reflected in minutes of staff meetings seen, in relation to the culture of the service and carrying out calls. There was also discussions about availability of staff to cover calls.

We saw that systems were in place to provide information about the running of the service to staff. We looked at the care worker newsletter for February 18. Topics included, care plans, daily record sheets, confidentiality, the log in system, time critical calls and MAR charts.

We saw the monthly operations audit and report carried out by senior managers. This covered complaints, missed visits, safeguarding, MAR chart audits, medication errors, daily record log audits, financial transaction record audits, care and support plans, reviews of care monitoring, training, supervisions and health and safety. There was also a section for hours where the Key Performance Indicator for this and unscheduled hours were to be identified, and the differential identified together with any actions required. The audit for November 2017 identified 390 hours not templated (scheduled). An action plan was identified to address this.

The registered manager also completed a manager's weekly report for senior managers. This included monitoring information on the hours of activity, unallocated schedules, missed visits, VISA's required for staff, business development activity (new packages of care), recruitment activity, internal audit and concerns. We found there were no recorded missed visits since Christmas, but hours that were not allocated to staff rotas and new packages accepted.

Since our last inspection the local authority contracts team have worked closely with the service to ensure improvements at the service. They are satisfied improvements are being made. They told us the registered manager is a proactive, approachable manager who understands her role and responsibilities. They informed us intelligence received by them about the service has decreased significantly in the last few months and monitoring has reduced.

During the inspection it was evident the service, including the registered manager was passionate in their aim to improve the service.

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 12 HSCA RA Regulations 2014 Safe care and treatment Care and treatment was not always provided in a safe way for service users.