

Westwood Homecare (North West) Limited

# Westwood Homecare

## Inspection report

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## Ratings

Overall rating for this service

Inspected but not rated

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Westwood Homecare is a domiciliary care service providing care and support to people living in their own homes. The agency provides help and support to adults with a variety of needs. The service provides a range of care services including; assistance with personal care, preparation of meals, medication administration and companionship. At the time of our inspection there were nine people using the service.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

### People's experience of using this service and what we found

The service had systems in place to keep people safe from abuse. People's risks were monitored and managed appropriately. Staff were recruited safely and staffing levels were sufficient to meet people's needs. The service managed medicines were managed safely.

Infection control systems were in place and the service had responded appropriately to the extra measures needed to address the current pandemic. Staff had access to appropriate personal protective equipment and guidance on how to use it appropriately.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The care was person-centred and people's diversity was respected. Complaints were dealt with in an open and honest way. Notifications were sent to CQC as required. Regular satisfaction surveys were completed by staff and people who used the service. Telephone reviews were undertaken regularly, issues identified and actions recorded. The service engaged with local social work teams and other professionals to help ensure joined up care for people they supported.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

This service was registered with us on 17 April 2019 and this is the first inspection.

### Why we inspected

This was a planned focussed inspection to look at the domains of safe and well-led, as the service had not previously been inspected.

### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

The service was safe.

**Good** ●

### **Is the service well-led?**

The service was well-led.

**Good** ●

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## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. 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. We took this into account when we inspected the service and made the judgements in this report.

#### During the inspection

We spoke with two people who used the service and two relatives about their experience of the care

provided. We spoke with five members of staff including the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included three people's care records and three medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There was a relevant and up to date policy relating to safeguarding people and this had been signed as read by staff. Guidance and information was in place to ensure concerns were escalated appropriately.
- Staff we spoke with had completed training in safeguarding and they were confident they would recognize an issue and knew how to report a concern.

Assessing risk, safety monitoring and management

- Individual risk assessments were thorough and had been reviewed and updated as required.
- General, environmental risk assessments were also in place and appropriate.

Staffing and recruitment

- The service had an up to date, appropriate policy regarding recruitment.
- Staff files included all required information to help ensure employees were suitable to work with vulnerable people.
- Staffing levels were sufficient to safely support people who used the service. Staff we spoke with reported they had time to complete all tasks required for people they supported.

Using medicines safely

- The medicines policy was signed as read by all staff and was appropriate and up to date. There was guidance on how to deal with medicines errors and near misses.
- Staff had completed medicines training and their competence to administer medicines was checked regularly to ensure their skills remained up to date.
- Medicines care plans were comprehensive and included all relevant individual information, such as allergies, risks and how to report errors. Where people had capacity their consent had been obtained for the administration of medicines. Best interests decisions were made for people who did not have capacity to make decisions.

Preventing and controlling infection

- There was an appropriate infection control policy in place, which was up to date.
- In addition the service had policies with regard to the coronavirus pandemic and personal protective equipment (PPE). This policy was subject to continual change to ensure it reflected current guidance.
- Staff told us they had been issued with appropriate PPE and shown how to use it correctly. People we spoke with said staff always wore PPE and followed the correct infection control measures. One relative said, "They [staff] always wear PPE and wash their hands. They use paper towels."

### Learning lessons when things go wrong

- Staff had signed the accident and incident policy, which was regularly reviewed and updated.
- Accident forms were completed when required and appropriate actions taken to help minimize the risk of further accidents in the future.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The information included in people's care files was person-centred and included relevant health and personal information.
- Information about people's religious and cultural needs, sensory and communication requirements and other issues of diversity were included within care plans.
- Equality and diversity training was included in the staff induction and discussed with staff regularly.
- The nominated individual was considering ways to encourage more openness around equality and diversity within the service. They were considering the inclusion of more open questions within their documentation to help staff support people more effectively in the area of diversity.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Complaints were dealt with in an open and honest way. Issues were identified and addressed with appropriate actions.
- Discussions around changing care needs were undertaken during care reviews, regular satisfaction checks and general conversations.
- Notifications were sent to CQC as required.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was a business continuity plan in place. This included all appropriate information and actions to be taken in the event of an emergency, such as loss of utilities.
- A thorough induction and on-going training was completed by all staff to ensure they had the correct skills and knowledge to carry out their roles effectively.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Regular satisfaction surveys were completed by staff and people who used the service.
- Staff reported being well supported. One staff member said, "Absolutely wonderful to work for. More understanding, always willing to help and really supportive with staff."
- Care files evidenced people and their relatives were fully involved in assessments and reviews of care and their wishes were respected.

- One person told us, "I can ring the office, one of the office workers rings to ask if everything is OK. No complaints, absolutely brilliant." A relative said, "Communication is good. They have changed things when needed."

#### Continuous learning and improving care

- People were aware of the service's complaints policy and were able to contact the office whenever they needed to.
- We saw evidence of audits, such as log book and care file audits. Telephone reviews were undertaken regularly, issues identified and actions taken and recorded.

#### Working in partnership with others

- The service engaged with the local authority quality monitoring team on a regular basis.
- The service also worked closely with social work teams and other professionals to help ensure joined up care for people they supported.