

Westminster Homecare Limited

Westminster Homecare Limited (Crystal Palace)

Inspection report

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Ratings

Overall rating for this service		Good	
Is the service safe?		Good	
Is the service effective?		Good	
Is the service caring?		Good	
Is the service responsive?		Good	
Is the service well-led?		Good	

Overall summary

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 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

Westminster Homecare Limited (Crystal Palace) provides personal care and support for people in their own homes within the London boroughs of Bromley, Croydon, Lambeth and Wandsworth. There was a registered manager (manager) in place. A registered manager is a

Summary of findings

person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

We inspected the service on 21 July 2014. We told the provider two days before our visit that we would be coming. At the time of our inspection the manager told us the service was providing personal care support to 253 people. Most of the people they provided personal care to had been referred to the service by a local authority. At our previous inspection 3 December 2013, we found the provider was meeting the regulations in relation to outcomes we inspected.

People using the service told us they felt safe and that staff treated them well. Safeguarding adults from abuse procedures were robust and staff understood how to safeguard people they supported.

Staff were up to date with training. Senior carers carried out regular unannounced spot checks on staff where their working practices were evaluated. There was an out of hours on call system in operation, this ensured management support and advice was always available for staff.

There was a matching process in place so that people were supported by staff that had the experience, skills and training to meet their needs. Staff told us they would not be expected to support people with specific care needs or medical conditions unless they had received the appropriate training.

People said they knew how to make a complaint if they needed to. They were confident that the service would listen to them and they were sure that their complaints would be fully investigated and action taken if necessary.

A person using the service said, "I have been using the service a long time and I have never had any problems. They do what they have to do and I am happy with that." Another person said, "I am very happy with the care I get, my carer is great, and she has been with me for the last six years and knows what she has to do for me. She's very caring." Another person said, "The staff always listen to what I have to say and they treat me with respect. They sometimes go that little extra mile, for example they might ask me if I need some shopping done."

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

This service was safe. People using the service told us they felt safe and that staff treated them well. Safeguarding adults from abuse procedures were robust and staff understood how to safeguard people they supported.

People using the service had health needs assessments, care and support plans and risk assessments. Care and support plans and risk assessments had been kept under regular review.

Good



Is the service effective?

This service was effective. Appropriate recruitment checks were undertaken before staff began work. Staff had completed an induction and they were up to date with their mandatory training. There was a matching process in place that ensured that people using the service were supported by staff that had the experience, skills and training to meet their needs.

There was an out of hours on call system in operation so that management support and advice was always available for staff.

Good



Is the service caring?

This service was caring. Staff told us they enjoyed working with the people they provided care to. People using the service said staff were caring they were happy with the care they received. People and their relatives were consulted about their assessments and involved in developing their care plans. People said staff treated them with dignity and respect.

Good



Is the service responsive?

This service was responsive. People said they knew how to make a complaint if they needed to. They were confident the service would listen to them and they were sure their complaints would be fully investigated and action taken if necessary. Senior care staff regularly carried out unannounced spot checks on care staff to make sure they turned up on time, wore their uniforms and identification cards and supported people in line with their care and support plans.

Good



Is the service well-led?

This service was well-led. The provider recognised the importance of regularly monitoring the quality of the service provided to people. Staff said they enjoyed working for the agency and they received good support from the manager. There was a “carer of the month” award. This recognised staff performance in areas such as punctuality, completing training or qualifications, professional behaviour and going the extra mile to ensure a quality driven service.

Good



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Detailed findings

Background to this inspection

The inspection team consisted of an inspector and an expert by experience, who had experience of older people's care services. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

Before the inspection we reviewed information we held about the provider, including the provider's 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 also contacted care managers from three of the local authorities that commissions the service to obtain their views.

During this inspection we visited and spoke with seven people using the service in their homes, and two of their relatives. We spoke on the telephone to one person using the service and the relatives or friends of 23 others in order to gain their views about the quality of the service provided. We spoke with nine care staff, the manager and the operations manager. We also looked at the care records of nine people using the service and the recruitment, training and supervision records of nine members of staff.

Is the service safe?

Our findings

The manager told us they were the safeguarding lead at the service. We saw the service had a policy for safeguarding adults from abuse and a copy of the "London Multi Agencies Procedures on Safeguarding Adults from Abuse". The manager told us the service policy was used alongside the London Multi Agencies Procedure. They also showed us a care workers handbook, which included the service's safeguarding adults from abuse policy and detailed the roles and responsibilities of managers and staff for reporting abuse.

We spoke with the manager and nine members of staff about safeguarding. They demonstrated a clear understanding of the types of abuse that could occur, the signs they would look for, and what they would do if they thought someone was at risk of abuse including who they would report any safeguarding concerns to. The manager told us they and all staff had attended training on safeguarding adults from abuse. Staff training records confirmed this. Staff told us they were aware of the service's whistle-blowing procedure and they would use the procedure, if they needed to.

The manager told us that four safeguarding adults concerns had been raised with local authorities in the last twelve months. Three safeguarding concerns were investigated and concluded by the organisation and the relevant local authorities. The remaining safeguarding concern was still being investigated by the organisation and the relevant local authority at the time of this inspection.

Appropriate recruitment checks took place before staff started work. We looked at the records of nine members of staff. We saw completed application forms that included

reference to the applicants previous health and social care experience and qualifications and their full employment history. We also saw interview questions and answers and completed skills tests. Each record included evidence of criminal record checks, proof of the member of staffs identification, two employment references and health declarations.

The manager told us staffing levels were constantly evaluated by the provider and the local authorities and arranged according to the needs of the people using the service. People using the service told us they felt safe and staff treated them well. All of the people using the service and most of their relatives said staff turned up on time, they always wore their uniforms and their identification badges, so that they could be easily recognised. A person using the service said, "My carer and I always talk about my care and support needs, if anything changes for me or I need something different or I need more hours, then they change things in my care file."

Peoples care files included risk assessments and details of how staff should support them in order to minimise the risk to them. The risk assessments we viewed included information about action to be taken to minimise the chance of the risk occurring. For example, some people had restricted mobility and information was provided to staff about how to support them when moving around their home and transferring in and out of chairs and their bed. Medicines needs assessments provided staff with details of how people should be supported to take their medicines. The manager told us, and staff training records confirmed, that all staff had received training on medicines awareness. We saw that all of these people's care plans and risk assessments were kept under regular review by the manager and senior care staff.

Is the service effective?

Our findings

The manager told us that all new staff received a one week induction. The induction programme included training on health and safety, fire safety, emergency first aid, safe food handling and infection control. Mandatory training included safeguarding of adults, medication awareness and moving and handling. The manager told us 98 staff were employed at the branch. 50 staff had completed and eight staff were working towards National Vocational Qualifications (NVQ) or equivalent accredited qualifications in health and social care.

We spoke with nine members of staff. They all told us they had completed an induction when they started work and they were up to date with their mandatory training. They received regular formal supervision and attended regular staff team meetings. Staff that had worked at the agency for more than a year said they had an annual appraisal of their work performance. Care staff said they had been subject to regular unannounced spot checks carried out by senior staff where their working practices were evaluated and they had received feedback. They told us there was an out of hours on call system in operation that ensured that management support and advice was always available for them when they needed it.

A care coordinator showed us a computer programme that recorded and monitored information about staff including details of training received and required. The manager told us that staff would not be permitted to work unless they had completed all of the training the organisation considered mandatory. We randomly selected and looked

at the information held on the system for four members of staff and saw they had received an induction and mandatory training. The computer programme also recorded when staff received and required supervision, spot checks or an annual appraisal.

The manager told us there was a matching process in place that ensured that people using the service were supported by staff that had the experience, skills and training to meet their needs. All of the staff we spoke with told us they would not be expected to support people with specific care needs or medical conditions unless they had received the appropriate training. For example they had been matched to work with people who had dementia, epilepsy or needed end of life care because of their experience and training. One member of staff said, "The manager makes sure I have the right training so that I can support the people I provide care to." Another member of staff said, "The agency makes sure I am properly trained. They match our skills and experience with the needs of the people we support."

The care files we looked at included details of people's health care needs including dietary needs and eating and drinking needs assessments. These assessments indicated people's food likes and dislikes, any allergies they might have and if they needed any assistance with eating and drinking. The manager told us that most people using the service cooked for themselves or had support from family and friends to cook their meals. However, where it had been identified that people needed help at meal times this was recorded in their care plans and staff provided support in this area.

Is the service caring?

Our findings

People made positive comments about care they or their relatives received. One person using the service said, “I have been using the service a long time and I have never had any problems. They do what they have to do and I am happy with that.” Another person said, “I am very happy with the care I get, my carer is great, and she has been with me for the last six years and knows what she has to do for me. She’s very caring.” Another person told us, “The staff sometimes go that little extra mile, for example they might ask me if I need some shopping done.” A relative of a person using the service said, “I am really happy with the service, they have always provided good continuity of care, and we have had the same carer for three years which is great.”

People said they were aware that their care and support plans had been reviewed by senior care staff and care managers. One person said “I am always discussing my needs with my carer. If things change and I need more hours then they talk to the office and that can be arranged.” Another person said “They know what my needs are and I discuss my needs with the senior carer all of the time.” They also said staff treated them with dignity and respect. One

person said “The staff treat me, my family and my home with respect.” Another person said “I respect my carer because they respect me. They always listen to what I have to say and that’s important.”

Staff told us how they made sure people’s privacy and dignity was respected. They said they made sure doors were closed and curtains drawn when they were providing people with personal care. They addressed people by their preferred names, explained what they were doing and sought permission to carry out personal care tasks. They said they enjoyed working with the people they provided care to. Staff told us that the initial shadowing visits with experienced members of staff helped them to understand people’s needs and get to know them. They all said they had received a copy of the organisation’s handbook. We looked at the handbook. It included the organisation’s general behaviour and code of conduct at work policy, which gave information on respecting rights of people using the service, including their rights to privacy, dignity, independence and the right to make choices. The handbook also advised staff on their responsibilities, for example, supporting people with personal care, supporting people with medicines, safeguarding adults from abuse and dealing with emergencies.

Is the service responsive?

Our findings

We looked at the care records of people we visited. These included the local authority's referral information, the service's care and health needs assessments, care and support plans and risk assessments. Care plans included detailed information and guidance for staff about how people's needs should be met. They included information about their personal history, hobbies, pastimes and interests, religious and cultural needs and the details of any social networks. The files included their likes and dislikes in relation to the support they received, for example if they preferred male or female care workers and reports from spot checks and telephone monitoring calls.

Senior carers said they regularly carried out unannounced spot checks on care staff to make sure they turned up on time, wore their uniforms and identification cards and supported people in line with their care and support plans. They also made telephone monitoring calls and quality monitoring visits to people at home to find out if they had any problems with the care and support they were receiving. One person using the service said "Senior people sometimes visit to make sure I am getting the right care. I also get calls from the office staff asking if everything is alright." We saw records of these calls and visits in people's personal files.

People using the service were provided with a service user guide with important information about the agency. The service's complaints procedure was included in the organisation's service user guide. People said they knew how to make a complaint, if they needed to. Most said they were confident the service would listen to them if they had to make a formal complaint. They were also sure that their complaints would be fully investigated and action taken if necessary. One person using the service said, "I have used them [the agency] for a long time, I have raised minor concerns on the phone with the manager in the past and they sorted it out so I have never needed to complain formally." Another person told us, "I know what to do if I am not happy, I complain, after all if I was not happy I would just change to another agency." Another person said, "I complained once, they were very kind and sorted things out for me straight away". A relative told us, "I had a few problems with the service, staff were arriving too early or too late. I had words with the supervisor, it's better now but it still fluctuates, but they have improved."

We looked at the service's complaints file. This included a copy of the complaints procedure and forms for recording complaints. We saw that letters had been sent to complainants informing them of the outcome of the complaints investigations. We also saw that copies of the complaints documentation was kept in people using the services care records.

Is the service well-led?

Our findings

One person using the service told us, “The service is very well run and well organised. I just need to call the office and there’s always someone there to help.” Another person using the service said, “They seem to know what they are doing, I have been using them for years without a blip, they must be doing something right.” A relative said, “They have always kept in contact, they are always polite. So far they have done what I want them to do. I think they are well run, they have exceeded my expectations.”

The manager showed us a letter they sent to people using the service with collated responses from the December 2013 satisfaction survey. The majority of people that completed the survey rated the care they received as good and above. They felt comfortable and safe with their care worker, felt their privacy and dignity is respected, and that the care worker was professional when interacting with family and friends. Some people felt they did not always receive good support from the office and some felt they were not contacted by the office regularly. The letter included an action plan for areas that needed to be improved upon.

Five local authorities commission services from the provider. An officer from one local authority said they had “no problems” with the service. They felt it was run well with professionalism from management and staff. Officers from two other local authorities told us they had conducted contract compliance visits to the service in June 2014. They said some recommendations had been made as a result of their visits and these had been met by the manager.

The manager showed us a report from a recent internal audit carried out by the organisation’s operations manager.

The report identified areas for improvement, for example, implementing the organisation’s new documentation and updating policies and procedures. The operations manager told us they were due to meet with the registered manager to draw up an action plan for the audit report. They said that many of the areas for improvement recorded in the internal audit had already been put in place.

Staff told us about the support they received from senior carers and managers. One member of staff said, “There have been a lot of improvements over the last two years, the registered manager supports me with all of my training needs and if I have a problem I just have to call him to get it sorted out.” Another member of staff said, “The registered manager, senior carers and care coordinators are really good, I feel I am well supported. I can ring the office or on call at any time if I need any help.” The registered manager told us about the service’s “carer of the month” award. This recognised staff performance in areas such as punctuality, completing training or qualifications, professional behaviour and going the extra mile to ensure a quality driven service.

A senior carer told us there were monthly team meetings. These meetings were attended by the registered manager, office staff, care coordinators and senior care staff. We looked at the minutes from the last team meeting. Items discussed included electronic call monitoring, recruitment and people using the service and staff records. The senior carer said that information relevant to care staff was passed to them during supervision or at carers meetings. The registered manager told us that carers’ meetings took place every three months. We looked at the minutes from the last staff meeting. Items discussed included electronic call monitoring, recruitment, communication, on call, care staff documentation and uniforms. Staff we spoke with said they found the carers’ meetings informative and helpful.