Westminster Homecare Limited

Westminster Homecare Limited (Leicester)

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

Westminster Homecare Limited provides personal care for people living in their own homes. On the day of the inspection the registered manager informed us that there were 272 people receiving personal care from the service.

A registered manager was in place. 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 and associated Regulations about how the service is run.

Staff had awareness of people's health care needs so they were in a position to refer to health care professionals if needed, though this had not always been carried out. Staff recruitment checks were not comprehensively in place to protect people from receiving personal care from unsuitable staff.

People had not all received personal care at the assessed and agreed times to promote their health.

Risk assessments were in place to protect people from risks to their health and welfare.

People and their relatives we spoke with said they thought the agency ensured that people received safe personal care. Staff had been trained in safeguarding (protecting people from abuse) and staff understood their responsibilities in this area.

We saw that medicines were supplied safely and on time, to protect people's health needs.

Staff had training to ensure they had the skills and knowledge to be able to meet people's needs, though more training was needed to help ensure all people's needs could be fully met.

Staff understood their responsibilities under the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) to allow, as much as possible, people to have effective choice about how they lived their lives.

People and their relatives we spoke with told us that staff were friendly, kind, positive and caring.

People, or their relatives, were involved in making decisions about how personal care was to be provided.

Care plans were individual to the people using the service to ensure that people's individual needs were met. though they lacked some information about people's history and lifestyle to ensure that a fully personalised service could be provided to them.

People or their relatives told us they would tell staff or management if they had any concerns and were

confident any issues would be properly followed up.

People and their relatives were satisfied with how the service was run by the management. Staff felt they were fully supported in their work by management staff.

Management carried out audits in order to check that the service was meeting people's needs and to ensure people were provided with a quality service.

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 consistently safe.

Staff recruitment checks had not all been comprehensively in place to protect people from receiving personal care from unsuitable staff. People had not all received care at agreed times to promote their health.

People and their relatives thought that personal care was provided safely and people felt safe with staff from the agency. Risk assessments to protect people's health and welfare were in place to protect people from risks to their health and welfare. Staff were aware of how to report incidents to their management to protect people safety. Medicines had been supplied as prescribed and action taken to protect people's health if an error in supplying medicines had taken place.

Is the service effective?

Good

The service was effective.

Staff were trained to meet people's care needs though more training was needed for staff to be in a position to fully meet the needs of all the people using the service. People's consent to care and treatment was sought in line with legislation and guidance. People's nutritional needs had been promoted and protected. People's health needs had been promoted.

Is the service caring?

Good

The service was caring.

All the people we spoke with and their relatives told us that staff were friendly and caring and respected their rights. We saw that people and their relatives had been involved in setting up care plans that reflected people's needs. Information about people's religion and cultural practices was limited to ensure that staff were provided with the relevant information to respect people's preferences .

Is the service responsive?

Good

The service was responsive.

Care plans contained information on how staff should respond to people's assessed needs, though information on people's preferences and lifestyles was limited. People and their relatives were confident that any concerns they identified would be properly followed up by the provider.

Is the service well-led?

Good

The service was well led.

Systems had been audited in order to measure whether a quality service had been provided but not all issues had been actioned to improve the service.

Most people and their relatives told us that management listened and acted on their comments and concerns and they thought it was a well led agency.
Staff told us the registered manager and senior office staff provided good support to them. Staff said the registered manager had a clear vision and expectation of how friendly individual care was to be provided to people to meet their needs.

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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 8 and 11 July 2016. The inspection on day one was unannounced. The inspection team consisted of one inspector, and one expert by experience speaking with people to give their views about the service they received. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our expert for this inspection had experience of the care of older people. 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.

Before the inspection, 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 looked at the information we held about the service, which included 'notifications'. Notifications are changes, events or incidents that the provider must tell us about.

We also reviewed the provider's statement of purpose and the notifications we had been sent. A statement of purpose is a document which includes the services aims and objectives.

We contacted commissioners for health and social care, responsible for funding some of the people who used the service and asked them for their views about the agency. No concerns were expressed about the current provision of personal care to people using the service.

During the inspection we spoke with 13 people who used the service, nine relatives, the registered manager, the operations manager, a care coordinator, the training manager and three care workers.

We also looked in detail at the care and support provided to four people who used the service, including their care records, audits on the running of the service, staff training, staff recruitment records and medicine administration records.

Requires Improvement

Is the service safe?

Our findings

Everyone we spoke with thought that care had been delivered safely. All the people who received care that we spoke with were unanimous that they felt safe with staff. This was also confirmed with the relatives we spoke with.

People who used the service told us, "Oh yes, I absolutely trust them completely. They are reliable, always come and let me know its them coming through the door." "I really trust them. They are just brilliant."

A person receiving support told us they had a pendant alarm which staff checked to make sure it was working before they left. One person we spoke with explained that they were very prone to picking up infections. They said staff used aprons and gloves and antibacterial gel to keep her safe from more infections. They also checked their hoist sling before they used it to make sure it was safe to use before assisting her to transfer from one place to another.

One relative told us, "Oh they are quite safe. I am sure of that. They make sure my X's (relative) door is locked when they leave them each time and they put the key back in the safe."

We saw that people's care and support had been planned and delivered in a way that ensured their safety and welfare. Care records contained risk assessments to reduce or eliminate the risk of any issues affecting the person safety. For example, risk assessments for preventing falls, pressure sores and scalding from hot drinks.

A risk assessment for preventing pressure sores stated that the person had a pressure sore and that the dressing was changed by district nurses. Daily records we looked at recorded that the person had received cream to protect them from the risk of developing a pressure sore.

Staff were aware of the need for checks they needed to carry out to ensure people's safety. For example, checking people's skin for signs of pressure sores, checking that people were safely positioned when they used commodes. And checking hoists and slings to ensure that they were safe to use. We saw evidence in the home visit quality monitoring form that issues with regard to people's safety were monitored.

However, a person's daily records noted that the person was bleeding. This had been noticed six days before and had been reported for medical attention. However, in this instance, there was no evidence that medical authorities had been alerted to see if the person needed treatment. This did not ensure that the person's health needs were safely dealt with. The registered manager recognised this and said this would be taken up with staff. He later supplied us with a letter that had been sent to staff reminding them of their responsibilities to report such incidents so they could be properly dealt with.

We saw that staff recruitment practices were in place. Staff records showed that before new members of staff were allowed to start, checks had, in the main been made with previous relevant persons and with the Disclosure and Barring Service (DBS). DBS checks help employers to make safer recruitment decisions and

ensure that staff employed are of good character. However, for one staff record we saw, references were in place but no references from the last employers had been received to check suitability. The registered manager said this would be monitored in future to ensure this information was obtained. This showed us there was a system in place to prevent unsuitable staff members being employed to provide care for vulnerable people using the service, but this needed to be strengthened.

People we spoke with said they were satisfied about the timeliness of calls, although one relative said that calls had been too early and she was taking this up with the management of the service. A person said, "Once, my carer was ill. The office rang before my call was due to tell me… it was kind of them to ring and let me know." Another person told us, 'I never have any problems with the timing." Another person told us, "I always get a rota in the post on a Saturday so …I always know who's coming."

We found that sufficient numbers of staff were usually available to meet people's needs, as people and their relatives told us that most calls had been made on time by staff. In instances that staff were be late, office staff had, in the most part, contacted them to explain why they would be late. However, we found in staff rotas that not enough time was given to staff to travel from one person to another. We also found in daily records that there were times where calls had been early or late up to 70 minutes which meant that people's assessed personal care needs have not been met in a timely way. The registered manager said that he would carry out an audit to establish the extent of this issue and take action to resolve this. He later confirmed that a system would be set up to monitor this and take any necessary action.

Staff we spoke with had been trained in protecting people from abuse and understood their responsibilities to report concerns to other relevant outside agencies if necessary. Staff were aware of relevant outside agencies to report concerns to if they had not been acted on by the management of the service.

The provider's safeguarding and whistleblowing policies (designed to protect people from abuse) were available to staff. These told staff what to do if they had concerns about the safety or welfare of any of the people using the service. The whistleblowing policy directed staff to outside agencies if they did not have confidence that the management of the service would properly deal with their concerns. This gave staff information as to how to action issues of concern to protect the safety of people using the service.

Policies set out that when a safeguarding incident occurred management needed to take appropriate and timely action by referring to the relevant safeguarding agency. The annual office audit included the monitoring of reporting safeguarding issues to relevant agencies. The registered manager was aware that if a safeguarding issue came up, he would report this to the safeguarding authority and work with the authority to protect the safety of the person.

People and their relatives told us that staff had reminded people to take their medicines and there had been no issues raised about not receiving their medicine. A person told us how they were supported with taking their medication said, "They give me my medicines twice a day. I am a bit forgetful and wouldn't always remember to take them myself." A relative said, "My mother needs encouraging and prompting to take medication. My mother has dementia. Sometimes my mother refuses completely point blank to take her tablets. The girls (staff) always ring me and have rung the doctor too if they can't get me." This showed that staff were trying to encourage a person to have medicine to manage their health needs.

Information regarding people's allergies was contained in their care plans, which protected them from receiving medicines that could affect their health and were unsafe for them to take. There was no protocol in place set out by a medical practitioner for medicines supplied as needed, which meant there could be inconsistencies in supplying medicine to people. The registered manager said this issue would be followed

up.

We saw evidence in medicine records that people had received their daily prescribed medicines. Staff had been trained to support people to have their medicines and administer medicines safely. They had undergone a competency test to check that they understood how to assist people to have their medicines. We saw an incident report where there had been a possible medication error. Proper action had been taken to follow this up with the GP and the matter was safely resolved. There was a medicine administration policy in place for staff to refer to and assist them to provide medicines to people safely.

Good

Is the service effective?

Our findings

The people and their relatives we spoke with said that the care and support they received from staff effectively met their needs. They thought that staff had been properly trained to meet their care needs.

One person told us, "I can't walk so I have to use the hoist. The manager arranged for all the staff to come to my house when the physiotherapist and occupational therapist were here and they were all taught how to do what they needed to do. I trust them completely when they move me. They know what they are doing." Another person said, "After five years, I think they know me well. They're very good. They trained here in my house when I came out of hospital."

A person told us that care staff had been given training so that they knew how and when to give the emergency medicines. The person said "It's only happened once. I went really odd and the girls were brilliant."

A relative said, "They have special training to help them understand dementia. They are brilliant." Another relative spoken with said: "Yes. The girls (staff) are well trained. We were shown all the qualifications and training the staff do, by the manager when my family member first needed care."

Staff told us that they thought they had received training to meet people's needs. A staff member said, "The training is really good. If we needed any more we just go to the training manager and she organises it."

The staff training matrix showed that staff had training in essential issues such as such as protecting people from abuse, and supplying person centred care. There was evidence that staff were trained or were due to be trained in health procedures. For example, we saw evidence that staff had been trained by medical professionals to undertake catheter care.

Staff from the agency had undertaken accredited training in providing proper training to other staff in how to effectively move and handle people. Staff training on common health issues such as stroke care, dementia, mental health conditions and diabetes was in place. Not all people's health conditions had been included in the training such as epilepsy and diabetes. We later received information from the registered manager that information relevant for the person would be included in the person's care plan. It would mean that staff could refer to this information and more fully understand people's conditions.

The training room in the office contained displays of issues such as how to protect people from abuse, assessing people's mental capacity and ensuring that people were seen as individuals needing staff to respect their rights and to promote their independence.

New staff are expected to complete detailed induction training, which lasted five days. This training included relevant issues such as supplying medicines, protecting people from abuse and providing care for people who lived with dementia. New staff were also expected to complete training on the Care Certificate which is national recognised training for staff. We saw evidence in staff files that this had taken place. We

later received information from the operations manager providing evidence that all staff would be provided with the opportunity to undertake this training. There was also evidence in the minutes of staff meetings and supervision records that staff training issues were discussed and action taken to organise more training as needed.

New staff undertook an induction when they had begun work with the agency, which included shadowing experienced staff on shifts over a five day period. A shadowing assessment form was in place to check relevant issues such as ensuring people who used the service were respected and that they received their medicines and help with food and drink if needed. This meant that new staff were supported to be in a position to provide care to effectively meet people's needs.

New staff had supervision with management staff after six weeks and 12 weeks to check that they were aware of their responsibilities and promote the well being of people who used the service. This indicated there was a system in place to ensure staff could effectively meet people's needs.

Staff we talked with said they had spot checks from the management of the agency to check they were supplying care properly. We saw evidence of these checks. Staff told us they received supervision and there was evidence of these sessions recorded in staff records, although supervision was not undertaken on a regular basis. The registered manager said this issue would be followed up to provide staff with more support to provide effective personal care to people using the service.

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.

There were no formal procedures in place to assess people's mental capacity. The registered manager said that he would set up a template to assess people's capacity and a process to take decisions in people's best interests if this was indicated. We later received information from the registered manager that system had been set up to assess people's capacity to make decisions. There was some information in care plans to direct staff to communicate with people about the care they were carrying out. Staff were aware of their responsibilities about this issue as they told us that they always asked permission before they supplied care to people. This was also confirmed by people and relatives we spoke with. Staff had received training about the operation of the law in their induction. This meant that staff were in a position to assess people's capacity to make decisions about how they lived their lives.

A number of people we spoke with received support with their meals. People and relatives were overwhelmingly happy with the support carers provided with meal preparation, provision and choice offered to them or their family member.

People who used the service told us, "They always say "what would you like for lunch today?" I must say, they do a lovely dinner. My favourite is shepherd's pie. I have a pudding and when I've finished, they bring me a cup of tea. Just as I like. They know I don't want it before my meal." And, "Even though I usually have the same they always ask me what I'd like. Sometimes I like a bacon sandwich and they will do that. Nothing is too much trouble." Also, "I haven't got much of an appetite but the girls (staff) try to tempt me with treats they bring in for me."

A relative said, "They do breakfast and anything else my relative wants. It's recorded in the book (care plan).

They monitor her eating and weight and they encourage her to eat. When my relative was having some treatment their appetite wasn't good, but the girls talked to them about it."

People told us that their food choices were respected and staff knew what people liked to eat and drink. They told us that people had drinks and snacks left for them between calls to make sure they did not become hungry or dehydrated.

We saw evidence that staff had, in the main, contacted medical services if people needed any support or treatment apart from one occasion when a person had sore skin. A staff member told us that she had discovered a blockage in a catheter tube and she had contacted the district nurse who came out and dealt with this. Another staff member told us that she noticed that a person had symptoms of having a stroke and she immediately contacted the on-call medical service to ensure the person received swift treatment.

A person told us, "It's thanks to the care staff that I am still here. My girls (staff) came one morning to get me up and I couldn't get my words out properly and my arm felt all funny. I remember one of the girls saying I'm going to get you checked over. She rang the ambulance and I'd had a stroke. She saved my life." Another person said, "They check every day that I'm ok. I bruise very easily because of my medication and if I have a slight knock. They notice everything and record everything in the book."

Another person said, "One day, the carer said she didn't like the sound of my chest and told me she would ring the doctor. When she came the next day, she checked that he had been and wrote down how I was. She rang the office too to tell them. They are clever like that and they keep a proper eye on me."

These were examples of staff acting to provide effective care to meet people's needs.

Good

Is the service caring?

Our findings

All the people we spoke with told us they had good relationships with staff. Many spoke with us about feeling that they had become friends. All their relatives we spoke with thought that staff were kind, caring and respectful in their approach.

A person told us, "Those girls (staff) are extremely conscientious. They are always here and always with a laugh and a smile to cheer me up." Another person told us, "They're very, very caring. They never ignore me. They help all the time. If they know someone's around, like my family (when I'm having personal care), they make sure the doors are shut. When they move me from the chair to bed, they always make sure I'm covered up with a blanket."

A relative said, "They provide excellent care. They are all kind and compassionate and I have never had a problem with any of the staff. They really care about my mum and she always looks forward to them coming. "

We saw evidence that people had face to face meetings with members of the office management staff to discuss how their care was going. People considered that care staff were good listeners and followed their preferences. People and their relatives told us their care plans were developed and agreed with them. We also saw evidence in plans that this had taken place, such as people or their representative signing their plans. People and their relatives told us that they were involved in reviews and assessments and they were able to check that the care plan was meeting their care needs.

People told us that their dignity and privacy had been maintained and staff gave them choices. For example, staff used preferred names, gave a choice of food and drinks and clothes people they wanted to wear. Care plans set out how staff should respect people's privacy. People and relatives told us that there had been a choice of having either male or female staff to meet their personal care needs.

Staff were able to give us examples of promoting people's privacy such as leaving people when they were using the toilet and covering exposed skin when helping people to wash and dress. They said they were mindful of protecting people's privacy and dignity. For example, they said they always knocked on doors before entering their houses. One staff member told us, "We are mindful it is their home, not ours, so we respect their lives and their homes." We found this to be confirmed by people using the service. A person told us, "They always close my blind and the bathroom door when they are changing me. They always knock before they come in the bathroom or my bedroom."

Another person said, "When she brings me the bowl of water to wash myself, she says "I'll just give you a bit of privacy". She's very respectful."

We saw that information from the agency emphasised that staff should uphold people's rights to privacy, dignity, choice, confidentiality, independence and cultural needs. The staff handbook also emphasised that people's rights needed to be respected. This encouraged staff to have a caring and compassionate

approach to people. The staff we spoke with were aware of people's choices. For example, a staff member told us of the way in which a person wanted their tea and coffee to be made and different times when the person wanted different hot drinks.

The care plans we looked at stated that staff needed to encourage people's independence. People stressed that being independent was very important to them. The staff handbook emphasised the importance of promoting people's independence. We also saw evidence of this in people's care plans.

This presented as an indication that staff were caring and that people and their rights were respected.

Care plans included whether people were religious to provide information to staff on respecting people's beliefs. Relatives told us that staff were provided who could speak the person's first language and they were grateful for this. However, with one care plan we saw, the person's religion was recorded but not whether there were any religious or cultural issues that were important to them, such as any routines, customs, special clothes and ceremonies. This meant there was a risk that staff may inadvertently carry out a task which did not respect people's religious or cultural practices. The registered manager said that this information would be included in people's care plans to help staff to fully respect people's beliefs and preferences.

Good

Is the service responsive?

Our findings

People told us that staff responded to their needs. Everyone, except one relative, said that staff always took the time to check whether there was anything else they needed before leaving. People and relatives told us that staff would do anything asked of them.

A person told us that staff responded to their changing needs, "I can change my routine each day depending on how I'm feeling and it's never a problem. I sometimes like a bath, sometimes a shower sometimes neither if I'm in a lot of pain."

Another person said, "They do little thoughtful extra things; like making my husband a drink when they do one for me. They seem to know and respect the fact that I would feel bad if I'd got a drink and he hadn't. I didn't ask them to do that, no, they just do it naturally. Always have."

Some relatives said they had concerns regarding staff cover and compatibility of staff with people and these had been quickly resolved .

"She (the manager) came and did an assessment in the beginning. We filled in the forms together and then they came out again a few months ago to make sure everything was still ok and that I could still use my walker the same. She asked me if the girls left it near to me all the time to use when no one was here ."

Relatives we spoke with described the assessment and review process as "extremely thorough" or "very thorough". One relative said: "They (the management team from the office) came and introduced the carers who would be working with us. They spent a good couple of hours checking everything. They identified hazards, like the rugs and the toilet. They got us a raised toilet seat. That was helpful for us as a family because my family member wouldn't take it from us that we were worried they may trip on the rug or fall off the toilet. They (the agency) assessed everything."

People and their relatives told us that their care needs were reviewed. People told us, "One of the ladies from the office came and we updated everything." A relative said, "She (the manager) came and did an assessment in the beginning. We filled in the forms together and then they came out again a few months ago to make sure everything was still ok and that I could still use my walker the same. She asked me if the girls left it near to me all the time to use when no one was here ."

We found that people had an assessment of their needs. Assessments included relevant details such as the support people needed, such as information relating to their mobility and communication needs and whether they had any allergies. There was some information as to people's personal histories and preferences though this was limited as, for example, it did not refer to what was important to people and how they liked to spend their time. One assessment of a person who lived with dementia noted that the person liked to chat, but there was no information to assist staff on what the person liked to talk about. Issues regarding preferred sleeping position and room preferences were left blank on the form used by the service. The registered manager said this would be followed up. This would help staff to ensure that people's

individual needs and preferences were responded to.

We saw that an assessment of a person's moving and handling had identified that equipment was needed to help the person and how many staff were needed to ensure this was carried out. The relatives we spoke with confirmed that staff carried out this procedure properly.

Staff told us that they always read people's care plan so they could provide individual care that met people's needs. They said that care plans were updated if people's needs had changed so that staff could respond to these changes. Staff told us they informed office staff of any changes that needed to be made to respond to people's needs, and they were also kept informed by office management staff of changes.

People and their relatives told us that care plans were reviewed by the management from the agency to ensure any changing needs were recognised and could then be responded to. We saw evidence that this had been carried out in people's care plans.

From our discussions with people and their relatives it was clear that Westminster Homecare tried to make sure of continuity of care staff so that people could have the same carers visit to provide care. People we spoke with confirmed they had the same staff care for them, which was important for them and made them feel comfortable and relaxed. One person told us, "I feel better and safer if I know who is coming into my home. I'm not good with new people who don't know me." One relative said, "They (the agency) never use carers that my family member doesn't know because they know my relative has dementia and to do this would make them feel unsafe, because my relative wouldn't know them." The care coordinator told us that staff would be changed if the person or relative wanted this so that there would be better compatibility of personalities. This told us that the service responded to people's needs and wishes.

We found that people and their relatives were aware of how to make complaints. They told us they would speak to the office staff if they had any concerns, and would feel comfortable about doing so. Relatives also told us that if there had been any changes then office management staff would always contact them to inform them.

Some relatives said they had concerns regarding staff cover and compatibility of staff with people and these had been quickly resolved .

People told us that the office responded to their requests and made changes where needed. This made them feel positive about raising any issue of concern. Relatives told us they had information about how to complain in the information folder left with them by Westminster Homecare. They were confident about making a complaint should the need arise. The comments we received included, "I'd ring the office if I needed to complain. I've never had any problems though. I've had them for two years or more." "I'd ring the office. I'm sure they'd sort out any issues if they came up,." "If there was anything wrong, I wouldn't hesitate to let the manager know. I do see the staff from the office quite a lot anyway." One relative said they had contacted office management staff because of the lateness of a call. They said they received a pleasant response and the issue was looked into and acted upon.

Staff told us that they had had received no complaints from people or their relatives but, when if they did so, they would report issues to the registered manager or office management staff and they had confidence that issues would be dealt with.

The provider's complaints procedure gave information on how people could complain about the service if they wanted to in different ways to give people choices and make it easier to complain. For example

complaints would be accepted verbally, in person, by telephone, in writing and by e-mail. It stated in the Service Users Handbook that people should complain and they would be taken seriously. This told us that the management of the service were serious about rectifying any concerns.

We looked at the complaints procedure. The procedure was clear that the complainant could contact the local authority if they were not satisfied with the response from the service and also information about the local government ombudsman should they have concerns that their complaint had not been properly investigated by the local authority.

We looked at the complaints file. We found that complaints had been investigated and action taken as needed, for example, organising additional staff training or paying compensation for accidental damage caused by staff. A response had been provided to complainants setting out the results of the investigation. This provided assurance to complainants that they had received a comprehensive service responding to their concerns.

People told us of other agencies involved in their care including the adult care department, GPs, and community nurses. Staff told us that they had contacted other services when needed. For example, staff found that because of the changing needs of one person their ability to move had been an issue. They informed office management staff who organised an occupational therapist to come out and show staff how to support the person. We found details of this action in the person's care plan. This showed that the person's needs had been responded to.

Good

Is the service well-led?

Our findings

When asked if they would recommend Westminster Homecare, the people we spoke with all said they would; "Yes, I would, wholeheartedly. They were recommended by someone we knew. We're definitely satisfied,." "Yes, I would. The staff are really lovely. They're bob on time and they look after you well,." "Definitely. ….They've been kind and courteous and they work so hard to make my life better. I could never speak highly enough about them or thank them enough for the difference they make to my life."

The people we spoke with were all very familiar with the office management staff of the service and knew them by their first name. They told us that they carried out initial assessments of the personal care needed, paid regular visits to observe the care staff at work and undertook regular reviews of their care. People were happy that the packages of care they had met their needs and appreciated the regular contact from the office to ensure that all was well.

People told us that Westminster Homecare had a stable staff group. People said they had the same staff and that this was important to them. A person said that when a member of staff went off sick, a member of the office management had brought a replacement carer to meet the person to make sure they were properly introduced. This indicates that the culture of the organisation is mindful and respectful of people's wishes and recognised how potentially distressing a change of staff could be.

The registered manager was aware that incidents of alleged abuse needed to be reported to local authority safeguarding teams to protect people from abuse. There was evidence that the registered manager had worked with safeguarding teams to ensure people using the service were protected from abuse.

Staff were provided with information as to how to provide a friendly and individual service. For example, to always respect people's rights to privacy, dignity and choice. Staff told us that the management of the service expected them to provide friendly personal care to people, and to meet their individual needs.

All the staff we spoke with told us that they were well supported by the management of the agency. They said that the registered manager and office management staff were always available if they had any queries or concerns. One staff said, "When I need advice, I always get it. Office staff are really helpful." Another staff member said, "It is like a family here. You don't feel nervous in asking anything. " Staff also said that the registered manager was available and would always try to help them with any queries they had.

We saw that staff had been supported in providing care by having staff meetings. This covered relevant issues such as reporting concerns about care, carrying out proper recording and staff training issues. This provided staff with more support to carry out their tasks of supplying quality personal care to people.

Staff told us that compliments were also given to staff from the management of the service regarding the care that staff supplied to people, which recognised their contributions in providing a personalised and caring service. We saw evidence in the minutes of staff meetings of the registered manager thanking staff for their work. This helped to maintain staff morale.

Staff said that essential information about people's needs had always been communicated to them, so that they could supply appropriate personal care to people. This meant staff were in position to meet people's changing personal care needs.

We saw that staff had received further support through supervision, though we saw in staff records that these sessions were held infrequently. The registered manager said this issue would be followed up. These sessions covered relevant issues such as training, changes in people's needs, and problems in providing the service. If any issues were identified these were taken forward through an action plan. The care coordinator explained that there was every effort to listen to staff and accommodate preferences, for example childcare needs, to ensure staff morale and retention of staff. This helped to provide continuity of care to people using the service.

There was evidence that people's needs were reviewed. Reviews covered important issues such as their general satisfaction with the service, whether their care needs were being met and whether they needed any more assistance with regard to meeting their health needs. People were also contacted periodically by telephone to check that they were satisfied with the service.

All the people we spoke with told us they received a survey asking them what they thought of the care and other support they received from the agency. We saw evidence of a survey carried out in 2015 which asked people about the running of the service through a satisfaction survey. There were positive comments about the standard of service that people received. Any issues identified had been addressed in an action plan. For example, action had been identified and carried out to ensure that staff were always caring and kind in their dealings with people using the service.

Staff had also received a survey in 2015. Issues had been identified such as providing regular support to staff and providing training opportunities to learn new skills in meeting the needs of people using the service which had been put into place.

Information in the provider's statement of purpose stated that the service would ensure that quality monitoring systems to check services would be put into place. We saw quality assurance checks in place. There had been an office audit in 2015 which included a comprehensive range of issues such as staff training, medicines management, staff recruitment and ensuring comprehensive care plans were in place. There were action plans in place to ensure any outstanding issues identified had been dealt with. We saw that action had been taken to follow up these issues.

Staff had periodic spot checks where a number of relevant issues were checked by management such as staff attitude, and performance such as respecting people's privacy and dignity. Care plans were reviewed to ensure they were still relevant to people's needs. However, the times of staff arriving and departing had not been properly checked to see that staff were on time and staying for the full length of calls as we saw that some calls had not been timely. The registered manager said that this would be followed up and action taken as needed to effect improvements.

All people spoken with told us that they had care plans kept in their homes so that they could refer to them when they wanted. They all confirmed that staff updated records every time they visited and that this information was collected monthly by office management staff to check that proper personal care had been supplied to people. We saw that people's daily records had been audited to check that the care supplied to people was meeting their assessed care needs. Medicine sheets had been audited to check that people had been supplied with their prescribed medicines.

This process assisted in developing the quality of the service to meet people's needs.