

Westhome Care Services Limited

Westhome Care Services Limited

Inspection report

5 Defender Court
Sunderland Enterprise Park
Sunderland
Tyne And Wear
SR5 3PE

Tel: 01915482637

Date of inspection visit:

16 March 2016

12 April 2016

13 April 2016

26 April 2016

Date of publication:

01 August 2016

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We inspected Westhome Care Services Limited on 16 March, 12 and 13 April, 26 April 2016, the inspection was announced with a short notice period of 24 hours given to the registered provider.

We previously carried out an announced comprehensive inspection of the service on 18, 23 and 25 September 2015. Breaches of legal requirements were found. After this comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to Regulations 9, 13, 16, 17, 18 and 19.

We undertook this inspection to check that they had followed their plan and that they now met legal requirements. During this inspection we found that the registered provider had implemented these actions and that some improvements had been made.

Westhome Care Services Limited is a domiciliary care service registered to provide the regulated activity of personal care. At the time of our inspection they were providing personal care and support to 71 people who lived in their own homes.

The registered manager had been registered with us since 3 March 2016. 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.

Consent to care and treatment was not always sought in line with the Mental Capacity Act 2005 and the Code of Practice. The service did not explore the conditions attached to lasting power of attorneys to ensure that they acted in accordance with decisions made lawfully, and in the best interests of people who used the service. We have made a recommendation about this.

Staff were aware of the actions they should take to report safeguarding incidents. Following investigations remedial actions were not always risk assessed and adequate controls were not always put in place to effectively protect people from the risk associated with potential abuse or neglect reoccurring.

Staff were not provided with the appropriate information or systems to enable them to safely administer medication within a community setting. This included medication that was administered only 'when required'.

There was an effective recruitment process in place for care staff. This included safe and appropriate checks being carried out to verify that staff were suitable to deliver care to vulnerable people. All care staff had received an induction. People told us that they felt that staff had the necessary skills and knowledge to carry out their roles and deliver effective care and support. Training requirements and completion had much improved since our last inspection. Staff had undertaken specific training in relation to particular health

conditions to enhance the delivery of care to people. Staff received regular supervision and an annual appraisal to support and develop them in their role.

Risk assessments were carried out following assessment of people's needs to ensure safe delivery of care and support. People had their nutritional needs assessed and where appropriate were supported to have sufficient to eat and drink. This took into account people's assessed needs, preferences, likes and dislikes.

Positive and caring relationships were developed with people who used the service. The service had a stable staff team who were mostly allocated permanent rotas which promoted continuity of care. This meant that staff were able to build relationships with people who used the service.

From our observations we saw staff spoke with people over the telephone using a manner that was gentle and compassionate. We observed that staff were respectful in their manner and responded promptly to queries. People we spoke with, and their relatives, spoke positively about the service at the time of this inspection.

Some people who used the service told us that they were involved in the development and reviews of their care plans. Other people told us that they did not wish to have too much input. From the care plans we looked at we saw that those people who wished to be involved were asked to sign the care plans to demonstrate their input and agreement. Care plans were not always person focused and personalised to ensure that people received care that was responsive to their needs. They did not always contain the preferences of people who used the service and did not always capture the views or include people in their development.

The service had developed a new procedure to help promote people's confidence to raise issues and concerns about their experience. Complaints were handled appropriately and were investigated by a named person, who had responsibility for engaging with the complainant and responding to the complaint as appropriate.

The service had developed a range of audits to develop and drive sustainable improvement. Whilst we could see that the service was learning from incidents and taking corrective action. At the time of the inspection we could not assess the effectiveness of these audits in driving sustainable improvements due to the short period of time that they had been implemented.

Staff felt that the service was supportive and well led. They told us about staff meetings that had been developed to better inform them of what was changing in the service and how things could improve. They said that they felt the management team were very supportive. The service promoted a positive culture that was open, inclusive and empowering.

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 not always safe.

Staff were aware of the actions they should take to report safeguarding incidents. Following investigations remedial actions were not always risk assessed and adequate controls were not always put in place to effectively protect people from the risk associated with potential abuse or neglect reoccurring.

Staff were not provided with the appropriate information or systems to enable them to safely administer medication with a community setting.

There was an effective recruitment process in place for care staff. This included safe and appropriate checks being carried out to verify that staff were suitable for their role.

Risk assessments were carried out following assessment of people's needs to ensure safe delivery of care and support.

Requires Improvement 

Is the service effective?

The service was not always effective.

Consent to care and treatment was not always sought in line with the Mental Capacity Act 2005 and the Code of Practice. The service did not explore the conditions attached to lasting power of attorneys.

People told us that they felt that staff had the necessary skills and knowledge to carry out their roles and deliver effective care and support. Training requirements and completion had much improved since our last inspection and staff had undertaken condition specific training to enhance the delivery of care to people who use the service. Staff received regular supervision and an annual appraisal to support and develop them in their role.

People had their nutritional needs assessed and where appropriate were supported to have sufficient to eat and drink. This took into account people's assessed needs, preferences, likes and dislikes.

Requires Improvement 

Is the service caring?

Good 

The service was caring.

Positive and caring relationships were developed with people who used the service. The service had a stable staff team who were mostly allocated permanent rotas which promoted continuity of care and meant that staff were able to build relationships with people who used the service.

From our observations we saw staff speak with people over the telephone using a manner that was gentle and compassionate. We observed that staff were respectful in their manner and responded promptly to queries.

People we spoke with, and their relatives, spoke positively about the service at this time.

Some people who used the service told us that they were involved in the development and reviews of their care plans, other people told us that they did not wish to have too much input.

Is the service responsive?

Requires Improvement 

The service was not always responsive.

Care plans were not always person focused and personalised to ensure that people received care that was responsive to their needs. They did not always contain the preferences of people who used the service and did not capture the views or include people in their development.

The service had developed a new procedure to help promote people to raise issues and concerns about their experience. Complaints were handled appropriately and were investigated by a named person, who had responsibility for engaging with the complainant and responding to the complaint as appropriate.

Is the service well-led?

Requires Improvement 

The service was not always well led.

The service had developed a range of audits to develop and drive sustainable improvement. Whilst we could see that the service was learning from incidents and taking corrective action, at the time of the inspection we could not assess the effectiveness of these audits in driving sustainable improvements due to the short period of time that they had been implemented.

Staff felt that the service was supportive and well led. They told us about staff meetings that had been developed to better inform them of what was changing in the service and how things could improve. They said that they felt the management team were very supportive. The service promoted a positive culture that was open, inclusive and empowering.

Westhome Care Services Limited

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 16 March 2016, 12 and 13 April 2016 and 26 April 2016. This was to enable a visit to the registered location and also to facilitate discussions with staff and people who used the service, or their representatives. This inspection was announced. This meant that the provider was given 24 hours' notice because the location provides a domiciliary care service (this means to offer care and support in people's own homes). We needed to be certain that staff and management would be available for our visit.

The inspection team was made up of two adult social care inspectors.

Before the inspection we looked at the action plan provided to us by the provider following our previous inspection. We contacted the commissioners of the relevant local and health authorities and the local safeguarding authority before the inspection visit to gather their views on the service. We reviewed information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents that the provider is legally obliged to send us within the required timescale. We did not receive any information of concern from these organisations.

Our inspection was made up of a one day site visit. During our site visit we reviewed various records, including quality audits, policies and procedures, risk assessments, eight staff files including, recruitment, supervision, induction and training records, and staff rotas. We also carried out pathway tracking of 10 people, including medication administration records. We spoke with eight members of staff, this included one care worker, three care co-ordinators, one administrator, the financial director, the registered manager and the registered provider.

We then spent a further two days having discussions with eight people who used the service and their relatives and one additional day speaking with seven care staff.

Is the service safe?

Our findings

We carried out a comprehensive inspection on 18, 23 and 25 September 2015. At this inspection we identified that the service was breaching the legal requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These breaches meant that risks associated with people who used the service were not appropriately assessed and medication processes were not safe. People who used the service were not protected from abuse or allegations of abuse through a lack of effective systems to investigate alleged abuse. Systems to ensure people who used the service received care and support from fit and proper persons were not safe with some staff starting work before pre-employment checks were carried out.

At this inspection we did not identify any continuing breaches of the regulations. We found the registered provider had implemented the improvement actions they told us about but that further improvement was required.

Following a safeguarding investigation the service had completed an individual risk assessment in relation to the management of medicines for one person. We found that the risk assessment considered the decisions reached within the investigation but that the home had failed to ensure appropriate controls were put into place to address the risks associated with this person's medicines. We discussed this with the registered provider who advised that the controls detailed within the risk assessment were inaccurate. This meant that staff did not have access to accurate assessments associated with keeping this individual safe in respect of the management of their medication.

Some improvements had been made to the provider's safeguarding process. Safeguarding is the process used to protect vulnerable people from abuse or the risks of abuse. A safeguarding file was in place which contained a copy of the safeguarding policy and which linked information to the service's whistle blowing policy. There was also a safeguarding children's policy. A new system to monitor safeguarding concerns had been introduced in January 2016. This included a safeguarding log which gave an overview of any concerns or alerts raised and a detailed reporting form. We found that one concern had been logged using the new system. We saw alerts and subsequent meeting minutes that predated the introduction of the new system in January 2016. We saw that action plans had been developed as part of the safeguarding investigation meetings and we pathway tracked the actions to ensure they had been completed. We found that action had been taken as agreed although the risks had not always been fully assessed and adequate controls implemented. This meant that people who used the service were not effectively protected from the risks associated with potential abuse reoccurring.

People we spoke with told us that they felt safe. One person said, "Absolutely, I have no concerns about my safety." Another person said, "Safe? Oh yes absolutely."

A medicines policy was in place which included procedures for staff to adhere to. Care plans and risk assessments were specific to the person and included control measures to ensure the safe administration of medicines. There was no information in care plans as to why people were prescribed medicines, possible

side effects or actions to follow if medicines were refused. The medicines policy did direct care staff to raise any concerns to the manager.

There were various medicine administration records (MAR's) being used. There was a specific one for medicine administered from a medicines dosage system and another for 'when required' medicines. The 'when required' record was being routinely used for the recording of anti-coagulant medicines such as warfarin and the application of creams. We spoke with a director about this who said, "These are routine, we really need another chart for them." There were no protocols in place to detail the reasons people may need 'when required' medicines. Due to the 'when required' MAR being used for some routinely prescribed medicines it was difficult to distinguish between the two types of administration.

One person whose medicines were administered by staff had a prompt record completed for January 2016. The director said, "That's not right they are administered their medicine, they mustn't have asked for new recording sheets." Staff had signed the prompt sheet for medicine administrations which confirmed the person had been receiving their medicines. This meant that staff were not following appropriate procedures to record clearly medicines that they had administered.

Another person's MAR had some blank spaces where nothing had been recorded. The director said, "Sometimes the family administer and cancel the call." There was no coding in place to explain this. This meant that staff were not provided with appropriate information or systems to enable them to safely administer medicines within a community setting.

We looked at the recruitment process for new employees. We found that this included an application form, interview, references and disclosure and barring service check (DBS). A DBS check is used to verify that people who are being considered to work alongside vulnerable adults have not been barred from doing so. Contracts of employment were in place and signed but did not record the start date of the staff member. This was held on a separate spread sheet. 100% of all 60 care staff had completed an induction prior to starting work.

The registered manager had also been recently appointed having previously held the post of training manager. There was no application form or interview record for the registered manager's post and no information on specific induction for their new post.

Risk assessments were integrated into the care records and there were specific sections relating to moving and handling and administration of medicines. Risk assessments for mobility included an assessment of specific transfers such as rising from a chair, standing, and transfers from bed. These included information about the specific equipment people needed, the method of transfer and the number of staff needed to support the person. Risks relating to skin integrity and falls were also completed. This meant that people's needs were assessed to ensure the safe delivery of care and support.

The service had developed a business continuity plan (BCP). BCP's are used to plan contingencies for unforeseen events. This is to ensure people would be safe and able to continue to receive the appropriate care and support that they required. The BCP contained details of the responsible person who would oversee the implementation of the plan as and when required. This meant that the service had given reasonable thought to how they could respond and ensure people's safety in the event of an emergency.

The service provided care and support to people within their own homes. Assessments had been carried out to ensure any risks to individuals, or employees, health and safety were appropriately considered and mitigated against where possible.

Is the service effective?

Our findings

We carried out a comprehensive inspection on 18, 23 and 25 September 2015. At this inspection we identified that the service was breaching the legal requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This meant that people who used the service were not provided with care and support from staff that were effectively supported to remain competent and knowledgeable about their role through regular supervision and appraisal.

We did not identify any continuing breaches of regulation and found that the registered provider had implemented the improvement actions they told us about.

Staff employed by the service had completed mandatory training; all staff had completed various training courses such as, moving and handling, health and safety (including fire safety), emergency first aid, safe handling of medication and safeguarding. Most staff had completed food hygiene training. Some staff had completed infection prevention and control training, emergency first aid training and the principals and application of the Mental Capacity Act 2005. We saw that some staff had enrolled to complete accredited training, with 15% signed up to complete 'Certificate in Care'. Training requirements and completion had much improved since our last inspection and staff had undertaken specific training relating to particular health conditions to enhance the delivery of people's care. For example, staff had completed continence care training and percutaneous endoscopic gastrostomy (PEG) training (this is a method to ensure that people who cannot safely eat with their mouths can have nutrients administered via a tube in their stomach).

A quality assurance officer had been recruited since the last inspection. We found that this person had no previous experience of quality assessment. There was no evidence that their training had included the assessment of their competency to carry out the role.

One staff member we spoke with said, "Lots of additional training is on offer and I am always given time to attend, like last week I was on a moving and handling refresher course."

Most people and relatives felt that staff knew what they were doing and were competent in carrying out their role. One person said, "I always get the same girls, I like that we have a good rapport you see." Another person said, "We are very happy with the service, we have no concerns at all." A relative we spoke with described how their family member received consistency with the carers that supported them. They said, "She has a main carer, and a backup. They use two other girls to cover leave and sickness if they have to. We had an issue when we thought they were changing her regular carer. It was crossed wires, we rang up the office and informed we did not want them changed and they assured us they would not be." People told us that they felt the consistency in carers that visited them helped to ensure they received effective care that was relevant to their needs. One person described to us that they did not feel the need to have the same carers all of the time. They said, "I have different girls but that is fine, I always know who is coming and when. [They] always come when they are supposed to, [they] always have enough time."

Staff told us that this continuity was important to them as it helped them to get to know and understand the needs of the people they cared for and supported. One member of staff said, "We get permanent calls and clients which really gives continuity of care."

Staff received regular supervision and appraisal where training needs were discussed and arranged. They told us that they felt well supported by the registered manager and provider.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We checked whether the service was working within the principles of the MCA, and whether any conditions or authorisations to deprive a person of their liberty were being met. The registered manager and provider told us no one currently using the service was subject to any restriction of their freedom under the Court of Protection, in line with MCA legislation.

We saw that where relatives held a Lasting Power of Attorney (LPoA is a legal authorisation for someone to make decisions about certain aspects of a person's life where they have agreed or where, due to a lack of capacity, it is in their best interests) the service had failed to explore what the LPoA related to (i.e. care and welfare or financial affairs or both) before acting in accordance with the decisions made. This meant that we could not ascertain if people who lacked capacity were cared for in line with legislation.

We recommend that the provider considers the requirements of the Mental Capacity Act 2005 and the Code of Practice and updates its procedures accordingly.

The care records we looked at demonstrated that people who used the service had their nutritional needs assessed. Some people received support with nutrition and the preparation of their meals included as part of their individual care package. The care plans about this were personalised and included details of people's preferred way of being supported. For example, containing details of people's likes, dislikes and preferences.

We saw that where appropriate people were supported to access external health care professionals. This included the arrangement of home visits when people were feeling unwell and contacting emergency services when people fell unwell in the presence of staff.

Is the service caring?

Our findings

We spoke with people who used the service and where appropriate, and with consent, their relatives and representatives.

People we spoke with said that they were happy with the care and support that they received. People told us they were very comfortable around the staff as they had built caring relationships. One person told us, "I am very happy with the service, I have no concerns at all, the girls are just lovely." Another person said, "I always have the same or regular carers and that makes me feel better, I know who is coming and we can have a bit of a chat and get on well."

One relative said, "She receives care from the same girls and I have to say they are both very good. I feel that they go over and above what is expected of them." They went on to say, "They are so caring, just lovely, they do seem to really care about her." Another relative said, "I'm very happy with the care [my relative] receives. Nothing but the best will do for [my relative]. I need reassurance [my relative] is being cared for properly. The care at Westhome is absolutely marvellous so I am reassured. I know [my relative] is in capable and safe hands." They went on to say, "[My relative] is encouraged to do as much as she can for herself. [Care worker] is caring and nurturing."

One person we spoke with informed us of problems that they had encountered in the past with the service. They went on to say "At the moment things are very good, but we will see." When we spoke further about this they went on to say, "The owner has responded to our concerns and at the moment everything is fine, I just hope that this standard does not slip."

Staff we spoke with told us that they now received permanent rotas and that this meant they had continuity in delivering care to people who used the service. One member of staff we spoke with said, "I have now got a permanent rota and I have been able to build up really good relationships with my clients, which is so important when I am delivering their care." Another member of staff said, "I love my job, I really do, across the service I do feel we provide a good standard of care to people and a lot of that is a result of having the same clients and being able to build trust with them."

Everyone we spoke with, people who used the service, relatives and representatives, and staff, all told us that they felt that enough time was allocated to their care calls for people's needs to be met and for staff to deliver good care and support.

Some people who used the service told us that they liked to be involved in the planning of their care and any reviews. Others said they didn't mind having some involvement but that they didn't mind. Relatives we spoke with told us that they were involved in care plan reviews. One relative said, "I'm involved in care plan reviews and everything to do with mam's care."

We saw that some relatives had sent the service thank you cards that were dated from January through to March 2016. Comments within these cards read, "I am impressed with the level of commitment from the

staff," "I met several staff and was most impressed by the sensitive and diligent way they supported [my relative] with whatever [my relative] needed" and "I wish to thank you and your staff for the first class care [my relative] has had over the Christmas and New Year period."

Is the service responsive?

Our findings

We carried out a comprehensive inspection on 18, 23 and 25 September 2015. At this inspection we identified that the service was breaching the legal requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. People who used the service did not always receive care and support that was tailored to their needs. The registered provider did not have a system in place to identify, receive, record, handle or respond to complaints from people who used the service.

At this inspection we found that the service was not always responsive. We did not identify any continuing breaches of regulation and found that the registered provider had implemented the improvement actions they told us about but that further improvement was required.

People we spoke with told us that they had their needs assessed by the service before their package of care was implemented. This ensured the service was able to meet the needs of people they were planning to support.

We saw that some care records contained information about the needs of people who used the service and reflected the wishes of people about how they wanted their care and support to look. For example, we saw that care plans relating to personal hygiene and care were very focused on what was important to the individual. We saw that their wishes were documented, dignity and respect was considered. The types of toiletries they liked to use was detailed and their independence was promoted. For example, we saw that one person liked to be supported to a point where they were then confident to take over and wash independently. Other care records were in the process of being updated to ensure that they accurately reflected the current needs of people who used the service. One set of records we looked at did not support a person centred approach to care delivery. For example, there was no detail captured about the person's life history, things that were important to them or things that they did not like. Care plans did not contain sufficient detail to ensure that the care and support would be appropriate. For instance, one care plan stated that the person used continence aids. The care plan did not specify what the nature of the aids were, what type should be used or what size. Another example was a care plan in relation to moving and handling. The care plan simply stated 'hoisted'. It did not detail the type of hoist sling to be used or how many staff were required to ensure a safe transfer.

Since the last inspection the service had developed a procedure for the handling and investigation of complaints. We saw that this procedure was accessible to staff, people who used the service and their representatives. There were clearly defined roles and responsibilities for individuals responsible for the investigation and handling of complaints. This included defined timescales and details of external authorities that complainants could contact if they were unhappy with a proposed resolution. Between December 2015 and March 2016 there had been six formal complaints made. All complaints had been investigated and responded to in line with the complaints procedure. One person who had raised a complaint told us, "They are getting better at responding and so far everything has been fine since I complained."

Is the service well-led?

Our findings

We carried out a comprehensive inspection on 18, 23 and 25 September 2015. At this inspection we identified that the service was breaching the legal requirements of Regulations 17 and 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These breaches meant that the registered provider did not operate an effective audit process, specifically in relation to care plans to ensure that they remained fit for purpose to meet the care needs of people who used the service. We also found that people who used the service, and staff, did not have means to provide feedback on the service or have their views taken into account.

At this inspection we found that the service was not always well led. We did not identify any continuing breaches of regulation and found that the registered provider had implemented the improvement actions they told us about but that further improvement was required.

The Quality Manager had begun to develop a series of audits that would be used to continuously monitor the service and help to drive necessary improvements. At the time of the inspection we could not assess the effectiveness of these audits in driving sustainable improvements due to the short period of time that the new processes had been implemented for.

Staff we spoke with said that they felt there had been a change in the service. They went on to say that they felt well supported by management. One member of staff said, "They listen and are really understanding and flexible they offer a lot of support. I love it; really do I think it's a fantastic service to work for." Another staff member said, "I feel well supported, they are approachable at all levels, the office, the provider, the manager." Another member of staff said, "I have never had to raise any concerns but I would go to the registered manager, she is very approachable."

We saw that the service had developed frequent staff meetings and that these staff meetings were specific to the on-going development of the service. For example, we saw meetings tailored around safeguarding and reporting of alleged abuse, complaints and the introduction of a new system to record and monitor late or missed calls. Minutes of these meetings demonstrated that information was passed down from the management team to staff at all levels. Minutes demonstrated that changes required within the organisation were discussed and any learning from incidents or complaints took place.

Throughout the period covering February 2016 to March 2016 the service had worked alongside the local authority to develop an action plan to address identified short comings in the service and to try to drive improvement. This meant that the service was prepared to work alongside and with external stakeholders to improve the quality of their care provision.

The service monitored the views and experiences of people who used the service by completing 'Quality Assessments'. This was found to be work in progress and nine assessments had been completed between February and March 2016. These assessments showed no major concerns had been raised by those people completing them. People noted that they found carers to be respectful and polite. They stated that carers

stayed the allocated period of time at each call and carried out everything that was expected of them. Two people did indicate concerns with late calls and felt this could be remedied with the office notifying them if their carer workers were running late. We found that this information had been passed to the care co-ordinators to ensure those calls were made when appropriate.