Westminster Homecare Limited

Westminster Homecare Limited (Oxford)

Inspection report

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Ratings

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

Overall summary

We visited Westminster Homecare Limited (Oxford) on 29 January 2015. Westminster Homecare Limited is a domiciliary care service which provides care and support for people who live in their own homes. At the time of our visit 81 people were using the service; however seven people were in hospital during this time.

We last inspected in July 2013. The service was found to be meeting all of the standards inspected at that time.

There wasn't a registered manager in post at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting

Summary of findings

the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. A manager had been in post since October 2014, and had started the process of registering with CQC. A Disclosure and Barring Service (DBS) reference had been obtained in December 2014. However, at the time of our inspection the 'registered manager application form' had not been submitted to CQC.

People did not always receive the information which was important to them such as rotas to tell them which staff member would be visiting and when. People were not always informed if care staff were running late.

Care staff did not always document when they had assisted people with their prescribed medicines. Where risks had been identified around people's care, guidance was not always provided to care staff to support people effectively. The manager had already identified this problem and was taking action to improve the standard of record keeping.

The manager and operations manager had implemented a detailed action plan to improve the service following concerns raised by local authority commissioners. Audits had been carried out by the manager and senior care staff; however these were not always effective as actions identified were not always followed.

Staff did not have access to regular supervision or appraisals and were not effectively supported to develop. Staff had most of the training they needed to meet people's basic care needs. Where staff received specialist training, this was provided by community nurses.

Care staff had an understanding of consent, and people told us they were always asked for their permission by care staff. However, care staff had not received training around the Mental Capacity Act 2005 (the MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time). There was a risk that people would not be supported to provide consent in line with the legislative requirements.

People benefitted from positive relationships with care staff. Care staff knew the people they cared for, including their likes and preferences. Where people made decisions around their care these views were respected.

Care staff knew people's life histories and the hobbies they liked. Care staff supported people to maintain their independence and do as much for themselves as they could.

The manager promoted a positive and open culture and supported staff to raise concerns about poor performance. Staff received the information they needed and spoke positively about the support they received from the manager.

People were involved in planning their care and were at the centre of decisions made around their care. Where people did not have the capacity to make decisions around risk, best interest decisions were made.

We found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of this report.

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?

The service was not always safe. Managers and senior care staff identified risks in relation to people's care, treatment and their environment. These risks were not always assessed and guidance wasn't always provided to care staff.

People were supported to take their medicines as prescribed, however staff did not always document when they had given prescribed medicines. Systems were in place to protect people who were at risk of taking too much medicine.

There were enough staff to meet people's needs and people told us they always received a visit.

Requires Improvement

Is the service effective?

The service was not always effective. Care staff and senior care staff did not always receive supervision (one to one meetings with line managers). There was no effective appraisal system in place to enable care staff to develop professionally.

All care staff had a detailed period of induction and shadowed experienced care staff before providing care. No staff had received training around the Mental Capacity Act 2005. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time.

Care staff sought the consent of people before providing care, and accepted people's choices. Staff supported people to maintain their nutritional needs where appropriate.

Requires Improvement

Is the service caring?

The service was not always caring. People did not always receive information which was important to them, such as which staff would be visiting at what time.

People benefited from positive relationships with care staff. People enjoyed talking to care staff, and spoke positively about the care they received.

People were supported by care staff who understood the importance of respecting people's privacy and dignity.

Requires Improvement

Is the service responsive?

The service was responsive. People and their relatives were involved in reviewing and planning their care.

People's choices were respected and their feedback was regularly sought to ensure the service could improve.

The service responded to people's complaints and used this information to improve the quality of service people received.

Good

Summary of findings

Is the service well-led?

The service was not always well led. The service did not always have effective quality assurance systems in place to ensure action was taken when concerns had been identified.

A manager was in place and they were in the process of registering with the Care Quality Commission. The manager had an action plan in place to improve the service. They were being supported by the provider and had encouraged an open and transparent culture within the service.

Requires Improvement

Westminster Homecare Limited (Oxford)

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 checked 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 29 January 2015. We gave the service 48 hours' notice of our intention to inspect. The inspection team consisted of one inspector. Following our inspection we spoke with a range of people, relatives and staff.

Before the visit we looked at previous inspection reports and notifications we had received. Services tell us about important events relating to the care they provide using a notification. This enabled us to ensure we were addressing potential areas of concern. We spoke with local authority safeguarding and contracts teams and sought the views of one healthcare professional.

We spoke with 17 of the 81 people who were receiving care and support from Westminster Homecare Limited (Oxford). We also spoke with four people's relatives.

In addition we spoke with six care workers, the manager, the operations manager and two office staff. We also observed a staff meeting as part of this inspection.

We looked at 16 people's care records including their medicine records and at a range of records about how the service was managed. We reviewed feedback from people who had used the service and a range of other audits.

Requires Improvement

Is the service safe?

Our findings

People told us they felt safe when supported by care staff. Comments included: "I've never had any concerns, they're all good", "I'm safe with them" and "they look after me very well."

People had assessments which identified risks in relation to their health and wellbeing, such as moving and handling, mobility and nutrition and hydration. One person's risk assessment highlighted they were at risk of "low moods" which presented a risk to their safety and welfare. However, there was no clear guidance for staff to follow to protect the person from risk and promote their independence. We spoke with the manager and care staff about these people, and they told us they knew people's needs and would protect them from harm. There was a risk people may receive inappropriate care and treatment as guidance was not available to staff.

Another person was identified as becoming anxious when startled. Clear guidance was in place for care staff to follow to reassure this person and re-orientate them. We discussed this person with one care worker, who told us, "always reassure them. If they are anxious sometimes we have to back away. It's important to approach them in the right way. I never have any problems." The care worker's response demonstrated they were aware of the guidance of how to meet this person's needs.

Not all environmental risk assessments were completed to ensure people and care staff were protected from risks. One person's environment risk assessment identified concerns about access to their property. There was no clear guidance to follow for care staff to protect themselves from harm. However, where risks were identified in people's homes regarding the support they required detailed actions were implemented to protect people and care staff from risk. Care staff had identified risks around one person's water supply, and these concerns were reported to the person and their family and acted upon.

Moving and handling risk assessments, were detailed and gave care staff the information they needed to support people to mobilise. One person required the support of two care staff to assist them with their mobility. Clear risk assessments were in place regarding the equipment needed, such as a hoist and sling and how care staff should involve people. One person said, "staff assist me with mobility. They're always caring, they explain everything to me."

Where care staff assisted people with their medicines, an accurate record of this support was not always recorded. We looked at five people's medicine administration records and staff did not always record the support they gave to people. The manager and operations manager were aware of these concerns, and used one to one and team meetings to drive improvement.

People told us they received their medicines as prescribed. Comments included: "I get my medicine when I need" and "they remind me to take my tablets." Staff told us they had the training they needed to provide people's medicines. One care worker told us, "I had special training from a nurse to help someone with patches. I was observed and can now assist the person."

In December 2014 concerns had been raised by local authority commissioners around missed and late visits. Following these concerns the operations manager and manager met with the commissioners and implemented a plan to ensure people received their calls on time. People spoke highly about the staff, and most people felt staff came when they expected them. The manager had identified that a shortage of staff was contributing to the high number of late visits. In response the service had employed a full time member of office staff to manage recruitment. This had led to the recruitment of more care staff. People told us there had been improvements around their care. Comments included: "It's a lot better now, they come when I expect them" and "they used to come late, however they're on time now."

Staff told us there were enough staff to meet people's needs. Staff spoke positively about their roles and told us they had time to spend talking to people whilst supporting them. One staff member said, "I am never rushed. Sometimes you get held up by traffic; however this doesn't affect people's care."

Staff we spoke with had knowledge of types of abuse, signs of possible abuse, which included neglect and their responsibility to report any concerns promptly. Staff members told us they would document concerns and report them to the manager or the provider. One staff

Requires Improvement

Is the service safe?

member said, “I would report any concern to the manager in the first instance.” Staff told us they had received safeguarding training and were aware of the local authority safeguarding team and its role.

We also looked at safeguarding notifications made by the manager or provider and emails we had received from local authority safeguarding team. The provider had worked with the local authority safeguarding team to ensure people were protected from abuse. For example, during our inspection the operations manager raised safeguarding concerns after they were made aware of a concern relating to a person’s care.

Requires Improvement

Is the service effective?

Our findings

Care staff told us they felt supported by the manager and operations manager of the service. However, a number of care staff did not have regular supervision or an annual appraisal (a one to one meeting with their line manager). Where staff had received supervision it was not always clear what support care staff needed or how the provider was supporting professional development. We discussed this with the manager and operations manager who told us they would look at ensuring all staff had access to supervisions.

No members of care staff had received training around the Mental Capacity Act (MCA) 2005. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. Some of the people receiving a service were living with dementia and may not have had the mental capacity to make certain decisions regarding their care and treatment. We discussed this with the manager and operations manager, who informed us they would look at training to support their staff.

These issues were a breach of Regulation 23 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

While care staff we spoke with had limited knowledge of the MCA, they all informed us they always sought the consent of people. One care worker said, "one person often refuses to get out of bed, I encourage them, but never force them. I will try a number of times; however we have to respect their choice on this." People told us staff always sought their permission. Comments included: "They never assume, they always ask me what I want", "it's always about what I want and need", "I tell them what I like done and sometimes if I don't want something, they don't force the issue".

Where people did not have the capacity to make decisions around risk, best interest decisions were made. One person had been identified by care staff as being at risk of taking excessive medicines. These concerns were reported to the manager, the person's family and GP. A best interest decision was made to ensure the person's medicines were secured as they did not have the capacity to understand the effects of taking the medicine and were at risk of harm. A safe had been put in the person's house and this was clearly recorded on the person's care plan. Care staff told us the importance of ensuring no medicine was left accessible to the person.

People spoke positively about the staff, and felt they were skilled and trained. Comments included: "They're as good as they can be", "I can't fault them. They meet my needs"; "They have the training I need."

All care staff told us they had the training they needed to meet people's needs. Care staff had received training such as safeguarding, moving and handling, infection control and food hygiene. Where people had specific needs, care staff received training from healthcare professionals, such as training around medicine administration and percutaneous endoscopic gastrostomy (PEG) feeds (PEG feeds are used where people cannot maintain adequate nutrition by mouth).

Newly appointed care staff went through an induction period where they received training. This included shadowing an experienced member of care staff. One care worker said, "I shadowed the manager. It was a positive process; I had as much shadowing and training as I needed." Care staff were assessed by senior care staff and the manager at the end of their induction to ensure they were competent before providing care. Where staff asked for, or needed more time shadowing, this was provided for them. Another care worker said, "The induction was good. It prepared me for the role. I know what I need to do and what's expected of me."

Where people needed support to maintain their nutritional needs, care staff had clear guidelines to support them. One person required support from care staff to prepare their meals. This person told us, "they always ask me what I want, they never assume." Care staff had identified one person was at risk of malnutrition; they had raised concerns to the person's GP, and were monitoring their daily intake. Care staff recorded the food and drink they had given the person, and where the person had refused to eat. Care staff had a good understanding of the person and their needs.

Where people had been assessed as at risk of choking, they had been seen by a speech and language therapist. Their care plan and risk assessments reflected the recommendations made. These risk assessments provided

Requires Improvement

Is the service effective?

care staff with clear information on people's needs such as thickened fluids. Care staff knew how to prepare thickened fluids and clear guidance was available on medicine records and prescription labels.

The service worked with other professionals to ensure people's additional or changing needs were supported. For example, people who required support with their mobility were supported by occupational therapists to ensure they had the equipment they required. Where care staff had concerns about people's healthcare needs, they could access support. People's care plans contained a clear record of the support people needed around their health such as diabetes and Parkinson's.

Requires Improvement

Is the service caring?

Our findings

People did not always receive information about when a care worker would be visiting them, or which care worker would visit them. People felt this impacted on how they choose to spend their day. Comments included: "I don't know when they're coming. Sometimes they call when I'm out. You start to feel like you're a prisoner", "I used to have a roster, but I haven't had them for a while", "I can do some things for myself, and get ready for the carers, but I don't know when they come, it makes me feel stressed" and "I have one problem with Westminster, Communication."

People told us they were not always informed if care staff were running late. Comments included: "I don't get a call if they're coming late", "some care staff call me, others don't" and "I know when they're supposed to come, and sometimes traffic is bad, when you don't know, you're just waiting."

People told us staff did not always have the information they needed regarding people and their care. One person said, "I have a key safe, not all staff know the code. It means I have to let them in. It's a communication problem." A relative told us that while care staff were trained, they didn't understand or have the information about their relative's cultural needs. We looked at this person's care plan which provided no guidance to care staff about the person's cultural needs and preferences.

We discussed these issues with the operations manager. They explained due to changes in the care co-ordinator staff, information was not always available to people or staff. They told us this was something they would rectify immediately.

These issues were a breach of Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

People were positive about the care staff. Comments included: "I can't fault them, they are lovely caring people", "they spend time talking to me, it makes me feel important", "they're always helpful" and "they're very good, they do everything."

People told us they were treated with dignity and respect by care staff. Comments included: "They treat me as a person, they respect me and that works both ways", "they are very polite and caring" and "They're respectful. When they assist me with washing, they make sure I'm comfortable and covered. I can't fault the care staff."

People made decisions around their care and these preferences were acknowledged. One person told us, "I have four calls a day, two of them they assist me to wash and dress, I've always asked only female carer's help me, they've always respected this." Another person said, "The support I receive is all around me, it's what I need. My day to day needs are variable and staff meet those needs."

People signed to show they agreed with their care plan, and also where appropriate signed to show they consented to their care. People informed us they were involved in discussing their needs and ensuring this informed the plan of their care. One person said, "I look through my care plan and I've met people to discuss it."

Staff spent time talking to people and knew the people they cared for. Comments included: "I talk to people as I support them, some people love to talk about families and life" and "I've got to know people. I know their likes and dislikes, but I always give them choice." Staff explained how they promoted people's dignity by ensuring people were comfortable when receiving care and enabling them to do as much for themselves as they could.

One person told us how staff supported them to assist themselves as much as possible. They told us, "They know what I need help with, and they encourage me to do the bits I can. No one has ever tried to do something for me, that I can do myself. If I struggle, staff ask if they can support me. I'm in control."

Good

Is the service responsive?

Our findings

Each person's care records contained referral paperwork from the local authority This information was used as a starting point for the service to conduct their own assessment involving people and those that mattered to them, resulting in a personalised support plan. Plans were often detailed and provided information on how people liked their care to be delivered. However, some people's care plans were generic, containing information which wasn't personalised to the person. Although some people told us this was their choice. One person said, "Things change. They offer me choice over my meals. I'm happy. I don't need a detailed plan."

People's care plans were reviewed regularly and people and their relatives were involved in this process. One person said, "they came out to discuss my care, what worked and if changes were needed." Another person's care plan clearly showed that due to their care and support needs decreasing they wished to have less visits. This change was recorded and respected.

One person told us how they were asked for their views on their care and were able to make changes. They told us, "I had one carer I really didn't get on with. I asked that they not send them again. Since then the carer hasn't come back to do my care."

Where care staff were supporting people by living with them, care plans contained clear information on their life history, preferences and hobbies. One person's care plan contained clear information on the support they needed to assist them and the difficulties they had around their personal care. Staff were aware of this person's needs and the support and encouragement they required.

One member of care staff told us how they supported someone living with dementia in their own home. They explained what the person liked to do, and how they supported them to ensure they were happy. They said, "they like to help cooking and they've always been a keen gardener. With cooking I encourage them to help and they enjoy this. I support them to make sure they're involved as much as possible."

One person had a history of mental health concerns. Care staff monitored any changes to the person's behaviour. When concerns had been identified, care staff acted immediately and the operations manager sought the advice of local healthcare professionals to ensure the care provided to this person continued to meet their changing needs.

Feedback from people and their relatives about the quality of the service was captured. The manager, operations manager and senior care staff carried out reviews of people's care. People were given the opportunity to express their views and any changes they would like to their service. Records of review visits and telephone reviews were kept by the service office to ensure information was current and correct.

The organisation had carried out a survey of people's views in 2014. As a result of this survey, the operations manager and manager had identified areas for improvement based on people's feedback. For example, people had stated they were not happy with their access to the manager or how their concerns were dealt with. In response to this, the provider's complaints procedure had been reviewed and communicated to office and care staff as well as people receiving a service.

People told us they knew how to make a complaint and had a copy of the service's complaints policy and information regarding complaints. People spoke confidently about raising their concerns, and felt they were listened to. The provider had a log of complaints they had received throughout 2014. A number of these complaints related to missed calls. Concerns and complaints were responded to and improvements had been made to ensure people received their calls as planned.

Requires Improvement

Is the service well-led?

Our findings

The service did not have a registered manager in position. The registered manager left the service in May 2014. A manager had been in post since October 2014, and had started the process of registering with CQC. A Disclosure and Barring Service (DBS) reference had been obtained in December 2014. However, at the time of our inspection the 'registered manager application form' had not been submitted to CQC.

The manager and operations manager had started to implement systems to ensure people received a good quality service. These systems included care plan audits, telephone monitoring calls and care staff observations. Audits were detailed, and where concerns were identified action plans were implemented. However, actions identified from people's care plans and care staff observations, were not always recorded or followed. The manager and operations manager had no way of evidencing if improvements had been made following these audits. For example, one care worker had been identified as needing support around health and safety at work. Two months had passed since this need was identified but there was no evidence of action being taken to provide this support.

Care plan audits provided clear actions, however these actions were not always being acted upon. One care plan audit identified documents which needed to be completed or signed by an identified date. These changes had not been made to these care plans, and actions had not been followed up by the required date.

This was a breach of Regulation 10 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Concerns had been raised in December 2014 by the local authority commissioner regarding missed visits and staff not recording their calls with people. Following these concerns the manager and operations manager had implemented a detailed action plan to ensure people received their visits and staff were aware of their responsibilities. The manager was working through this action plan as we inspected. The manager was aware of the concerns we had identified at this inspection around late calls, people not receiving the information they received and care staff performance around record keeping. Immediate actions had been taken, which included communicating all concerns with care staff and the recruitment of both care and office staff. However, embedding sustained improvements across the service as a work in progress.

Care staff and office staff spoke positively about the support they received from the manager. Comments included: "I feel supported, definitely", "I've been supported to raise concerns" and "the manager is brilliant. Communication is good; I know what I need to do."

The manager had support from the operations manager and resources from the provider. Following the concerns raised by the local authority commissioners, the office had sought support from the provider to ensure staff recruitment records were correct and to ensure recruitment of care staff was promoted. The manager told us, "I've got a lot of support. It's good."

The manager and operations manager spoke positively about the support they had received from local authority commissioners. Both the manager and operations manager accepted the concerns which had been raised and had met with the commissioners to discuss how they could improve. Commissioners we spoke with before and after our inspection told us the service was improving.

Care staff told us communication was improving and they had the support they needed to improve. The manager held monthly staff meetings to discuss concerns and improvements. At a care staff meeting on the day of our inspection, the manager discussed their expectations of care staff around recording and reporting poor performance. Care staff and the manager discussed concerns and improvements being made in the service openly. Care staff were encouraged to make their views known and were told by the manager how concerns could be raised. Staff we spoke with said: "communication is improving, we've got a manager who tells us what they expect", "staff know what they're doing now, it's a happier place", "communication has been an issue, however we're getting there" and "we all want to provide good care, we're being supported to achieve this."

Staff told us they would raise concerns with the manager if they were concerned about poor practice. All staff told us they were confident that concerns would be dealt with by the manager. Care and office staff were encouraged by the manager to report any concerns to help improve the service. One care worker said, "we want to be known as a

Requires Improvement

Is the service well-led?

good company, we have to work together to achieve this, be open and learn from mistakes." Staff were aware of their responsibilities to ensure people received a good quality service, and were protected from poor practice.

Where care staff were not working to their responsibilities, the manager arranged to meet them to discuss these concerns and positively challenge them to improve. Care staff were supported to improve using action plans set by the manager. The operations manager told us, "where staff aren't working as expected, we will call them in, discuss things and support them to improve."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service provision How the regulation was not being met: The provider had implemented systems which were not always effective. Regulation 10 (1) (a) (b).

Regulated activity	Regulation
Personal care	Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2010 Respecting and involving people who use services How the regulation was not being met: People did not always receive information which was important to them and affected their day. Regulation 17 (1) (b) (2) (b).

Regulated activity	Regulation
Personal care	Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010 Supporting staff How the regulation was not being met: Staff did not always receive supervision or appraisals. Staff did not have a formal process for professional development. Staff did not always have the training they needed to meet people's needs. Regulation 23 (1) (a).