

Westlake Carers Ltd

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

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?

Requires Improvement 

Summary of findings

Overall summary

About the service

Westlake Carers Ltd is a domiciliary care agency providing personal care to people in their own homes. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of our inspection, Westlake Carers Ltd was providing personal care to 20 people.

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

Although people told us they received the medicines they needed, the registered manager was not monitoring or auditing medicines records. This meant they could not assure themselves that staff medicines competencies were robust and safe.

Where people were at risk of harm, either due to their health, or mobility, there was not always guidance or information in place for staff on what action they could take to try and reduce this risk.

The registered manager and staff had a very good knowledge of people, their care and their individual needs, but there was a lack of robust governance arrangements in place at the agency. This meant care records, analysis of accidents and incidents, medicines records and staff time keeping was not monitored for quality and consistency.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests. The policies and systems in the service supported this practice although we have made a recommendation to the registered provider to consider current guidance in relation to the Mental Capacity Act 2005 and when capacity assessment are required.

People were happy with Westlake Carers Ltd and told us the care staff were kind and caring towards them and showed them respect. They told us staff knew them well and how they liked their care and that if their needs changed, the registered manager was flexible and would reorganise their care package.

People told us they knew how to make a complaint and said they felt safe with staff. They said staff always turned up and did not feel rushed during their care call. People said they had choice in how they wished to be cared for and when staff prepared meals for them, they were happy with this aspect of their care. There was evidence staff involved external health professionals when needed.

Staff enjoyed working for the agency. They felt the training was good and they were supported by the registered manager and felt valued. Staff had been able to meet together for one staff meeting to discuss various aspects of the agency and people were given the opportunity to give their feedback, though a survey, as to their views on Westlake Carers.

The registered manager had a clear vision of where she wished to take the agency and had recognised there were shortfalls that needed to be addressed. They told us they would put a hold on taking on any new care packages until they had recruited some additional office staff and had established a robust system.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 10 October 2020 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We have found evidence that the provider needs to make improvements. Please see the Safe and Well-led sections of this full report.

Enforcement and recommendations

We have identified breaches in relation to the monitoring of medicines records, information relating to risks to people and the general oversight of the service, including record keeping at this inspection. We have also made a recommendation to the registered provider in relation to the mental capacity act and accidents and incident analysis.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Westlake Carers Ltd

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection visit was carried out by two inspectors and an Expert by Experience who made telephone calls to people who use the service prior to our visit to the offices.

An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

Notice of inspection

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

Inspection activity started on 29 November 2022 and ended on 5 December 2022. We visited the location's office on 30 November 2022.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We reviewed the information we had received about the service since they registered with us. This included accidents, incidents and safeguarding concerns. We also used information gathered as part of our monitoring activity that took place on 29 September 2022 to help plan the inspection and inform our judgements.

During the inspection

We spoke with the registered manager on the day we visited the offices. Prior to our visit, the Expert by Experience had spoken with 6 people and 2 relatives about their experience of the care they received.

We reviewed the care plans for 7 people. We also reviewed numerous medicines records, as well as other documentation associated with people's care. We looked at 6 staff recruitment files, audits and surveys.

Following our inspection, we received documentation from the registered manager in relation to recruitment documents, training and supervision. We spoke with 4 staff and received written feedback from one relative.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated Requires Improvement. This meant there was limited assurance about safety.

Using medicines safely

- Although people told us staff managed their medicines well, with one person telling us, "The carers do my medication as I have a lot of them and I couldn't work it out", there was no monitoring of the medicines records. This meant the registered manager could not assure themselves that people received all of their medicines as prescribed.
- We reviewed the Medicine Administration Records (MARs) for 11 people between September and November 2022 and found numerous gaps which could indicate people had not been given their medicines. The registered manager said, "I phone staff to confirm they have given the medicines. It's just that they haven't recorded it."
- People who had transdermal patches (medicines in patch form) had no body map in place so staff could record where the patch was placed to help ensure that the site of the patch was alternated regularly to avoid skin irritation. People who had topical creams (medicines in cream format) also had no body map to help ensure staff knew exactly where to apply the cream.
- Although following our inspection the registered manager sent us body maps for people with transdermal patches and topical creams, the chart for the transdermal patches did not give staff the facility to record exactly where they placed the patch on the person. This meant there was a risk that if the patch fell off, staff could put a new patch on the same site.
- Action was not always taken by the registered manager in relation to medicine concerns. The registered manager told us if a medicines alert came through it would be investigated. However, we found an alert relating to one person's medicines running out where the registered manager had not acted. This meant the person was without this particular medicine for several days.

The lack of robust medicines management processes was a breach of Regulation 12(2)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management

- Risk assessment and recording was inconsistent, although staff could tell us about people and how they kept them safe.
- One person had a catheter but there was no mention of this in the care plan available to staff when staff had some responsibility for the care of this person's catheter. There was information about this person's catheter care in the care plan held in the office, but this did not cover potential risks, such as the catheter blocking, or possible risk of infections. This meant staff may not know when to report any concerns to a health care professional.
- A second person was recorded as being on normal food, but in another area of their care plan that they have pureed food. This person was also at high risk of falls, but there was a lack of guidance to staff on how

to help prevent these.

- A further person was recorded as at risk of urine infections, but there was no advice to staff on what to look out for or what action to take should they suspect they had one.

The inconsistency in people's risk assessments was a breach of Regulation 12(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Learning lessons when things go wrong

- Accidents and incidents were recorded and stored in people's individual care plans. We saw evidence of one recent incident being reported to a family member and the registered manager and the details recorded.
- The registered manager had an extremely good knowledge of incidents that had occurred to date. However, they did not collate this information to allow them to look for themes and trends. This was important because as the agency grew, they would need to be able to see quickly what accidents and incidents had occurred over any time period.

We recommend the registered provider develops a method of collating incident and accident records for easy analysis.

Systems and processes to safeguard people from the risk of abuse

- The registered manager was aware that safeguarding concerns should be notified to the local safeguarding team as well as CQC. Referrals had been made appropriately and investigations completed by the registered manager when needed. A staff member said, "(If I was concerned about possible abuse) I would call the manager straight away."
- People said they felt safe with care staff. They told us, "I feel safe with the carers, they are nice to me. It is how they behave around me that makes me feel safe." Relative's also felt their family member was safe being looked after by Westlake Carers Ltd. One told us, "There isn't an issue with her safety. There has to be trust as she is a vulnerable person, but there has been no problems."

Staffing and recruitment

- Sufficient staff were employed by the agency to enable all calls to be covered. People told us, "They have never not come when they should. I get my time with them and I'm not rushed" and, "They have never missed a call."
- The agency currently provided care to 20 people and employed 14 staff. The registered manager said, "The current staffing are meeting the hours and more than half of our clients will have the same carer." Staff told us, "We have sufficient time to get everything done and sit and have a chat. I don't feel rushed" and, "I have enough time to handle everything. I stay and chat."
- We did receive some negative comments on time keeping. People told us, "I had to phone the office at nine as no one had turned up for my 8am call. Someone came straight away" and, "In the morning it should be 07:30, but sometimes it's 09:30. By that time I've got myself up and dressed as I get fed up waiting for them." The registered manager said, "We speak with new clients about their preferred timings, but we struggle because everyone wants the same times. For the majority of our clients there is an agreed time, but we tend to give a two-hour window which I know won't suit everyone. We are working hard to ensure people receive their care call when they wish it."
- Staff were recruited through an appropriate process to help ensure that the registered manager employed staff suitable to work in this type of service. Staff provided references and evidence of their right to work in the UK. Prospective staff went through a police or Disclosure and Barring Service (DBS) check prior to commencing in the agency. DBS checks provide information including details about convictions and

cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Preventing and controlling infection

- People said staff wore personal protective equipment (PPE) when in their homes. This included gloves, masks and aprons. One person said, "They bring their own aprons and gloves and masks."
- The registered manager had carried out an infection control audit in August 2022 which recorded staff were compliant with the latest guidance in relation to PPE. Staff said, "We have everything we need for PPE."

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good.

Ensuring consent to care and treatment in line with law and guidance

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 MCA 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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The registered manager was not always following the current guidance in relation to the MCA as there was a lack of understanding of when a capacity assessment should be carried out for people.
- Some people were recorded as not being able to understand the decision to have a carer, so a relative had consented on their behalf and yet the funding authority had already made a best interests decision that this person required care.
- Some people's capacity assessments were blank and in one person's care plan it gave contradictory information in that it stated the person could make decisions, but in another area that they lacked capacity.

We recommend the registered provider considers current guidance in relation to mental capacity and when assessments need to be undertaken.

- Staff were knowledgeable in relation to the MCA. They told us, "I always ask someone what they want to do. I would ask if they want to go back to bed, I wouldn't just tell them" and, "The MCA is about whether people have capacity to make decisions or not. It is to protect vulnerable people."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The registered manager carried out assessments with people prior to accepting the care package. This was either face to face, or by reviewing information provided to them by the hospital discharge team or the

funding authority.

- The assessment formed the basis for a person's care plan and the registered manager told us care plans were completed within a week of a person starting to receive care from the agency.
- People said they had care plans in place. One person told us, "I have a care plan, but nothing has changed since I started."

Staff support: induction, training, skills and experience

- Staff went through an induction process prior to commencing with the agency. They also went on to complete training. Staff told us, "I did online training and then face to face training for moving and handling and basic life support."
- Staff shadowed more experienced staff before working on their own. Staff told us, "The care manager was with us. I shadowed for two visits" and, "They sent me out with someone and I watched how everything was done."
- From the training records we found staff were trained in a wide range of topics. They were also completing the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- Staff were being given the opportunity to meet with their line manager on a one to one basis to discuss their role, training requirements or concerns. The majority of staff were new to the agency and had completed induction and training, and the registered manager had scheduled in supervision dates with them.

Supporting people to eat and drink enough to maintain a balanced diet

- People who received support with their meal preparations were happy with this aspect of their care. One person told us, "Carers get my breakfast and I can choose what I have. They also do me hot drinks. I choose what microwave meals I would like for dinner. I'm happy with how that goes."
- No one receiving care from the agency required a modified or special diet, however, the registered manager said they had involved the Speech and Language Therapy (SLT) team as well as the GP when they were concerned about someone coughing when eating.
- People were supported to make their own choices around the food they ate and it was clearly recorded in people's care plans that staff should leave drinks within reach of people before leaving. Other people required prompting with their food and the daily notes demonstrated staff were doing this.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- There was evidence in people's care plans of healthcare professional involvement when needed. This included the GP, district nurse or SLT.
- People said staff were aware of their individual health conditions. One person told us, "They have a plan that they give me a shower and do my hair and put cream on my skin. I am sure the carers would tell me if I had a problem with my skin." A relative said, "The staff are trained and they are managing my Dad's pressure sore."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Everyone we spoke with felt well treated by staff and said the carers showed them respect and dignity through the way they behaved with them. People told us, "I'm happy with it all", "Sometimes they sit and chat", "They treat me nicely and speak to me as if I've known them for a long time which is nice" and, "I couldn't be without the carers. They cheer me up."
- People were happier when they had regular carers and they told us this was happening more often now. People said, "I now have two or three regular carers" and, "I am happier now that I have regular carers coming in."
- Relatives were pleased with the agency and the care staff provided to their family member. A relative said, "I visit and can see how the carers are with them and all seems okay. It's good when they have continuity of carers as my Mum has dementia."

Supporting people to express their views and be involved in making decisions about their care

- People were involved in choices about their care. One person told us, "I'm tending to have a regular carer come in which is much better as I don't have to keep showing new people where things are kept and how I like things done. I choose to have an afternoon visit, as I don't get up until late."
- Staff encouraged people to be involved in their care. They told us, "I respect everything they tell us to do" and, "They speak freely to me and tell me if they are unhappy or how they wish something done."

Respecting and promoting people's privacy, dignity and independence

- Care plans recorded aspects of a person's care in which they were independent. For example, when they could wash their face, clean their teeth, dress themselves, or choose the clothes they wished to wear.
- People said carers treated them with respect and dignity. We were told, "They wait outside the bathroom door when I'm washing myself", "When they give me a wash they are respectful and get me a towel and are very gentle" and, "They always knock on my door and call out to me even though the door is on the latch. They greet me and always say goodbye."
- Relatives were equally happy with this aspect of the care provided by the agency. One relative told us, "My Mum won't have them in the bathroom, but they stay in close proximity."
- Staff told us they would show people respect by, "Covering someone up when I am providing personal care."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; end of life care and support

- People received responsive care because the registered manager and staff knew people's needs well. The agency was small and staff regularly provided care to the same people. This enabled them to get to know a person and how they liked their care. People told us, "They (staff) are starting to get to know me and me them", "My regular carer knows how I like my cup of tea" and, "The more the carers get to know me, the more caring they seem to be."
- People said they a good routine with the care staff and that any changing needs would be addressed. People told us, "I would talk to [registered manager] if I wanted to know more or change things", "I started off with two visits, but about a month ago they came to discuss my care plan as I felt I needed more support and it changed to four visits a day" and, "They always take their time with me, I am never rushed."
- Relatives were also happy with the responsiveness of the agency. They told us, "I know the care plan and I'm able to discuss with the manager if I think anything needs changing" and, "Continuity of care is good. They interact well with my Mum. The agency meets our needs and are flexible."
- No one receiving care from the agency was being supported with end of life care and as such end of life care plans were still being developed.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People had communication care plans in place describing the support they needed to be able to communicate with staff.
- One person was hard of hearing and the registered manager said, "Provided staff speak slowly and loudly, then they are able to hear." This information was included in their care plan.

Improving care quality in response to complaints or concerns

- The agency had a complaints policy and we read from the complaints received that the registered manager took these seriously and addressed them promptly. There was evidence to show the registered manager apologised to people and met or telephoned them to discuss their concerns and to reach a resolution.
- People felt comfortable raising a complaint or concern. People told us, "If I wasn't happy with the carer, I

would send them away and get in touch with [registered manager]" and, "If I was worried or needed to complain, I'd speak with a carer or phone up the office."

- We read of compliments received by the agency which included, 'really likes both female carers', 'thanks for all the support and care provided to [person's name]' and, 'very happy with the care worker'.

Is the service well-led?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant the service management and leadership was inconsistent.

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

- The registered manager had an excellent knowledge of people's needs, but they did not have robust governance arrangements in place to monitor and audit the service. They told us they had come out of dormancy in April 2022, but had really only started building the agency since August and as such they had only completed one audit.
- We reviewed the audit they had carried out in August 2022. This covered infection control, controlled drugs and care planning but contained little information. No further audits had been conducted since, despite 20 people now receiving care from the agency. The lack of auditing also meant the registered manager had not identified when capacity assessments were or were not required for people.
- Although from people's feedback we were confident people received the care they needed, people's care records required improvement. The registered manager used two electronic systems; one which held people's care plans and risk assessments and was available to staff and a second which held care plans developed from pre-assessments. We found information across the care records did not always match or was incomplete. One system recorded a person as having a catheter, but on the other system that they used incontinence aids. A second person did not always like to receive care and could be angry towards staff, but there was no information for staff on how to respond to this. Care records referred to other documents, for example, Waterlow or MUST risk assessment, but these had not been completed and other people's risks assessments were blank.
- People's life and background histories were blank and although staff told they us chatted to people and asked them about their lives, this was not recorded to help new staff get to know people.
- We noted in the minutes of the recent staff meeting, the registered manager had recorded, 'continue monitoring daily documentation' however, they had failed to identify the shortfalls in people's care records.

The lack of robust governance arrangements was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Continuous learning and improving care; Working in partnership with others

- The registered manager was aware of the need to improve the governance arrangements within the service and to improve the records. They told us, "I have been overwhelmed with all that needs to be done. I don't plan to take any more care packages for a few months now so I can get a proper structure in place. I recognise we need to have someone office based to carry out monitoring and we are recruiting a care coordinator."
- The registered manager worked with external agencies such as the local GP practice, pharmacist, SLT, and

district nursing team.

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

- Everyone we spoke with said they would recommend the agency. One person said, "I couldn't manage without them." People could name the registered manager and said they visited them or stepped in when a carer was unable to come.
- People felt the registered manager was trying to sort out regular carers for them. People said, "The manager is trying to get the business off the ground and get regular carers", "The manager comes to visit and asks how I'm doing" and, "The manager is very nice. She comes to visit me. I would recommend Westlake." Relatives were equally complimentary, with one telling us, "I know the manager and I'm happy with the service. I think it has the potential to be a very good service. The manager is very good."

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

- The registered manager was aware of their requirements of registration in relation to notifying us of significant events, incidents and accidents or safeguarding concerns.
- The registered manager applied duty of candour when care did not go to plan. We saw that apologies were extended to those involved as well as their relatives.

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

- The registered manager had carried out a recent survey and we saw four responses had been received. Feedback was positive in every aspect of the service, from people's overall experience to whether they would recommend the agency to others or not.
- Staff were given the opportunity to meet as a staff team, although the registered manager said they had only been able to hold one meeting due to the different working schedules of staff. The minutes showed travel time, scheduling and good record keeping was discussed.
- Staff were happy working for the agency. They told us they felt supported by the registered manager and valued. Staff said, "I feel valued. They (the provider) treats all staff well" and, "I feel very supported."
- The registered manager was good at communicating with people. A relative told us, "All contact we have had with [registered manager] has been very positive. [Registered manager] was very helpful and reassuring at a stressful time, helping us to put in place care quicker than other agencies could manage."

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered provider had failed to ensure proper and safe management of medicines or to ensure that risks of people were always assessed.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered manager did not have good governance arrangements in place.</p>