

Westminster Homecare Limited

Westminster Homecare Limited (Cheltenham)

Inspection report

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Ratings

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

Summary of findings

Overall summary

About the service

Westminster Homecare Limited (Cheltenham) is a domiciliary care service providing personal care to people in their own homes. At the time of the inspection 52 people were supported with their personal care needs.

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.

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

Significant improvements had been made to the service and we found the service had met the breaches of regulation from the last inspection. On this inspection, we found that people's care was personalised, and their care records provided staff with accurate information about their support requirements and risk management plans. Improved communication and on call arrangements ensured relevant information was appropriately shared between staff. People were supported to retain their independence and be involved in decisions about their care. End of life care processes were available to support people during their final stages of life.

Staff knew how to protect people from avoidable harm and abuse and where to report any concerns regarding people's safety and welfare. Accidents and incidents were reported and monitored for any trends. Safe systems were used to manage people's medicines. New detailed protocols for 'as required' medicines had been implemented. Some people required support with their nutrition and hydration.

Extra control measures had been implemented to help prevent the spread of infection and the coronavirus. People confirmed that staff maintained good infection control practices, wore appropriate PPE and hand sanitation.

People and their relatives all complimented the staff and told us their approach was consistently caring and compassionate. There have been no missed calls since our last inspection and people who used the service stated staff were punctual or they were informed if staff were running late.

Improvements had been made to the training, support and deployment of staff. Staff knew people well and monitor their health. They referred people to healthcare services when their needs changed.

People and relatives told us their decisions and views were always respected. Staff practice complied with the principles of the Mental Capacity Act. 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 services supported this practice. Further training was going to be implemented to upskill senior staff to complete comprehensive MCA assessments around specific decisions.

A new registered manager had been recruited since our last inspection. Staff praised the registered manager for their support and dedication in making improvements across the service. The provider carried out regular quality assurance checks and visits to the branch to ensure the service met their regulatory requirements. The registered manager had a good oversight of the service and completed regular checks and audits to monitor the quality of care being delivered and to receive feedback from people and staff.

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

Rating at last inspection and update: The last rating for this service was requires improvement (published 1 January 2020) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements.

This report only covers our findings in relation to the Key Questions Is the service Safe, Effective and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Westminster Homecare Limited (Cheltenham) on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Is the service effective?

Good ●

The service was effective.

Is the service well-led?

Good ●

The service was well-led.

Westminster Homecare Limited (Cheltenham)

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 Care Act 2014.

Inspection team

The inspection was carried out by two inspectors.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was announced.

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 16 September and ended on 17 September 2020. We visited the office location on 16 September 2020.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We also spoke to the registered manager about the progress they had made with their action plan since our last inspection. We used all of this information to plan our inspection.

During the inspection

We spoke with six people who used the service and five relatives about their experience of the care provided. We spoke with twelve members of staff including the two representatives of the provider, registered manager, care coordinator, two office staff and six care staff. We reviewed a range of records. This included seven people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

At our last inspection the provider had failed to robustly assess and safely manage people's , risks and their medicines. The provider had not assured that accidents and incidents were effectively recorded and notified to CQC. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

Assessing risk, safety monitoring and management

- Since our last inspection, significant improvements had been made to the quality of information about people's risks and their agreed risk management plans.
- Risk assessments covered a range of subjects including, falls, bathing and Covid-19 so staff knew what procedures they needed to follow to protect the person and themselves.
- People and relatives were confident in the staff's ability to support people safely. They confirmed staff knew their needs and presenting risks. One person said, "The carers are good and I know they will do the right thing by me and phone the doctor if I need it.
- Staff confirmed that people were consistently supported by a safe number of staff who were familiar with their needs and personalised risks. Staff were able to describe how they supported people to mitigate any risk of harm such as supporting people with their diet, mobility and skin integrity.
- Comprehensive personal, environmental and lone working risk assessments were in place which had identified hazards and guided staff on how to reduce or eliminate the risk and keep people and staff safe. A personalised emergency service's plan was available to share with paramedics if urgent medical intervention was needed
- The on-call working arrangement had been improved to ensure that people and staff had continuous access to support out of office hours and any concerns were followed up.

Using medicines safely

- People were happy with how staff supported them to receive their prescribed medicines. One person said, "They help me very well with my tablets, I tend to forget at times"
- People received their medicines as prescribed by staff who had been trained in the administration of medicines. Detailed medicine risk assessments and care plans were completed to assess the level of support people required and any associated risks.
- During our inspection the registered manager took prompt action to further improve the quality of information recorded where people were prescribed 'as required' medicines so that staff would know the

circumstances in which the person should be supported to take the medicine.

- Monthly audits of medicine administration records (MAR) were undertaken to ensure they had been completed correctly, and any errors were investigated and highlighted to staff.

Systems and processes to safeguard people from the risk of abuse

- Safe and effective systems were in place to safeguard people and address any concerns. All allegations or concerns were appropriately investigated and shared with the relevant authorities in line with the providers safeguarding policy and notified to CQC.
- People told us they felt safe when supported by staff. One person said, "They [staff] are marvellous, I feel very comfortable when they are supporting me." This view was shared by all the people who we spoke with.
- The registered manager and staff had received appropriate training and had a good understanding of safeguarding policies and procedures.

Learning lessons when things go wrong

- Systems were for staff to report any accidents and incidents. Records of incidents were detailed and reviewed by the registered manager and reported to the provider to identify any patterns. Significant incidents were notified to CQC as legally required.
- Immediate actions were taken, and changes were made to people's care plans to reduce the risk of repeat incidents and shared with staff. Lessons were learnt from any incidents and accidents.

Staffing and recruitment

- People told us that they were supported by kind and regular staff who were knew them well. One person said, "They [staff] are like one of my family".
- Enough skilled and experienced staff were deployed to ensure people were safe and cared for on visits.
- There had been no missed calls since our last inspection. Staff carried out additional shifts when required and all office staff were fully trained in health and social care which enabled them to provide care in the event of staff shortages or the service used agency staff on occasions.
- Systems were in place to monitor missed calls, the timings of people's care visits and to ensure staff rotas and hours were realistic and workable. Staff confirmed they had enough time to travel and support people without being rushed. People reported that staff were generally punctual and would be informed if staff were running late.
- Staff files demonstrated that new staff were recruited in line with safe practice and employment protocols. The recruitment officer was considering further ways to explore the employment history and character of staff if adequate information had not been gained during the recruitment process

Preventing and controlling infection

- Extra infection, prevention and control measures had been implemented in line with Covid 19 government guidelines when supporting people in the community.
- The provider had supported the registered manager to understand the latest Covid 19 guidance and had ensured the service had sufficient quantities of Personal Protection Equipment (PPE).
- Staff confirmed they had been trained and been provided with current Covid 19 guidance in supporting people safely and had access to PPE and testing.
- People's individual risks in relation to coronavirus had been assessed and staff were aware of safe infection control practices, the importance of effective hand washing and correct use of PPE.
- Staff infection control practices were observed by senior staff and people confirmed staff wore and disposed of PPE appropriately. This was confirmed by people who used the service. For example, one person said. "Carers always wore PPE". Good levels of hand sanitation."

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

At our last inspection the provider had failed to ensure that staff supporting people had been suitably trained and supported. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

Staff support: induction, training, skills and experience

- Improvements had been made to the training and support of staff since our last inspection. All staff had received up to date mandatory training in areas such as safeguarding, medicines administration, moving and handling and mental capacity training. Staff had also been given opportunities to develop and achieve additional training and qualifications.
- Records showed staff had received regular supervisions, support and spot checks.
- Internal systems enabled the registered manager to monitor any outstanding staff development and training and working hours. Staff confirmed that they felt improvements had been to their personal development and support. One staff member described her training and support as 'fantastic'.
- The registered manager had implemented alternative arrangements to ensure established and new staff remained trained and supported when face to face training and support was restricted during the Covid 19 pandemic.

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

- People received effective care based on current best practice for people.
- People's care needs were assessed, and their support requirements were agreed prior to them using the service. People told us they were involved in their assessment and felt comfortable in reporting any changes in their care requirements.
- People's level of independence, individual preferences and their desired outcomes were established during the initial assessment. People and their relatives told us the care provided was person centred and met their needs. One relative said, "They know exactly what they are doing".

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

- Where required, staff were supportive to people's nutrition and hydration needs by helping them with shopping and preparing food.
- Staff were knowledgeable about people's preferences and dietary requirements and gave examples of

how they needed to remind and encourage some people to eat and drink sufficiently.

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

- Staff worked effectively together to ensure that people receive consistent, timely, coordinated care. The service also worked closely with other health care professional agencies to provide additional support and guidance.
- Staff told us they would act immediately and alert people's family and the office if they felt a person was unwell or required additional support from health care professionals.
- People and their relatives confirmed staff were very responsive to people's changing health needs and assisted them to be referred to external health care services when required. One person said, "They are very good and keep an eye on me and contact the doctor if I need one."

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 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.

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.

- People's mental capacity and ability to consent to care was assessed as part of their initial care assessments. Staff knew the level of support people required and encouraged people to make decisions for themselves and ensured people were given choices about their care.
- The registered manager was re-training staff to ensure people's mental capacity assessment records would always describe the specific decision that was being made in line with the principles of the MCA .

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection the provider had not ensured the service was suitably managed and ineffective governance systems were being used to monitor the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

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

- Since our last inspection we had found significant improvement in the leadership, management and monitoring of the service. Clear systems were being used to identify any shortfalls in the service, relating to the management of staff and the provision of care with the aim to drive improvements across the service.
- Improvements had been made to the frequency and quality of systems used to monitor the service to ensure the service met the regulatory requirements.
- The provider undertook quality assurance audits and monthly visits to monitor the standards of care at the Cheltenham branch. Internal monitoring reports such as training reports were regularly reviewed. The results were analysed in order to determine trends, take action and introduce preventative measures.
- In addition to the provider reports, the registered manager and senior staff also completed audits and carried out home visits, reviews and spot checks to ensure that standards of care remained high.
- Policies were available to guide staff on how to carry out their roles.
- The registered manager was aware of their responsibilities to notify CQC of any allegations of concern and significant events which impacted on people and the service.

At our last inspection the provider had not ensured people's care plans were up to date. This was a breach of regulation 9 (Person-Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- Systems had been effective in improving people's care records through regular review. People's care plans were centred around their personal support needs, levels of independence and preferences. Staff confirmed that the information in people's care plans were accurate and provided staff with the information they

needed to support people. One staff member described people's care plans as 'very detailed'.

- The service provided was centred on meeting people's support needs, choices and aspirations. People and their relatives confirmed that they received care which was personalised and met their support needs and requirements. One person said, "The carers are very obliging, and they see to everything I need."
- No one was receiving end of life care at the time of this inspection; however the registered manager was able to demonstrate how they had previously supported people during their final stages of life. The providers policies and procedures supported people to make decisions about their end of life care and work jointly with relevant health care professionals.

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

- A new registered manager had been recruited to manage the service, make improvements and to implement the action plan from our last inspection. They had been mentored by the provider to ensure their values and expected standards of care were being delivered.
- It was clear from speaking to the registered manager, provider representatives and staff, that they were passionate about the care and support they delivered. The registered manager said, "it's important that people's care needs remain at the heart of the service." One person confirmed this and said "Caring service. Client always comes first."
- Staff praised the commitment and dedication of the registered manager and felt that the systems and processes used to support them to do their role had improved. One staff member said, "I can definitely see that things are more relaxed now and are consistent and things have improved."
- Feedback from staff indicated that the protection of people's safety and human rights was embedded into practice, for both people and staff.
- People and most relatives praised the management of the service and felt communication from the office was good and the managers were approachable.

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; Working in partnership with others

- Staff knew about whistleblowing and said they would have no hesitation in reporting any concerns they had.
- The registered manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guidelines' providers must follow if things go wrong with care and treatment.
- The service liaised and referred to other health care services within the local community such as the health care professionals to share information in the best interest of people.

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

- Each person was given a copy of the service's 'service user guide' which informed people of the services business objectives and values.
- The service valued the opinions and feedback from people and had acted on any concerns.
- People and their relatives also spoke mainly positively about the communication they received from the service such as a change in staff allocated to visit them or staff running late. People told us staff listened and acted on their requests. One person said, "If I ask them to do something, they will do it."
- Care plan reviews, telephone monitoring and satisfaction surveys were carried out, which provided the management with a mechanism for monitoring the quality of service provided. Plans were in place to send out quality satisfaction surveys to people in November 2020.

Continuous learning and improving care

- The registered manager told us they felt supported and was developing in their role. They had been mentored by representatives of the provider and had attended additional training. They subscribed to various health and social care and government websites, newsletters and alerts which kept them informed of any changes of legislation and guidance and any equipment recalls or faults as well as guidance around Covid 19.
- Staff commented that they all worked together, communication had improved from the office and they approached concerns as a team.
- The registered manager took any concerns or complaints seriously and used any feedback to learn and improve the service. Records showed that all complaints and incidents were robustly investigated and acted on in a timely manner.