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 caring? | Good |
| Is the service responsive? | Good |
| Is the service well-led? | Good |

# Summary of findings

## Overall summary

Westminster Homecare Limited (Cheltenham) provides personal care to people living in their own homes in Gloucestershire. They provide personal care to a wide range of people and specialise in supporting people living with dementia. They were providing personal care to 48 people at the time of our inspection, 12 of whom were living with dementia.

At the last inspection in July 2015, the service was rated Good. At this inspection we found the service remained Good.

The registered manager had been absent due to illness. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The operations manager had been working closely with the quality assurance co-ordinator to manage the service. A new manager had recently been appointed and was applying with CQC to become jointly registered to manage the service. They shared with us their visions and values for the service.

People's care was individualised and reflected their personal preferences, routines and wishes about how they wished to be supported. People and those important to them discussed their care needs and were involved in reviews of their care and support. Their health and well-being was promoted by highlighting any changes in their needs and liaising closely with health care professionals. When changes were made their care records were updated and staff were informed. Information was provided to people about the service they could expect to receive. Accessible formats, such as audio or easy to read, could be provided if needed.

People were supported by staff who understood their needs well. Staff were kind and caring. They had positive relationships with people and enjoyed the time they had together. Relatives commented how important the social aspect of their visits were as well as attending to people's care needs. People were supported to have maximum choice and control of their lives; the policies and systems in the service supported this practice. People were offered choices; staff did not make assumptions and involved people in aspects of their support whenever they could. People's rights were upheld and staff knew how to recognise and report suspected abuse. Any hazards had been assessed and risks were minimised.

People benefited from staff who had been through a recruitment process which made sure they had the aptitude and skills to support them. Staff had access to a range of training and support to help them develop in their roles. Care was taken to make sure wherever possible people had the same staff supporting them. Their visits were scheduled to fit in with people's lifestyles as far as possible. If staff were late they were informed about this and people knew how to contact the management team if they had a query.

People's views were sought to help drive through improvements to the service. A range of quality assurance audits monitored the standard of the service provided. Actions identified where improvements were needed

and these were monitored to ensure they had been completed. People said, "We really are delighted with the service and are so grateful" and "They are excellent. Very caring. It seems to have got better. They know what they are doing."

Further information is in the detailed findings below.

## 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 remains Good.

### Is the service effective?

Good

The service remains Good.

### Is the service caring?

Good

The service remains Good.

### Is the service responsive?

Good

The service is Good. People's care was individualised reflecting their personal needs and any changes to their circumstances. Their records were kept up to date with any changes in their care and support.

People knew how to raise concerns and were confident they would be listened to and action taken to address any issues they had.

### Is the service well-led?

Good

The service remains Good.

# Westminster Homecare Limited (Cheltenham)

**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 comprehensive inspection took place on 3, 4 and 9 May 2017 and was announced. The provider was given notice because the location provides a domiciliary care service; we needed to be sure that the manager would be in.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information we have about the service including notifications. A notification is a report about important events which the service is required to send us by law.

We visited three people who used the service and spoke with them and two relatives as well as their care staff. We had feedback from 20 people using the service, three relatives, four staff and three health care professionals in response to questionnaires we sent out. We spoke with six people over the telephone. We also spoke with a representative of the provider, the new manager, a care co-ordinator and six care workers. We looked at a range of records which included the care records for four people and their medicines records, recruitment records for four care workers and training and supervision records for another four staff. We looked at a selection of records in relation to the management of the service. We also had feedback from the local authority commissioners of the service and social and health care professionals.

Good

# Is the service safe?

## Our findings

People's rights were upheld and they said they felt safe receiving care from staff. We talked with them about having strangers into their home. One person commented, "They don't remain strangers for long" and a relative said, "She feels very confident when they visit." Staff had completed training in the safeguarding of adults and understood how to recognise suspected abuse and what action they should take in response. They described making sure records were kept and staff in the office were informed. One person commented, "They never rush me. They always notice if I have a bruise or a cut and ask how it happened." Staff were confident the management team would take the appropriate action in response to any issues they raised. A member of staff told us, "Their safety and well-being is a top priority, if I come across a client who is not well or there are safety issues, I try to sort it out or I know I can contact the office for support." Any missed visits had been recorded and investigated. The manager confirmed commissioners had been informed. Records confirmed robust investigations into allegations of abuse and contact with the appropriate external agencies including the local safeguarding team, police and CQC.

People were protected against the risk of injury or harm. Where there were risks or hazards associated with people's care and support, such as the risk of falling, poor skin condition or becoming dehydrated, the relevant risk assessments were in place. People confirmed these had been completed with them. They told us, "They have been and done a risk check" and "They came in and pointed out risks. I had a 16 metre oxygen line which they changed making it easier and not dragging on the floor but still giving me freedom to move around." One person described how after a fall they had lost confidence walking around their home. The care staff had spoken with health care professionals and a range of equipment had been provided to keep the person safe in their home. The person told us, "I couldn't have managed without them." Emergency systems were in place should staff need support or help in a crisis. They said there was support available out of normal working hours.

People benefited from staff who had been through a satisfactory recruitment process. A checklist evidenced when information had been received, such as references confirming the reason for leaving and a satisfactory Disclosure and Barring Service (DBS) check. A DBS check is carried out before potential staff are employed to confirm whether applicants had a criminal record and were barred from working with vulnerable people. Any gaps in employment history had been followed up with applicants. The manager was reminded to check when people had previously worked with adults or children, the reasons why they left this employment. Additional checks had been carried out to make sure written references were valid.

People were mostly supported by the same staff with 75% of people replying to our questionnaires stating they had care from staff they knew. People we spoke with said, "I am sent a rota each week now and have the same carers, except at weekends", "It is not a problem. I have got to know them" and "They went through a bad stage - too many different people - I'm told it is going to get better." Staff and people agreed there had been problems in 2016 with continuity of care, changes in care staff and visits not running as planned. Overall they told us there had been significant improvements. The manager explained the office team had been reorganised and systems were working more efficiently. A member of staff told us, "I feel that the company has become better to work for, with a more supportive office team." Staff said their conditions

of employment had improved with allowances now being made to include travel between visits. They felt supported and valued in their roles.

People's medicines were safely managed and administered. People had consented to have their medicines given by staff when needed. Staff completed medicines training and had observations of their practice before administering medicines to people. They had clear guidance and medicines administration records prompted them when and how medicines needed to be taken. Due to a number of medicines errors being picked up through auditing processes staff involved had been offered additional support and training until they had been assessed as competent to administer medicines.

Good

# Is the service effective?

## Our findings

People's care was provided by staff who had access to training to equip them with the skills and knowledge they needed to meet people's needs. People's views were mixed; they commented, "I don't think they have enough training. New girls shadow for just one week. It's not enough", "Some of the newer ones need a bit more experience. They have their NVQ and some do E-learning courses" and "Very much so (staff have the skills they need)." One person commented, "They are excellent. Very caring. It seems to have got better. They know what they are doing."

People benefited from staff who had access to an internal trainer who was able to offer information and courses which reflected people's individual needs and requirements. In addition they ensured all new staff had completed an induction programme and could work towards nationally recognised qualifications. This included completing training considered as mandatory by the provider such as first aid, moving and handling and food hygiene. The manager had reviewed the training needs of all staff and a schedule had been put in place to deliver refresher training to staff when needed. Staff said they were supported by management to carry out their roles and to develop their skills. They had individual meetings with the management team and annual appraisals had been scheduled for staff employed over one year. In addition spot checks and observations of staff carrying out their work provided evidence of staff competency. When needed disciplinary action was taken for poor practice but only after support and further training had been offered to staff.

People's capacity to consent had been assessed in line with the Mental Capacity Act. 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 unable to consent to their care and support were assessed by their placing authority and decisions taken in their best interests were recorded identifying those people involved in this process. Mental capacity and best interest records formed part of the care support plan used by the provider evidencing whether other records were in place such as a Do Not Attempt Resuscitation Cardiopulmonary Resuscitation (DNARCPR). Some people had appointed a lasting power of attorney and this was identified in their care records. Evidence had been provided to confirm this. Where a lasting power of attorney was appointed they had the authority to make decisions on behalf to a person, unable to make decisions for themselves, in their best interests.

People were observed being offered choices and making decisions about their care and support. They told us, "They seek permission before providing care", "They will always ask if I am ready or if there is something else they can do" and "Yes, they do. They always ask, they never presume." One person commented, "It is discussed always (how care is delivered). I am very lucky, I have good carers."

People were supported to stay healthy and well. Their nutritional needs were highlighted in their care records which reflected not only the risks to them such as malnutrition or dehydration but also their personal preferences for the food and drink they liked to eat. One person, who needed encouragement to

drink, liked to have hot water in a flask within easy reach so they could make their own drinks. Staff were observed checking with them that everything was in place. Where people were at risk of choking or had swallowing difficulties guidance was in place for staff describing what triggers they should look out for, which indicated a change in their eating habits. Staff would then inform the office staff who would contact health care professionals. For example, coughing or difficulty chewing. In response to concerns, one person had been referred to an occupational therapist for new equipment and advice about positioning. The manager confirmed staff reported any issues and they co-ordinated with the family and health care professionals if needed.

Good

# Is the service caring?

## Our findings

People had positive relationships with staff who supported them professionally and with kindness and care. People told us, "They are always kind and very helpful", "They are all very good, kind, helpful and understanding" and "They are very caring. Very good staff." Staff were observed warmly greeting people and had a cheerful disposition. Two people told us how much they enjoyed the company of staff, "We have fun" and "I like to have a laugh with them!" All people and relatives, in response to our questionnaires, said they were happy with the care they were receiving and care staff were kind and caring. A third of the people questioned did not meet new staff before they worked with them. Staff confirmed, wherever it was possible, they would be introduced to new people before visiting them.

People described how staff often went "over and above" their expectations of them. On a late evening call, staff had called the GP to attend to one person, who prescribed medicines to be taken as soon as possible. Staff rearranged their schedule so they could pick up the medicines from the hospital, to ensure the person was able to start their treatment. Another person told us, "They often stay longer, especially if I am not well. [Name] goes that extra mile."

People were given information about the service they were to receive. Each person had a formal contract, in addition to their care support plan, describing the care and support they could expect. They said they were involved in the planning of their care and had found if they needed to make changes to their visit times this could be accommodated. A person told us, "I know I can ask for anything. They are flexible." Another person described how they needed to get ready earlier for a hospital appointment and staff rearranged their schedule so they could have their shower. One person had requested an additional visit and this was arranged after agreement with their funding authority. As a way of improving communication there were plans to invite people to a coffee morning at the office to share information with them. A newsletter would be produced for people unable to attend. The manager confirmed if people needed information in accessible formats, such as audio or easy read, this could be provided. They shared an easy read version of the service user guide which was due to be produced using photographs and pictures to illustrate the text.

People gave mixed feedback about the length and timing of their visits. People commented, "The only problem I've got is they can be a bit late in the mornings. The timing can be a bit haywire" and "I have had to ring them up to ask how things are?" However other people were satisfied with the timing of their visits and had been informed when staff were running late. People recognised there had been problems with communication between themselves, staff and the office team. People and staff said this had improved significantly. People confirmed this telling us, "There were improvements a while back", "It is settling down (timings) now", "At one time there were staffing problems. There were constant last minute changes. It seems to be much improved" and "It has changed for the better."

People were supported to maintain their independence. Their care records clearly stated what they were able to do for themselves and what they needed help with. For example, taking their medicines or making drinks. Staff understood people well and their preferences and wishes were clearly highlighted in their care records. People were observed being helped to maintain their individuality being offered perfume or helping

to choose jewellery and clothes to wear. People's cultural and spiritual needs and their preferences for gender of staff providing their personal care were respected.

Good

# Is the service responsive?

## Our findings

At our inspection of July 2015 we found an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user was not being kept. The provider sent us an action plan telling us how they would address these issues.

At this inspection we found action had been taken to make sure people's records reflected their individual needs and any changes to their care and support. A new care plan format had been introduced and this evidenced when reviews of people's care had taken place with them. People's needs had been assessed to make sure a service could be provided. A person confirmed, "They came in to start and asked about what I needed. They explained the procedures." A relative also said, "Very impressed with initial assessment and how it focused on what makes Dad tick." People told us they were involved in reviews of their care and support needs. People said, "They have been in several times to update my plan. It is always talked through", "I have regular reviews" and "I did have a supervisor in four to five months ago and we talked through a few issues."

People's care support plans were individualised reflecting their routines and their preferences for the way in which they would like to be supported. Any changes in their needs were updated to their care records and staff said they were informed of any changes to make sure they provided the correct care and support. For example, a person needed positioning and turning in bed due to reduced movement. Staff were heard guiding the person through the procedures, following the guidance in their care records to inform them throughout of what they were doing. Staff said they benefited from the support of an internal trainer who could be responsive to changes in people's needs. For instance, they were able to arrange moving and positioning training specifically based on people's individual needs and the equipment they had been provided with. Three people told us they were confident any changing needs would be responded to quickly. They said, "I'm sure they would if they have got the staff", "I think they would. They are usually quick to pick up" and "I have asked and they were very flexible."

People were supported to live their life the way they wished. The provider information return stated, "We listen to what is important to the person now and what may be important to them in the future." A relative liked the recognition that for some people the "social interaction was just as important as the calls". Staff were observed engaging sociably with people in a light hearted manner. People responded positively to them saying staff were "marvellous" and "excellent". Staff, no matter how busy they were made, time to engage with people and to provide their care and support in a person centred way.

People had information about how to make a complaint. They said they would contact the office or talk with staff if they had any concerns. One person described how they had made a complaint about a member of staff and they no longer attended to them. Other people told us, "I know how to make a complaint; I have no issues" and "I have rung the office in the past and they dealt with my concerns." Three complaints had been received in 2017 and all had been investigated. When needed a formal apology had been given to people and their relatives. For example, for late visits or a delay in providing an additional visit. There was evidence action had been taken to learn from any mistakes, such as introducing "time critical" visits which

could not be moved in the schedule. For instance, people needing medicines at the same time each day.

Good

# Is the service well-led?

## Our findings

People's views and opinions were sought to make improvements to their experience of their care and support. An analysis of the last survey completed by people resulted in actions being taken to improve the co-ordination of visits and calling people when staff were running late. People told us, "They have sent through a questionnaire or phoned to ask how things are going. I brought up the problem with times. It has improved", "They will ask how things are going. They are pretty good at listening to my views" and "I am well looked after. I would express my opinion if I needed to. The service is very good." Surveys for 2017 were being prepared ready to send out to people, their relatives and health care professionals. People were also asked to comment on their care and support during their reviews, telephone monitoring calls and spot checks of staff providing care. Comments received included, "Very happy with care and services provided" and "We really are delighted with the service and are so grateful."

The registered manager had been absent due to illness. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The operations manager had been working closely with the quality assurance co-ordinator to manage the service. A new manager had recently been appointed and was applying with CQC to become jointly registered to manage the service. They shared with us their visions and values for the service. They said they wished to make sure "people were kept safe" and to establish a "stable staff team". They planned to achieve this through an open door policy, encouraging people and staff to access the office or telephone them whenever they wished. Staff said they found management open, accessible and supportive. The operations manager said a conscious decision had been made not to increase the numbers of people receiving a service until the staff team was stabilised. It was important "to match visits with people's needs" and they would not increase visits "until we have got this right".

People had benefitted from improvements to the office team. The co-ordination of visits to people had significantly improved. Time critical appointments, which cannot be rescheduled, had been introduced. These would be used, for instance, if medicines needed to be taken at a certain time or if people needed to attend regular hospital appointments. Accident and incident reports were in place but no significant trends had developed which required further attention. The manager said they "learnt from their mistakes" in relation to complaints and took action to deal with any issues raised.

There were a range of quality assurance systems in place to monitor and audit the systems and quality of care provided. Audits of medicines errors had resulted in staff being supported to complete further training and assessment. An internal audit by the provider monitored the quality of care records, staff training and individual support as well as staff recruitment. An improvement plan identified actions to be completed and these were followed up to make sure improvements had taken place. For example, schedules for staff individual meetings confirmed these were taking place and training had been arranged when needed. Westminster Homecare recognised the importance for developing and rewarding staff for quality performance and achieving accredited qualifications. They held national awards recognising their health

and safety systems and quality assurance processes.

The provider information return stated their vision was to "make a difference to people's quality of life, making sure we listen to service users about what they want, helping them to stay safe in their own home, treating service users with dignity and understanding people's differences". This was confirmed by people using the service who said, "I'm just grateful for what they do. Yes they do ask if there is anything I need doing or if I'm feeling OK" and "They are very good - outstanding really and very pleasant."