

Westminster Homecare Limited

# Westminster Homecare Limited (Milton Keynes)

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service effective?

**Requires Improvement** ●

Is the service responsive?

**Requires Improvement** ●

# Summary of findings

## Overall summary

This focused follow up inspection was announced and took place on 17 November 2016.

Westminster Homecare Limited (Milton Keynes) is registered to provide 'Personal Care' for people living at home and within independent living accommodation in the Milton Keynes, Buckinghamshire and Central Bedfordshire area. At the time of the inspection the service was providing care for approximately 220 people.

A registered manager was in post. 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.

We were told by the provider that the registered manager's responsibility was to manage the regulated activity 'Personal Care' for people using the service that lived in independent living accommodation. Another manager had been appointed to manage the regulated activity 'Personal Care' for people living within the community and they were in the process of applying to register with CQC.

At the last inspection on the 18 and 21 April, 10 and 12 May and the 1 June 2016 we asked the provider to take action to make improvements.

Requirements were made in relation to Regulations 11, 13 and 16 of the Health and Social Care Act Regulations 2014. This was because the principles of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards had not been followed in practice and the system for receiving, recording, handling and responding to complaints was not effectively operated. We received an action plan from the provider telling us how the relevant legal requirements would be met.

We undertook this inspection to check that they had followed their action plan to meet the legal requirements. This report only covers our findings in relation to the requirements that had been made. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Westminster Homecare Limited – Milton Keynes on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

Systems had been put in place to ensure people's capacity was assessed in accordance with the Mental Capacity Act 2005 and to protect people from the risks of their liberty being unlawfully deprived. Although the assessment process had not yet been fully embedded and was work in progress.

Feld care supervisors had been provided with additional training on the Mental Capacity Act 2005 to equip them with the knowledge, to carrying out capacity assessments for people using the service.

The systems to receiving, record, handle and respond to complaints had been strengthened to make sure complaints were managed appropriately.

While improvements had been made, we have not revised the ratings for the key questions; to improve the ratings to 'Good' would require a longer term track record of consistent good practice. We will review our ratings for 'effective' and 'responsive' at the next comprehensive inspection.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service effective?

Systems had been put in place to ensure people's capacity was assessed in accordance with the Mental Capacity Act 2005 and to protect people from the risks of their liberty being unlawfully deprived.

Field care supervisors had been provided with additional training to equip them with the knowledge carrying out capacity assessments appropriately.

While improvements had been made, we have not revised the ratings for the key questions; to improve the ratings to 'Good' would require a longer term track record of consistent good practice. We will review our rating for 'effective' at the next comprehensive inspection.

**Requires Improvement** ●

### Is the service responsive?

The systems to manage complaints had been strengthened to make sure complaints were responded to and handled appropriately.

While improvements had been made, we have not revised the ratings for the key questions; to improve the ratings to 'Good' would require a longer term track record of consistent good practice. We will review our ratings for 'responsive' at the next comprehensive inspection.

**Requires Improvement** ●

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## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection was done to check that improvements planned by the provider to meet the legal requirements, after our inspection on 18 and 21 April, 10 and 12 May and the 1 June 2016 had been achieved. We inspected the service against two of the five questions we ask about services: is the service effective and responsive? This is because the service was not meeting some legal requirements.

This inspection took place on the 17 November 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in the office.

The inspection was carried out by two inspectors.

Before the inspection we reviewed the providers' action plan from the last inspection. We also reviewed information we held about the service including statutory notifications. A notification is information about important events which the provider is required to tell us about by law. We also reviewed information about the service we had received from commissioners and the local authority safeguarding teams involved in monitoring the care of people using the service.

During the inspection we spoke with the manager, the area manager and a field care supervisor. We looked at the support plans and daily records belonging to eight people using the service and the provider's records of complaints, their investigation and outcomes.

# Is the service effective?

## Our findings

During our inspection on the 18 and 21 April, 10 and 12 May and the 1 June 2016 we identified the principles of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards had not been followed in practice.

This was a breach of Regulation 11(3) (4) (5) and Regulation 13 (7) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. In domiciliary care settings this is under the Court of Protection.

We received an action plan from the provider telling us how the relevant legal requirements would be met. At this inspection the area manager told us that the provider had reviewed their Mental Capacity Act policy and procedure and their deprivation of liberty procedure and all supporting documents had been amended. They confirmed that all relevant staff, such as, field care supervisors had attended update training on the Mental Capacity Act. They had been given guidance on how to use the MCA documentation that had been introduced. They told us they were involving family members and advocates where people had been assessed as lacking capacity. This meant that staff now had a greater knowledge and understanding for assessing people's capacity to ensure people or their representatives were supported to make decisions about their care.

The area manager confirmed that all field care supervisors had been provided with updated training on the principles of the Mental Capacity Act to equip them with the knowledge to enable them to carrying out preliminary assessments. The provider had devised forms for recording the assessments and best interests' decisions. The area manager confirmed that where people's capacity was in doubt the local authority would be involved or someone appointed with the legal powers to represent the person. For example, a relevant representative, such as a family member, friend or advocate.

Some of the support plans we reviewed evidenced that work had commenced to assess people's capacity. We found that some people had been assessed as having capacity and were therefore able to make their own decisions. In one instance we found that a person had fluctuating capacity, although information had not been recorded on further actions needed, such as having best interests' decisions in place.

We found the assessment process had begun, but needed to be fully embedded to make sure that people's capacity was consistently assessed in accordance with the Mental Capacity Act 2005 and to protect people from the risks of their liberty being unlawfully deprived.

## Is the service responsive?

### Our findings

During our inspection on the 18 and 21 April, 10 and 12 May and the 1 June 2016 we identified the system for receiving, recording, handling and responding to complaints was not effectively operated at the service.

This was a breach of Regulation 16 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We received an action plan from the provider on how the relevant legal requirements would be met. They told us that all complaints were directed to the head office to be dealt with at corporate level. That a procedure was in place whereby the initial details of complaints were forwarded to the branch to be recorded on their complaints log. They confirmed that all complaints brought directly to the branch were also logged on the head office complaints log, so they had a clear timeline from receiving complaints.

They told us the improvements they had made were to be sustained by having good communication with people when complaints were received from head office. By having clear reporting lines on who was responsible for acknowledging complaints. They also confirmed that weekly key performance indicators would highlight complaints received by the service for discussion at the monthly executive meetings.

At this inspection we found that four complaints had been brought to the attention of the provider since the last inspection. We saw a log of the complaints had been maintained. Two complaints had evidence of letters to the complainants' acknowledging their complaints and had detailed records of the complaint investigations and outcomes. Although two complaints did not have records available to demonstrate the complainants had been informed on the outcomes of the investigations into their complaints. The area manager told us the outcome letters were held electronically and we agreed a short timescale for the documents to be produced to us. We received copies of the outcome letters within the timeframe that had been agreed. This provided the evidence to demonstrate that all of the complaints had been investigated thoroughly, following the provider complaints procedure.