Westminster Homecare Limited

Westminster Homecare Limited (Barking & Dagenham, Havering, Redbridge and Newham)

Inspection report

6th Floor Fortis House
160 London Road
Barking
Essex
IG11 8BB

Tel: 02085038100
Website: www.whc.uk.com

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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

We inspected Westminster Homecare on 12 and 13 December 2016. This was an announced inspection. We informed the provider 48 hours in advance of our visit that we would be inspecting. This was to ensure there was somebody at the location to facilitate our inspection. Westminster Homecare provides care and support to people in their own homes. At the time of our inspection, the service was caring for 189 people.

There was a registered manager at the service at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service was safe and had practices in place to protect people from harm. Staff were knowledgeable about safeguarding and what to do if they had any concerns and how to report them.

Risk assessments were thorough and staff knew what to do in an emergency situation.

Staffing levels were meeting the needs of the people who used the service and staff demonstrated that they had the relevant knowledge to support the person with their care. People who used the service and their relatives told us their care workers had enough time to carry out all tasks and care workers told us they had sufficient time in between calls.

Recruitment practices were safe and records confirmed this.

Medicines were managed and administered safely and audited on a regular basis.

Newly recruited care staff received an induction and shadowed senior members of staff. Training for care staff was provided on a regular basis and updated when relevant. Care staff were able to request additional training when needed and the training manager arranged this.

Care staff demonstrated an understanding of the Mental Capacity Act (2005) and how they obtained consent on a daily basis. Consent was recorded in people's care plans.

People were supported with maintaining a balanced diet and the people who used the service chose their meals and expressed their preferences accordingly.

People were supported to have access to healthcare services and receive on-going support. People told us that care staff accompanied them to healthcare appointments when necessary.

Positive relationships were formed between care staff and the people who used the service and care staff

demonstrated how well they knew the people they cared for.

The service supported people to express their views and be actively involved in making decisions about their care.

The service promoted the independence of the people who used the service.

Care plans were detailed and contained relevant information about people who used the service and their needs. Care plans were reviewed and documented accordingly.

Concerns and complaints were encouraged and listened to and records confirmed this.

The registered manager for the service had a good relationship with staff and the people using the service and their relatives. There was open communications between all parties.

The service had quality assurance methods in place consisting of spot checks and surveys.

The service had a policy in place about handling money on behalf of people however the policy did not say that these had to be checked by anyone working for the provider. We have made a recommendation in this area.

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. People were protected from harm and care staff knew how to raise alerts.

Risk assessments were in place to support people.

Accidents and incidents were reported and documented.

Staff had sufficient time in between calls.

Medicines were managed safely.

The service had a policy on handling people's finances however it did not cover who was responsible for quality checking

Is the service effective?

Good

The service was effective. Staff received regular training and an induction when they commenced employment.

Staff received regular supervision.

Consent to treatment was recorded.

People were supported to have sufficient to eat and drink and offered choice.

People were supported to have access to healthcare.

Is the service caring?

Good

The service was caring.

Positive and caring relationships were formed with care workers and people who used the service.

The service supported people to express their views and be involved in making decisions.

People's privacy and dignity was respected and promoted.

Is the service responsive?

Good

The service was responsive.

Care plans were personalised and contained detail about people's preferences.

Care plans were reviewed.

Complaints were encouraged and listened to.

Is the service well-led?

Good

The service was well led.

People spoke positively about the registered manager.

Team meetings were taking place regularly.

There were quality assurance practices in place.

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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.

Before our inspection, we reviewed the information we held about the service. We contacted the local borough contracts and commissioning team that had placements at the home and local safeguarding teams. 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.

The service was carried out by three inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

During our inspection we spoke with 16 people who used the service, four relatives, seven care workers, the registered manager, the operations manager and the team leader. We looked at 22 care plans, 10 recruitment files including supervision and training records as well as various policies and procedures and quality assurance practices.

Good

Is the service safe?

Our findings

People who used the service told us they felt safe. One person said, "I feel safe because they [care workers] are trusting, I don't worry." Another person who used the service told us, "I feel safe with them [care worker]." A third person told us, "I feel safe because they wash me, dress me. I'm partially sighted so if I drop anything on the floor they pick it up for me." A relative of a person who used the service told us, "[Relative] is safe because they look after her well. They do a hard job." Another relative told us, "I think my [relative] is safe with the carers because they are nice, they talk gently to him."

The service had a safeguarding adult's policy and procedure in place. This made clear that any allegations of abuse had to be referred to the relevant local authority and the Care Quality Commission. Records confirmed that any such allegations had been reported appropriately. Staff told us they had undertaken training about safeguarding adults and they were aware of their responsibility for reporting any safeguarding allegations. One care worker said, "I would report it straight away to the manager." The same care worker told us about whistle blowing, saying whistle blowing was, "Where you shop someone if they are doing something wrong." Another care worker told us, "I had safeguarding training at the beginning of the year. If I'm going to a client almost every day I'll be familiar with them. If I see any difference or change I will take note of that, it could be a safeguarding matter so I'd tell the office. If I suspected management, I'd speak to social services." A third care worker told us, "I would report any suspicions to the office. It may not be appropriate to tell the family, I am confident I'd know what to do and how to report abuse."

Risk assessments were in place for people. These included information about risks people faced and about how to mitigate those risks. For example, people had risk assessments in place about the physical environment. Risk assessments included whether the person's bed was at the correct height, if there was adequate lighting and ventilation at the person's home to provide care in a safe manner. We saw that moving and handling risk assessments included details of what staff and equipment was needed to support people to transfer safely. The registered manager told us, "Assessing risk is about looking for ways to mitigate and we will follow up any identified risk with social services."

People who used the service told us that they felt there were enough care staff to meet their needs and that care staff had sufficient time to carry out tasks. One person said, "I have enough carers," another person told us, "I have care three times a day. It's enough, they have enough time and don't rush me," A third person told us, "They have enough time, one hour and they don't rush." A relative of a person who used the service said, "My [relative] has enough carers, [care worker] does not rush him, I'm very happy." People who used the service also told us about the service informing them if a care worker was going to be late or if any visits were missed. One person told us, "They have not missed a visit," another person said, "They have been late once and they called me to let me know." A third person explained, "The agency calls if they are running late, but it does not happen often." The registered manager told us, "We cluster our staff to put them in the same areas so they have adequate time between calls."

Care plans contained a detailed account of what each visit from a care worker should include, for example one person's care plan stated, "[Person's] house can be accessed by ringing the doorbell. [Person] comes to

open the door." Another person's care plan said, "Use key safe to enter property." This meant that care workers were entering people's properties safely and in accordance to their needs and preferences as highlighted in their care plans.

The service used an electronic system which enabled office based staff to monitor visits carried out to people using the service. Staff logged in and out using a telephone dial system when they arrived and left people's homes. The system alerted office based staff to monitor the visits. This system sent an alert to the office if a care worker failed to log in and out of a person's home. This was known as a missed call. The registered manager told us that if the person who used the service didn't have a land line, they would provide the care worker with a mobile phone.

Care staff told us they had been trained in how to deal with missed calls and situations where they were not able to gain entry to a person's home. One care worker said, "If no response, firstly call the office straight away and the office will call the service user immediately. The instruction from the office is to let them know straight away." Another care worker told us, "For example if someone was not answering the door, I'd check with the next door neighbour and report it to the office. They would then call the family. I wouldn't leave until it was sorted. I wouldn't go to my next call." The service had a no reply policy in place which reflected what care workers told us.

The registered manager told us how they made cover arrangements for unexpected absences and stated, "Our area is quite built up which means I can find cover. We will tell the service user that their carer will be different and we have senior carers who will provide the cover." People who used the service told us cover arrangements were made for any absences.

The service had an out of hours call system which operated 24 hours a day, seven days a week. One care worker told us, "There is someone on call. I have had to use the out of hours number and each time I've needed to my call has been answered."

Accident and incident policies were in place. Accidents and incidents were documented and recorded and we saw instances of this. We also looked at policies such as mental health, dementia, supporting older people, food and nutrition, washing and dressing, continence, health and safety, medicines and recruitment.

Care staff told us how they dealt with emergency situations. One care worker told us, "I'd call 999. I've had first aid training. We would then write down what happened in the book."

The service had a robust staff recruitment system. All staff had references and criminal record checks were carried out. This process assured the provider that employees were of good character and had the qualifications, skills and experience to support people using the service.

The service had systems in place for the safe administration of medicines. Staff completed medicine administration record (MAR) charts where they supported people to take medicines. These included the name, strength, dose and time of the medicine to be given. Completed MAR charts were audited by senior staff. Records of these audits showed that where there was a discrepancy on the MR chat this was addressed with the relevant staff member. We saw that the issue of correctly completing MAR charts was discussed during staff team meetings.

Staff said they found the system in place for administering medicines helped to make it safe. One staff member said, "It is very difficult to make a mistake because it is written clearly what they take [on the MAR

chart]." Another staff member said, "We have medication sheets, the names [of medicines] are all on it. Our signatures are put on when we administer. They have assessors who come out regularly and they check the medicines." The same staff member added, "How the blister packs are done now they do make it easy" referring to the way the medicines were stored.

The service had a 'Homecare Workers handbook' which staff confirmed they received a copy of. This included information about good practice and made clear that staff were not permitted to be the beneficiary in people's wills or to accept monies from people. This reduced the risk of financial abuse. One care worker told us, "The staff handbook is a bit of a constitution for me. I refer to it regularly."

The service had a policy in place about handling money on behalf of people. This policy said that if staff spent money on behalf of people records and receipts had to be maintained of the transactions. However, the policy did not say that these had to be checked by anyone working for the provider. The registered manager told us that these were checked during the twice yearly home visits by senior staff. Records of these visits made no reference to checking financial records. This increased the risk of financial abuse occurring.

We recommend the provider seeks information and guidance in relation to monitoring financial transactions to minimise the risk of financial abuse.

Good

Is the service effective?

Our findings

The Induction training for newly recruited staff took place every two weeks for five days. The training manager stated that all candidates needed to attend the full five days training in order to receive their certificate and new staff would not be given work without the certificate. During our inspection we observed an induction session that was taking place which was being led by the training manager. Areas covered in the induction included safeguarding and the 'no answer' procedure. The training manager told us that during the weeks that induction training was not taking place, she offered refresher training to existing employees. A care worker told us about their induction, stating, "The induction was for one week. We were taught about safety aspects and I did two days of shadowing. I shadowed a more experienced staff member. I felt confident after the training and induction to do the job." Another care worker told us, "I went through training and shadowing. It prepared me for the job. After shadowing I had a six week review to see how well I was doing at the job."

Staff told us they received training. One care worker said, "We have training regularly. I was off from work for four months and when I came back I had to do my training again." Another care worker told us, "I've had plenty of training; manual handling, medications, health and safety, food and hygiene. It's good, you can ask questions if you don't understand anything."

Care staff also told us about refresher training they received. One care worker told us, "[Refresher training] is very very good. There is a training room here and if I tell the office I need more training they will do it. The training manager will arrange it."

Staff told us they had regular one to one supervision meetings with a senior member of staff. One care worker said, "All the time they give us supervision. They don't put you on edge." Another care worker said, "We have supervision every four weeks. We talk about the clients and work." A third care worker said, "Supervision sessions are good. It keeps us up to date and we talk about policies, taking care of service users." The registered manager told us, "I receive supervision in the same way as everyone else."

The service carried out annual appraisals for care staff and records confirmed this. The registered manager told us there were some outstanding appraisals to take place and that these were scheduled for January 2017.

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.

We found people were able to consent to the support they received. Each person had a 'service user agreement' in place. This document was signed by people to show they had read their care plan and had it

explained to them. People had also signed to allow the service to share confidential information about them with relevant persons.

Staff were aware of the importance of people consenting to their care. One staff member said, "You ask them for a start. If I'm there to wash and dress them and they say no I can't force them. I keep the family informed." One person who used the service told us, "They do ask permission before supporting me because I am not stable on my feet." Another person told us, "[Care worker] always asks my permission first."

Where people required support with meal preparation care plans stated people should be given a choice. For example, the care plan for one person stated, "Offer drinks and snacks of choice." Another care plan stated, "The carers are to leave drinks and snacks on the bedside table at night." A care plan for a third person stated, "Prepare and service a hot meal with vegetables of [person's] choice." People who used the service told us they were given support with food when needed. One person told us, "I have ready meals that they warm up for me." Another person told us, "[Care worker] offers to do my meals but I have my food delivered and I can put them in the microwave." A third person said, "[Care worker] cooks for me…it was lovely food." A relative of a person who used the service told us, "The carers do make [relative] breakfast and lunch. He does get a choice." This meant that people were supported to have enough to eat and drink and were offered choice.

Care plans included contact details of people's GP. They also included information about people's medical history and of any allergies people had. This meant GP's could be contacted with relevant information if the need arose. One person who used the service told us, "Yes I see my doctor, the carer books it for me and an ambulance if I need to go to the hospital." Another person said, "[Care worker] comes with me to the doctor, I have got a medical on Friday and she is coming with me. I will not go out on my own so she will be there with me." This meant that people were supported to have access to healthcare services and receive on-going healthcare support with the help of care workers when necessary.

Good

Is the service caring?

Our findings

People who used the service told us about the positive and caring relationships they had formed with care workers. One person told us, "The care they provide is good, no problems with them." Another person said, "They are lovely people." A third person told us, "[Care worker] is always on time and she calls through the door so I know it's her. She does everything for me. I don't know what I would do without her." A fourth person explained, "[Care worker] does care for me because she is so concerned, if I'm under the weather she will stay until I'm better. She is really good." A relative of a person who used the service told us, "[Care worker] is very caring, he makes my [relative] laugh and talks to him and keeps him company."

People told us they felt listened to and respected by care workers. One person said, "She does listen to me, we talk to each other." Another person told us, "When they are giving me a wash, they listen to me and we have a chat." A third person said, "[Care worker] is lovely. She always listens to me."

Care plans included information about supporting people to be independent. For example, the care plan for one person stated, "[Person who used the service] says he can manage to do most things but needs some supervision." The care plan for another person stated, "Assist [person] with a shower. He is able to wash most parts of himself, wash his back, legs and feet. He is able to dress himself except for his socks." A care plan for a third person stated, "Assist [person] with full body wash and dress into clothes of choice." A person who used the service told us, "They know I like to be independent as much as possible but they know what I need." A care worker told us, "The people that are still able to do a bit for themselves, we let them take the lead." This meant that people's independence was encouraged. Another care worker told us, "You try and promote their independence. For example one client will ask me for help. You have to make them feel they can still do their own things."

Staff told us how they promoted people's dignity and privacy when providing support with personal care. One staff member said, "I talk to them all the way through working with them. I put a towel round them to cover them up." Another care worker told us, "As a carer, we do the best for the people we care for. We will shower them and give them a wash with dignity." A third care worker explained, "Some people live so close to the street so we will keep the curtains drawn [during personal care] and keep the door closed so that they feel confident." They also told us, "When I have washed the service user I'll open up their wardrobe and give them options for what they want to wear. They'll tell you what they want. It's like with the food, you put a few options on the tray and let the person decide."

People who used the service told us they felt that they were treated in a dignified way. One person said, "Yes, they close the curtains when they are giving me wash." Another person told us, "They always treat me with dignity." A third person said, "[Care worker] treats me very well. She makes sure I am covered up [during personal care]." A relative of a person who used the service told us, "The carer is very good, he treats my [relative] well, with respect and dignity. He is very nice to my [relative]."

People's religious and cultural needs were adhered to by care staff. One care worker told us, "One of my client's is religious and I can't go in their house with shoes on. So we take shoe covers." The registered

manager told us they had recently matched a carer to a person who had specific language requirements to avoid any language or communication barrier. In addition they also explained how they adjusted visit times during a period of religious celebration to meet the needs of a person who used the service.

The 'Homecare Workers handbook' included information about confidentiality. It made clear that staff had to respect people's right to privacy and that staff were not permitted to share information about people without proper authorisation to do so. Confidential records were stored securely at the service's office and only authorised staff had access to them. This helped to promote people's privacy.

Good

Is the service responsive?

Our findings

People who used the service told us they had care plans in place and that they contributed to their assessment and planning of care. One person said, "Yes I do have a care plan and I know what it says." Another person told us, "I do have a care plan, it's quite simple." A relative of a person who used the service told us, "My [relative] does have a care plan and it says what support he needs."

The registered manager told us a senior member of staff carried out an assessment of a person's needs after they received an initial referral. This was to determine
what the person needed and wanted support with. The registered manager said, "We do an hour assessment, asking them their needs, their history, identifying risk."

Care plans included information about what people preferred to be called. They also made clear that people were able to make a choice about the gender of the staff that supported them. Care plans included some information about people's life histories. For example, where they grew up, their families and previous employment. This enabled staff to have some understanding of the person and to help them form good relationships with them.

People who used the service told us how care staff got to know them and their preferences. One person told us, "She knows me and knows what I need. She talks to me and asks what I want." Another person told us, "She gets to know me by talking with me, she knows my needs." A third person explained, "They know what I need, my daughters have been through it with them." A relative of a person who used the service told us, "They have been coming a long time so they know [relative] and they are friendly." A care worker told us about the usefulness of care plans. "Care plans help a hell of a lot. For example the first time meeting a client, it helps you knowing what needs to be done." Another care worker told us, "It's about person centred care and about meeting the needs of the client, washing, feeding and general wellbeing of the client. I know them well."

The registered manager explained the review process for care plans. They said, "We do a home visit within the first three months [of the person receiving care] to see if anything has changed. Then six months after we have a review." They added that thereafter an annual review of the persons care plan was carried out. This meant care plans were able to reflect people's needs as they changed over time. Care plans included a timetable which set out what support was to be provided to individuals and when. Care plans we saw covered various needs, including personal care, communication, mobility, sight and hearing. We saw that care plans had been signed by people or their family members. This showed people had been involved in their care plans.

Daily records of care were reflective of people's care plans. For example, one person's recent daily record of care stated, "[Person] was fine, said he slept well. Assisted to have a full body wash, dried body, creamed and dressed into clean clothes of his choice." Daily records of care were clear and documented each visit.

People who used the service told us they had regular care workers. One person told us, "Yes, always the

same [care worker] who is very nice," another person said, "I have had the same carers for ages," a third person told us, "I do now, before I didn't and it was not successful. They know me, [the regular care workers], I can relate to them." The care coordinator told us, "I do the roster and I try as much as possible to put people where they live or I cluster their calls in a particular area. Keeping carers consistent is important for continuity and person centred care." This meant that the service was providing regular care workers to ensure consistency.
Relatives of people who used the service told us they were communicated with by the service when necessary. One relative told us, "I live with [relative] but if anything was to happen, they would tell me." Another relative told us, "The carer tells me everything." A third relative said, "They are honest and would tell me if anything happened to my [relative]."

The service had a complaints policy that identified time frames for a response and contact numbers for external organisations. The service had their complaints procedure printed in people's care plans. People who used the service told us they knew how to make a complaint. One person said, "I would call the office." Another person said, "There is a number in the book [care plan] I would call." A third person said, "I would tell my carer if I was not happy." A relative of a person who used the service told us, "I know how to make a complaint but I have not needed to, we are very happy with the care." Another relative said, "My [relative] knows how [to make a complaint], she has made one in the past, it was handled well." We saw records of complaints that had been made and records confirmed that they were dealt with within the timeframes in the policy.

Good

Is the service well-led?

Our findings

Staff spoke positively of the senior staff and the working environment at the service. One care worker told us, "The manager's philosophy is we will be a team. They [senior staff] are very respectful towards me." Another care worker told us, "I do have support from the registered manager. She's a very good manager. If you need to report something she takes action immediately." A third care worker told us, "The registered manager is really good. Sometimes our job can be draining but she is supportive. I am very proud and love my job." A fourth care worker told us, "The registered manager is very diligent and wants us to put our best into the job."
The registered manager told us they were supported by the operations manager.

People who used the service and their relatives told us about their relationship with the registered manager. One relative told us, "[Management] do listen they are very nice, we get along." Another person said, "I have met the manager. They have been here to have a meeting about my dad's care." A third relative said, "The manager is lovely she has been to my house."

Staff told us there was a 24-hour on-call telephone number they could call. This meant support was always available to staff even outside usual office working hours. One member of staff said, "They have an on-call number. All the time they have answered me."

Staff told us and records confirmed that the service held regular staff team meetings. The service held several team meetings on the same day covering the same topics. This was to maximise the number of staff who were able to attend. One care worker said, "Yes we do have team meetings. We all sit in a room, they do it in shifts." Another care worker told us, "We talk mainly about taking care of service users. Team meetings are good." Minutes of care staff team meetings showed they included discussions about teamwork, safeguarding, medicines and what to do if a person did not answer the door when staff went to a person's home. The service also held branch meetings for the office staff. The most recent was in November 2016 and included discussions about the office structure and the importance of making sure people's reviews were up to date.

In addition to team meetings the registered manager also used memos which were sent to all care staff to communicate important issues. For example, we saw memos about staff cancelling appointments and about what staff needed to do if they could not gain access to a person's home. One member of staff told us, "If they have not answered the door I will phone the office straight away and then 999" and another staff member said, "If the client was not at home you phone the office." This same staff member said they had undertaken training about what to do in such circumstances.

The service carried out quarterly home visits to people as part of the quality assurance practices. Records confirmed that these home visits were taking place and people who used the service and their relatives were given the opportunity to express their views about the service. The monitoring form captured information such as whether care workers arrived on time, whether they arrived to every visit, whether the person was informed if the care worker was running late and if there was anything the provider could do to make the

service better. The service also carried out telephone monitoring on a quarterly basis and we saw records of these. A person who used the service was recently recorded as saying, "Care workers provide an excellent service." Another person recently stated, "Carers are very good."

One person who used the service told us, "Once a year someone comes and talks about my care. I have filled in a survey. I am totally satisfied with the care. They should have loads of praise." A relative of a person who used the service said, "Yes, I have filled in a survey." The registered manager told us the purpose of home visit and telephone monitoring was to maintain a consistent service. They also said, "Depending on what is highlighted in the quality monitoring we will speak to staff. In addition, quality key performance indicators are submitted to the operations manager once a month and we look at trends and make actions plans. We try to be pro-active and foresee issues, for example lateness. Lateness is our biggest trend and we are working on making improvements."

The service also carried out spot checks on care staff whilst on a call. The registered manager told us this was with the consent of the person who used the service. Areas covered in these spot checks included the appearance of the care worker, the way they entered and left the property, if risk assessments were adhered to as well as health and safety.

The registered manager told us about their plans for all staff to become a 'dementia friend' which is a scheme run by the Alzheimer's society. They also told us, "We are striving for excellence, team work is our motto. Care workers are now called 'care practitioners' which we feel recognises and acknowledges them." The team leader at the service told us, "We have a carer of the month and I've just nominated someone who has gone above and beyond. We'll ask coordinators at the service who has done an exemplary job this month and it's a little incentive."