

Westminster Homecare Limited

# Westminster Homecare Limited (Enfield/Waltham Forest)

## Inspection report

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Date of inspection visit: 4 February 2015  
Date of publication: 20/04/2015

### Ratings

#### Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Good 

### Overall summary

We undertook an announced inspection of Westminster Homecare Limited (Enfield/Waltham Forest) on 4 February 2015. We told the provider two days before our visit that we would be visiting. We gave the provider

notice of our inspection as we needed to make sure that someone was at the office in order for us to carry out the inspection. The inspection was carried out by two inspectors.

# Summary of findings

Westminster Homecare Limited (Enfield/Waltham Forest) is a domiciliary care agency providing a service to people living in the London boroughs of Enfield and Waltham Forest.

The service did not have a registered manager. The current manager had applied for registration and was awaiting the outcome of her application. 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 of the Health and Social Care Act and associated Regulations about how the service is run.

People informed us that most of the time they were satisfied with the care provided. People stated that the agency's care staff were mostly competent and capable except on occasions when they had new staff. One person said, "They are very kind. They do everything they can." Another person told us, "I am happy with my carers. They do a good job." One relative stated, "I am happy with the carers provided for my relative. They are respectful. However, I had to call the manager today as the carer did not do the work properly this morning. The manager asked the carer to come back this afternoon."

People had been comprehensively assessed and their choices and preferences had been recorded. Potential risks had been assessed and guidance was given to staff on how those risks could be minimised. Care plans were prepared with the involvement of people or their representatives. The care provided had been regularly monitored. There were reviews of people's care arrangements with people and their representatives to ensure that the care provided met people's needs.

There were arrangements in place to ensure that people were administered their medication as prescribed

and errors were spotted. We however, noted that there was no medication risk assessment for a person who was prescribed an anticoagulant medicine. This is needed to ensure the safety of people.

Staff had been carefully recruited and provided with induction and training they needed to enable them to care effectively for people. Staff had a good understanding of the needs of people. However some carers stated that occasionally they had not been fully briefed when visiting new people who used the service. Most people we spoke with informed us that their regular care staff understood their needs and they were satisfied with the care provided. A small number of people stated that new staff and staff at weekends were not always familiar with their care needs.

The service had a safeguarding policy together with the London guidance document "Protecting Adults at Risk: London Multi-Agency Policy and Procedure to Safeguard Adults from Abuse". Staff had received training and knew how to recognise and report any concerns or allegation of abuse. Safeguarding concerns including complaints regarding medication errors had been reported to the safeguarding team and to the CQC. The service had responded promptly, co-operated with the safeguarding team and taken appropriate action to deal with them.

The manager and the staff team worked with other professionals to ensure people were well cared for. The feedback from professionals indicated that although the service had experienced problems with the quality of care provided in the previous year, the service had now improved and there were few complaints. A small number of people were dissatisfied with certain aspects of their care and stated that their complaints had not been adequately responded to. The manager informed us soon after the inspection that these had been dealt with.

# Summary of findings

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

We always ask the following five questions of services.

### Is the service safe?

One aspect of the service was not safe. People who used the service and relatives informed us that they were well treated and they felt safe with staff.

Staff were aware of safeguarding procedures and knew how to report any concerns or allegation of abuse. Risk assessments had been prepared. These contained action for minimising potential risks to people.

There were arrangements in place to ensure that people were administered their medicine as prescribed. We noted that there had been a few errors in the administration of medicines. However, these were spotted and appropriate action taken in response. We noted that there was no medication risk assessment for a person who was prescribed an anticoagulant medicine. This is needed to ensure the safety of people.

Safe recruitment processes were in place, and the required checks were undertaken prior to staff starting work.

Requires Improvement



### Is the service effective?

The service was effective. People who used the service said they were mostly well cared for and supported by capable and friendly staff.

Staff had received appropriate training to ensure they had the skills and knowledge to care for people. Care plans were prepared following consultation with people or their representatives. Staff were aware of the implications of the Mental Capacity Act 2005 (MCA).

People with high needs and who needed to be closely monitored because of serious healthcare or mental health needs were placed on a special list and staff checked to ensure that carer staff turned up as agreed. This ensured that these people received the required care.

Good



### Is the service caring?

The service was caring. People said they had been treated with respect and dignity and care staff were pleasant and caring.

The service had a policy on ensuring equality and respecting the rights of people. This ensured that all people were treated with respect and dignity

The special choices and preferences of people had been noted and arrangements made to ensure that they were responded to.

A small number of people stated that new carers and carers at weekends sometimes were not fully familiar with their preferences and needs and this

Good



# Summary of findings

meant that care may not be provided in the way people wanted. The registered manager informed us that action had been taken to improve communication with carers so that people are cared for in the way they wanted.

## Is the service responsive?

Some aspects of the service were not responsive. People informed us that when they contacted office staff regarding problems with the care arrangements, staff were helpful and responsive.

The service had a complaints procedure and people were aware of who to talk to if they had concerns. Complaints we examined in the complaints record had been promptly responded to.

A small number of people were dissatisfied with certain aspects of their care and stated that their complaints had not been adequately responded to. The manager informed us soon after the inspection that these had been dealt with.

**Requires Improvement**



## Is the service well-led?

The service was well led. People informed us that they were mostly satisfied with the management of the service. Professionals expressed confidence in the management of the service. Staff stated that they worked as a team and felt supported.

The quality of the service was carefully monitored. Regular audits and visits had been carried out by the operations manager and the company's quality assurance officer.

Visits had been done by senior staff to people's homes to check that they were well cared for. Spot checks had been carried out by senior staff to ensure that staff were competent. These ensured that people could provide feedback on the services provided. A record of compliments had been kept.

**Good**



# Westminster Homecare Limited (Enfield/Waltham Forest)

## 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.

The inspection took place on 8th January 2015 and it was announced. We spoke with eleven people who used the service, two relatives, six care staff, two field care supervisors, a senior care co-ordinator, the quality

assurance officer, the medication auditor, the recruitment officer, the training manager, the manager and the operations manager. We reviewed a range of records. These included the care documentation of seven people, seven recruitment records of staff, staff training and induction records. We checked eleven people's medication records and the quality assurance checks and audits that were completed.

Before our inspection, we reviewed information we held about the service. This included notifications submitted and safeguarding information received by us. We contacted six health and social care professionals to obtain their views about the care provided.

# Is the service safe?

## Our findings

The service had suitable arrangements in place to ensure that people were safe and protected from abuse. People informed us that they were well treated by staff and felt safe with them. One person said, “Yes, I feel safe with my carers. They are caring.” Another person said, “I am happy with my carers. I have no complaints.” A relative stated, “We feel safe with the carers except when there are new carers whom we do not know.” A social care professional stated that they had no concerns with the provider. This professional also stated that their checks on medication records of people who used the service were satisfactory.

The service had a copy of the London guidance document “Protecting Adults at Risk: London Multi-Agency Policy and Procedure to Safeguard Adults from Abuse”. In addition it had its own safeguarding policy and procedure. The policy mentioned the need to report all allegations of abuse to the local safeguarding team and the Care Quality Commission.

Staff had received training in safeguarding people. This was confirmed by the training records and by staff we spoke with. Staff were able to describe the different types of abuse. We asked staff what action they would take if they were aware that people who used the service were being abused. They informed us that they would report it to their manager. They were also aware of the whistleblowing policy and knew that they could report it to the local authority safeguarding department and the Care Quality Commission. Several safeguarding concerns had been reported by the agency to the local safeguarding team and to us since the last inspection in July 2014. They related to operational issues and the behaviour of staff. We noted that the service had co-operated with the local safeguarding team and action had been taken in response to suggestions made for improving the service. Staff we spoke with were aware of the provider’s whistleblowing policy and they said they would report any concerns they may have.

People’s care needs had been assessed. Risk assessments had been prepared. These contained action for minimising potential risks such as those associated with certain healthcare and mental health conditions.

There were arrangements for ensuring the safe administration and recording of medicines administered by care staff. The service had a system for auditing medicines. This was carried out by the medication auditor. We noted that there were gaps in four MAR charts we examined. This was discussed with the registered manager and medication auditor who provided us with documented evidence that they had followed up on these gaps with the staff members concerned. We noted that action taken had included supervision sessions and disciplinary action against staff concerned.

We noted that a person who was prescribed an anticoagulant medicine (Warfarin) did not have a risk assessment informing staff of the side effects of this medication which included prolonged bleeding. This is necessary to ensure the safety of people.

Training records seen by us indicated that staff had received training on the administration of medicines. People said that they received their medicines from staff.

The service had an infection control policy and staff had been provided with infection control training. Aprons and gloves were available for staff when needed. People we spoke with said that their care staff observed hygienic practices.

We examined the record of accidents. This contained details of the accident and was signed by the staff member involved. We noted that following one accident involving the use of a hoist, there was no documented guidance in the accident record for preventing a re-occurrence. The manager stated that such guidance would be provided in the future in accident records and that the accident record forms had been amended to ensure that such guidance was documented where an accident was preventable. We were also provided with evidence that the care plan had been updated.

**We recommend that the provider review and implement national guidance, such as the National Patient Safety Agency anticoagulant guidance and NICE guidance, with regards to the use and risk assessments for people prescribed anticoagulant medicines such as warfarin.**

# Is the service effective?

## Our findings

People who used the service received effective care and support from staff who were well supported and had received appropriate training. People we spoke with informed us that they were well cared for and most staff were competent and capable. One person said, "I am satisfied with the care provided. The carers are reliable although the ones who have been here longer are better." Another person stated, "I am happy with my carers. They do a good job." One relative told us, "I am happy with the carer provided for my relative. They are respectful. However, I had to call the manager today as the carer did not do the work properly this morning. They have asked the carer to come back this afternoon."

Professionals who were contacted by us stated that the care provided for their clients had improved from the previous year and was good and most people were happy. We noted that the results of the latest customer satisfaction survey indicated that 85.71% of people rated the service as having improved the quality of their life.

The service had a service user guide with information about the services provided and the complaints procedure. This ensured that people were provided with information about the service.

Staff said they worked well as a team and they felt supported by their managers. The service had regular staff supervision and staff meetings. This was evidenced in the staff records and minutes of meetings we looked at. Annual appraisals had been carried out. We further noted that where necessary, some staff had been subject to additional supervision and closer monitoring to ensure that they were competent. Care staff received regular spot checks to ensure that they were carrying out their duties as agreed.

The service had a comprehensive induction programme and on-going training to ensure that staff had the skills and knowledge to effectively meet people's needs. The training manager provided us with details of updates and refresher training sessions which included moving and handling and the administration of medicines.

People had been carefully assessed prior to services being provided. Details of their choices and the care arrangements were documented. Care plans had been prepared and there was evidence that people or their representatives had been consulted and signed the plans. Reviews had been carried out with people and their representatives. People we spoke with could confirm that these reviews took place. These reviews were documented and the manager kept a record of pending reviews.

Professionals who provided us with feedback stated that the service provided care which people needed and they had no concerns.

People informed us that care staff were able to attend to their needs and staff mostly arrived more or less around the time expected of them. In one instance a person said that two months ago, a care staff did not turn up. In another instance a person stated that their carer was sometimes very late. The manager stated that these instances would be investigated.

The manager stated that the agency had a large number of care staff and most of the staff were reliable. However, she told us that staff who were persistently late or did not attend to their duties had been dealt with. We saw documented evidence that disciplinary action had been taken against these staff.

The service had guidance on the Mental Capacity Act 2005 (MCA). Staff were aware of the implications of the Mental Capacity Act 2005 (MCA).

# Is the service caring?

## Our findings

People informed us that staff were caring and treated them with respect and dignity. One person said, “They are very good and treat me with respect. There is nothing I am unhappy about.” A relative said, “The carers understand our culture and they show respect for us.”

We noted that the results of the latest customer satisfaction survey indicated that an average of 93.16% of people responding felt comfortable and safe with their care worker, felt their privacy and dignity were respected, and that the care worker was professional when interacting with family, friends and other visitors.

The service had a policy on ensuring equality and valuing diversity. It included ensuring that the personal care needs and preferences of all people were respected regardless of their background. Assessments carried out included information regarding the social, cultural and religious background of people. The manager stated that where possible the agency would provide carers who spoke the same language as people who used the service.

Care staff we spoke with were aware that they should protect the privacy of people when providing personal care. They stated that they would pull the curtains and ensure that doors were closed to ensure privacy.

The care plans were comprehensive and addressed the individual needs of people. With one exception, people told us that they received appropriate care and support. They stated that staff had consulted with them regarding their care plans and their preferences. People or their representatives had signed their care plans to indicate that they had been consulted.

The care plans set out people’s routines, preferences and tasks which needed to be carried out. Reviews of care had been carried out with staff and social and healthcare professionals involved. We noted that these indicated that people were satisfied with the services provided. This was also confirmed by professionals who provided us with feedback.

When we discussed the cultural needs and preferences of people, one relative complained that care staff walked into their house with their shoes on and they found this disrespectful although they were aware it may be necessary for health and safety reasons. This relative was happy for us to disclose their name and concerns with the manager. The manager stated that she would discuss the matter with this relative and that a home visit had been arranged as a result.

# Is the service responsive?

## Our findings

People informed us that when they contacted office staff regarding problems with the care arrangements, staff were helpful and responsive. The manager stated that senior staff visited people to discuss their care and any suggestions they may have. This was confirmed by people we spoke with.

Staff we spoke with informed us that they ensured that the choices people made regarding their daily routine and care were respected and attended to. The care records of people contained details of their care needs and daily routine.

Assessments of people's care needs had been carried out with their help. These assessments contained details of people's background, care preferences and tasks to be carried out by care staff. People who used the service had a care plan that was personal to them. The care plans contained information for carers on what needed to be done.

The service had a complaints procedure. People we spoke with said they knew who to complain to if they were dissatisfied with any aspect of their care. They said that if they wanted to, they would contact the office or the manager.

Three people we spoke with said that although they were mostly satisfied with the services provided there were

certain aspects of the care they were not satisfied with. These included some late calls, a refund of fees not received and carers wearing shoes in their house. They said they did not wish to be anonymous and they were happy for these concerns to be brought to the attention of the manager. They stated that they had complained to the service but there had been little improvement. These were brought to the attention of the manager who stated that they would be responded to. A staff member made a complaint regarding poor record keeping practice. This was brought to the attention of the manager who said she would investigate the matter. We were informed soon after the inspection of action taken and this included a refund of fees for the person concerned.

We examined the complaints received this year and noted that they had been responded to in accordance with the procedures of the service. The operations manager informed us that she audited complaints received to ensure that they were responded to in accordance with their procedures.

The service also had a record of compliments received. A social care professional stated, "Staff went the extra mile to obtain food for a service user and stock service user's cupboard." Another professional said, "The person was happy for the care he was given." The quality assurance officer wrote, "The person expressed delight at how good the care was."

# Is the service well-led?

## Our findings

People who used the service and social care professionals who provided us with feedback stated that they were mostly happy with the quality of care provided. We noted that there had been a reduction in the number of complaints and concerns notified to us and the local safeguarding team. This was confirmed by social care professionals who provided us with feedback.

During the inspection we found the operations manager, the manager and staff were welcoming towards us. Information requested was readily available. The service had essential policies and procedures to ensure it was well managed.

The manager informed us that there was a good staff team and they worked well together. This was confirmed by staff we spoke with. They informed us that their managers were approachable and they felt supported in their roles. There was a clear management structure in the organisation and staff were aware of their roles and responsibilities.

Audits and checks of the service had been carried out. These included checks on areas such as medicines, care documentation, training and log sheets. The operations manager stated that she visited the service several times a week to support staff and ensure people were well cared for.

The manager explained that quality assurance surveys were done annually. We were provided with the results of the last survey. The report indicated that a high percentage of people who responded were satisfied with the services provided. Action plans had also been prepared following the survey.

We were informed by the manager that staff from the agency had taken part in a fund raising event for a national charity helping people with a particular healthcare condition. Documented evidence was provided.