

Thames Senior Home Care Ltd

# Home Instead Westminster

## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

Home Instead Westminster is registered to provide and personal care to people in their own home. At the time of our inspection 20 people were receiving support, six of whom had personal care needs.

The service was opened in March 2014. The service was registered in March 2014 and had not previously been inspected. We carried out an announced inspection of this service.

The registered manager had left the service couple of weeks before the inspection. At the time of the inspection the service was managed by a care manager and a director who had applied for the managers registration with the Care Quality Commission (CQC). A registered manager is a person who has registered with the 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.

Staff were not provided with a Mental Capacity Act 2005 training and therefore we could not be assured that the Mental Capacity Act 2005 principals were followed when staff assessed people's capacity to make decisions for themselves.

We have made a recommendation to seek advice and guidance from a reputable source, in relation to the requirements of the MCA training for social care staff.

People felt well supported by the service and that they had their needs met safely. Staff were aware about potential signs of abuse and supported people to manage the risks as required. There were enough staff to meet people's needs. Safe staff recruitment processes were followed to ensure that staff had required knowledge and skills to support people. People received support to have their medicines safely and as prescribed. Regular health and safety checks were carried out to ensure people remained safe in their own homes and action was taken to rectify any maintenance issues identified.

Staff were supported to develop within their role that enabled them to provide effective care for people. Regular supervisions and appraisals were carried out to ensure that staff had sufficient knowledge to support people with their needs. Staff were required to attend induction and programme before they started working with people, including relevant to their role training courses. People were assisted to eat and drink nutritious food. Staff supported people with their health check-ups when required. 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 Mental Capacity Act 2005. In relation to some people, we have advised the service to contact the local authority and discuss submitting applications for authorisation to the Court of Protection.

People felt their privacy was respected. The service provided choices to people as to who they wanted to be supported by and the times when they wanted to receive this support. Staff followed people's care plans and ensured their interests and hobbies were maintained. People were supported to attend activities in the

community when they wished to.

Regular review meetings were carried out to ensure people were involved in making decisions about their care. Staff encouraged people to do things for themselves that enabled them to maintain their independence for as long as possible. People and their relatives did not have any complaints about the support received. Information was available to people and they knew how to complain if needed.

The management team provided support and advice to staff as appropriate. Staff were supported to take the initiative and work as a team that enabled them to provide good care for people. Internal and external audits took place to ensure the quality of the services provided for people. Individual checks on staff were carried out to identify their developmental needs for improving care delivery.

## 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. Sufficient staffing levels were provided that ensured safe care for people. Staff were aware of the safeguarding procedures and reported any concerns to their manager. Risk assessments were updated regularly and when people's needs changed. Safe staff recruitment processes were followed to ensure good care for people.

People received their medicines in line with their prescriptions.

### Is the service effective?

Requires Improvement 

The service was not always effective. The service did not provide staff with the Mental Capacity Act 2005 training meaning that they may have lacked skills to assess people's capacity to make decisions for themselves.

We recommend that the service seek advice and guidance from a reputable source, in relation to the requirements of the MCA training for social care staff.

The service was advised to contact the local authority for submitting applications for authorisation to the Court of Protection.

Staff received regular supervisions and appraisals to ensure they were supported in their caring role. Effective staff induction procedures were followed to ensure that staff had knowledge and skills to meet people's needs.

People's health needs were monitored and supported as required. People were supported to eat and drink as appropriate.

### Is the service caring?

Good 

The service was caring. People's privacy and dignity was maintained and staff had identified their cultural needs.

People were involved in making decisions about their care and support needs.

People had support to access the community activities and maintain their interests and hobbies. Staff supported people to make choices about their care and support needs.

**Is the service responsive?**

**Good** ●

The service was responsive. People, and their relatives were involved in planning their care and support needs. Staff encouraged people to maintain their independence and learn new skills.

People were supported to give feedback about the care they received. At the time of inspection people did not have any concerns about the services received.

**Is the service well-led?**

**Good** ●

The service was well-led. The management team had monitored the quality of care provided and identified areas for improvement were required. Staff were involved in people's care planning and made suggestions how to improve the services where appropriate.

Staff approached the management team for support and advice if required. Good team working practices were observed at the service.

# Home Instead Westminster

## **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 took place on 3 December 2015 and was announced. The provider was given notice because the location provides domiciliary care service and we needed to be sure they were available to give us information during the inspection. The inspection was carried out by one inspector.

Prior to the inspection we reviewed information we held about the service including the Provider Information Return (PIR) document. A PIR document was sent to the provider before the inspection requesting them to provide us with some key information about the service.

During the inspection we spoke with two people who used the service, three staff members, a care manager and the director. We looked at three people's care records, three staff files, training records and other records relating to the management of the service. These included audits and staff rotas.

After the inspection we spoke with two relatives and two health and social care specialists asking for their feedback about the services provided for people.

# Is the service safe?

## Our findings

People told us they felt safe supported by staff that were attentive to their needs. One person told us that staff were, "great and very very good" at providing safe care.

Staff were knowledgeable and had skills to protect people from a potential harm. A relative thought the staff were, "extremely good" at protecting people. Staff told us that if an incident occurred they provided immediate support to people to ensure their safety, for example contact an ambulance and/or police services where required. Staff were aware about the reporting procedures and what records to complete if an allegation of abuse was made. Any concerns were reported to the management team for taking further actions and escalating to the local authority where required. Incidents were shared with the families to ensure their involvement in keeping people safe. This meant that the service put a protection plan in place to protect people from harm.

Staff supported people to manage risks as required. Risk assessments were updated regularly to reflect people's changing needs. Staff were aware of the potential risks to people and followed guidelines to ensure their well-being and safety. For example, care records had information on potential triggers and support strategies for those people who were at risk of falling. We also saw that people were included in making decisions around the risks they were willing to take, for example how clean they wanted their kitchen to be. This ensured that people had control over their choices and wishes. People told us that staff were good at helping them with all the tasks they needed to do.

The management team monitored support hours provided to people making sure their needs were met at all times. Staff received a text message as a reminder before they visited people to ensure they were able to cover their shifts. The management team contacted people to let them know if staff were going to be late. Staff used a monitoring system for logging in their time spent with people. This reduced a risk of staff being late for their shifts. Staff told us they had enough time to travel between the appointments. One person told us, "Staff always arrive when they say they will".

People had sufficient numbers of staff to meet their needs as dictated in their care plans. The management team assessed staffing levels based on people's needs. The service reviewed people's needs regularly to ensure they had the support required. People were allocated more than one staff member to ensure their support hours were covered when staff were sick or on holidays. The service only used permanent staff which meant that people's needs were well known to the staff that supported them. People said they had enough staff to support them with their needs.

The service followed safe staff recruitment processes to ensure that staff had knowledge to support people as required. Applicants had telephone and face to face interviews to ensure they had the required values for the job. Staff files had information on interviews attended, copies of references and barring checks undertaken prior to staff starting working with people. The management team told us the service continued developing and was recruiting more staff. This meant that staff were available to support people with their needs.

People were supported to take their medicines safely and as prescribed. Care records held information on the assistance people require managing their medicines. For example, prompting at the times they required them and the right dose. People's support needs with medicines were assessed in conjunction with the health professionals such as district nurses and GPs. The service had a signed agreement with people noting the assistance agreed with their medicines. We saw that people's medicine management needs were regularly reviewed to ensure that people's changing needs were met. The medicine administration records were up-to-date and had information on PRN medicines taken by people. People's medicine administration records were signed as appropriate. This meant that people were supported to take their medicines as prescribed.

Environmental checks were carried out to ensure people's environment was safe to meet their needs. Staff undertook regular health and safety checks in people's homes and identified any follow-up actions required and to ensure that risks were reduced and people were safe, these included fire safety. Staff also ensured that people received appropriate equipment to meet their needs. We saw that the service had contacted an occupational therapist to request a stair case rails assessment, followed by required adjustments in a person's home.



## Is the service effective?

### Our findings

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.

We found that the manager and staff were unclear about their responsibilities under the Mental Capacity Act (MCA) 2005. At the time of the inspection the director was covering the manager's role and had applied for the manager's registration with the Care Quality Commission (CQC). The manager told us that the staff team had not received training on the MCA. A MCA training date was booked for the manager to attend, but there were no plans in place for the staff team to attend the MCA training. This meant that it was not clear if the manager understood implications of the MCA to staff's work. However, we found that staff who we spoke to had applied some of the MCA principles in practice. Staff were aware that they needed to give people choice and respect their decisions. Staff told us if they had concerns that a person was unable to make a decision, they would discuss this with their management team. Nevertheless, there was a risk that staff were not aware about the legal requirements when assessing people's capacity, supporting people to make decisions and ensuring the least restrictive option to meet people's needs.

We recommend that the service seek advice and guidance from a reputable source, in relation to the requirements of the MCA training for social care staff.

Staff had knowledge and skills to support people with their needs. Staff attended an induction programme prior to starting working with people. Records showed that staff undertook training courses relevant to their role, such as health and safety, effective communication, safe administration of medication and safeguarding adults. We saw that staff's competence was assessed during the induction process. This ensured that staff had required knowledge to enable them to carry out their work effectively. Staff also shadowed experienced team members prior to providing support to people. This enabled staff to get to know people and their support needs appropriately. The service provided on-going training courses to ensure that staff had the right skills and knowledge to deliver appropriate care for people. The management team had also encouraged staff to undertake additional training courses, this included The Care Certificate course. A scheme that is recognised in social care sector for training and inducting staff. One relative told us they had, "great confidence in carers." A health and social care specialist told us that staff were, "very experienced".

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. The application procedures for people who live in their own homes are submitted to the Court of Protection. The management team told us that two people who were using the service received 24 hour support. There were no applications made to the Court of Protection. There was a risk that the restrictions in place were not in peoples' best interests. We suggested the management team to contact the local authority to discuss if these people could be added to a list for taking for authorisation

to the Court of Protection.

The management team supported staff to identify their professional goals to enable them to deliver effective care for people. Regular one to one supervisions were carried to promote staff's learning and reflect on practice. For example, actions were discussed to ensure good professional relationships with the people. Records showed that staff had yearly appraisal meetings. We saw staff's continues development needs discussed and actions agreed to meet them. For example, attending refresher courses. This ensured that people's needs were met in line with good practice. A family member said, "Carers are very high quality." One other relative told us they had, "great confidence in carers".

People were supported to eat and drink as required. Care records had information on the support people required with their meals. It included information about what they liked to eat and when they preferred to have their lunch or evening meal. Fluid intake charts were regularly filled in for people who were at risk of dehydration. Staff liaised with dieticians where people required support to maintain a healthy diet. This ensured that people's nutritional needs were monitored and met in line with good practice. Staff told us they assisted people with shopping and preparing their main meals. People said they told staff what they wanted to eat and they prepared it for them.

Staff supported people to meet their health needs as required. A health and social care specialist told us they had, "excellent joint working relations" with the service and worked, "closely together" to support people if their needs changed. Care records had information on the assistance people required with the health professionals, for example support to attend medical appointments. Contact details of people's GP's and any other healthcare professionals involved were included in their care records. This enabled staff to get in contact with the healthcare professionals providing the person with support if they needed advice. Staff were aware of how to support a person if their health was deteriorating. We saw referrals made to health services when people's needs changed, for example to request physiotherapist's support for a person who had difficulties with mobility. Staff obtained support from the person's GP or the ambulance service as required.

## Is the service caring?

### Our findings

People told us they felt respected and well supported by the staff. One person told us, "Staff are empathetic". A family member said, "Carers are tolerant and treat [people] with respect". A health and social care specialist told us that staff were, "motivated, professional and caring".

People said their privacy and dignity was respected. Staff ensured that people had privacy when they needed it. People said that staff asked them if they wanted to be left alone and if they wanted the door to be closed. Staff told us they helped people to feel comfortable during their personal care, for example by supporting them to cover as much as possible. People said that staff were, "friendly" and felt their rights were respected by them.

People were encouraged to make choices about the care and support they received. The management team carried out initial assessments to identify people's needs and to ascertain their preferences. Staff were introduced to people prior to providing support based on their skills, experience and interests, including similar hobbies. This meant that staff were matched to the needs of people. The management team then contacted the person for feedback to ensure they were comfortable with the staff member and wanted to be supported by them. People told us they had good relationships with the staff and enjoyed their company.

People chose when they wanted to be supported. A health and social care specialist described staff as, "kind". People said they chose the times when they wanted the activities to be carried out, for example laundry days. People were informed in advance about the staffing changes to ensure they were in agreement with these changes. People were able to cancel or rearrange their support hours when required. This meant that the services provided for people were flexible. People said they liked that they usually had the same staff supporting them and that they had got to know them.

People were supported to maintain their interests and hobbies. Care plans had information on people's cultural background, interests and spiritual needs. Staff were aware of people's preferences and helped them to achieve their goals. For example, one person was supported to attend a church regularly. Another person had a befriender who had similar interests and visited them weekly. We saw that people were supported to access the community, including visiting theatres and galleries when they wished to. One person was supported to find a volunteering job. Staff told us that the management team encouraged them to take the initiative when arranging activities in order to provide people with choices and better quality of life. People told us, they went out when they wished to and enjoyed socialising. A health and social care specialist told us, the support provided for people was aimed at their individual preferences, taking into account their, "past history, interests, hobbies and habits".

People had friends and families visiting them in their homes. Staff told us they contacted families for support and advice when people asked for it. This meant that families were involved and people were supported to maintain important relationships to them.

## Is the service responsive?

### Our findings

People told us that staff responded to their needs as required. One person told us, "Staff listened to what I wanted and provided good support with it". A family member told us they "could not be happier with the service provided" for their relative.

People were supported to maintain their independence for as long as possible. One person told us that the support provided with house tasks was "very good." People were involved in making decisions about their care and support. Care plans had information on people's preferences, including their support needs. The management team held regular review meetings with people to discuss and plan their care. People were provided with opportunities to talk about their achievements and set goals for the future. Additional meetings were arranged to discuss people's care plans if their needs changed, for example support required to carry out their food shopping. This meant that people's wishes were heard and acted on as appropriate. Families were involved and took part in making decisions about the care and support people received. Relatives said that staff were good at contacting them to let know about the changes in people's lives.

Staff supported people to maintain their independence as appropriate. Care plans had information on people's routines and how they wanted to be supported. One person told us that the support provided with house tasks was "very good." We saw that people's support plans identified what people were able to do for themselves and where they required assistance from staff. Staff encouraged people to maintain their independence by asking what assistance they preferred. For example, when assisting people with washing some people needed full assistance, whereas other people needed support to wash some parts of their body. Staff followed people's support guidelines to ensure their support needs were met as required. Some people also used telecare equipment to help them to live more independently at home, for example falls prevention system. Telecare equipment is used to monitor and provide prompt support for people in emergency situations. This meant that people were supported to maintain their independence for as long as it was possible.

People were able to raise their concerns and were confident that the managers would take actions where required. The management team had regularly contacted people and their families to ask for feedback about the services provided, for example staff time keeping. One person's feedback stated, "I am consulted and kept informed with regards to scheduling." People and their relatives were also asked to fill in questionnaires to share their feedback. We saw that people gave positive feedback about the service and noted they would recommend the provider to their families and friends. One person said about the staff, "The caregivers arrive promptly and they understand my needs." The management team told us that any concerns raised were discussed with people individually to ensure that actions were taken in response to people's suggestions. A health and social care specialist told us that the managers were, "always interested in feedback, in order to improve the service provided".

People told us they knew how to complain and that they had a handbook with the complaints procedure given to them by the provider. They talked to the staff and were able to contact the managers if they had any concerns about the services received. The management team told us that there were no complaints

received from people recently. We saw the emails received by the managers complimenting the service. For example, a family member said that staff were, "great, very knowledgeable, extremely competent and positive." People and relatives we spoke with did not have any complains about the service.

## Is the service well-led?

### Our findings

People told us they were happy with the support provided by the management team. One person said that managers gave them necessary information about the staff. A health and social care specialist told us, "the service was managed very well" and "quality driven." A relative told us, "Management is very professional but at the same time easily approachable." The managers said they felt rewarded when they saw that people's quality of life improved, for example when a person made an important decisions for them to have a big birthday party.

Staff felt supported by the management team and were able to ask for help when required. An out of office hours on call service was used by staff to obtain advice on urgent matters. Meetings were held for staff to discuss people's needs and agree on required actions. Records showed that staff discussed any concerns they had and shared their experiences to improve the quality of people's lives. For example, at one of the meetings it was agreed to increase person's support with activities for building on social contacts in the community.

The managers provided good leadership at the service. Staff said they were encouraged to take initiative to ensure effective care for people, including additional responsibilities in their role. A staff member told us that the service was, "very well run". A health and social care specialist told us that the service "is very cooperative and they always respond promptly to any queries." Staff worked together as a team to ensure good care for people. For example, tasks were delegated according to staff's experience and skills. The managers told us that they completed a four days training course that focused on how best to lead the service. This meant that they had skills and knowledge to manage the service well.

The management team monitored provision of care to ensure the quality of the services provided for people. A health and social care specialist told us that the managers, "most definitely" responded positively to the feedback provided and used it as an opportunity to improve where required. The manager undertook regular internal audits. Quality assurance visits were carried out to identify improvement required and to take actions as appropriate, including care records reviews. For example, the managers ensured that people's care records were clear and accurate. We also saw that the provider had regularly carried out quality audits of the service. These included reviews of staffing training and induction processes. Minor improvements were identified and the action plan was in place for this. For example, for shift scheduling purposes, staff were requested to complete their availability forms. This meant that people received care that was monitored and acted on to improve where required.

People's medicines were regularly checked to reduce the risk of errors taking place. The management team carried out regular medicines competency assessments to identify staff's training needs. The manager told us they audited medicines weekly to maintain a safe medicines management. These included checks on the medicines administered, record keeping and remaining medicines. At the time of this inspection we saw that the medicine administration records were up-to-date meaning. People told us they received their medicines as prescribed. However, there were no records found containing information on undertaken medicines audits. The management team told us the records will be completed from now on.

The registered manager was aware of their registration requirements with the Care Quality Commission. This included ensuring that statutory notifications were submitted as required by law.