

Westwood Homecare (North West) Limited

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Westwood Homecare (North West) Limited provides personal care to people in their own homes. At the time of our inspection the service was supporting 24 people with personal care.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

People's experience of using this service and what we found

Risks to people were not always recorded effectively. Risk assessments did not include enough detail to guide staff to support people safely. However, staff understood where people required support to reduce the risk of avoidable harm.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice. The registered manager was not complying with the principles of the MCA (Mental Capacity Act). Where there were concerns over a person's ability to consent to specific decisions in respect of their care, no assessment of their capacity to consent had been undertaken.

Staff knew people well including their likes and dislikes, and people were supported in line with their preferences. However, people's care plans did not consistently reflect the personalised care being given.

Systems in place to monitor the quality and safety of the service were not always effective.

Staff were safely recruited. People and relatives told us they felt care was delivered safely by a consistent staff team who knew them. Comments included, "[staff] always arrive on time." Staff had a good understanding of what to do to make sure people were protected from harm or abuse. People received their medicines as prescribed and staff followed good infection control practices.

The provider understood their responsibility to make information accessible and inclusive. The culture of the staff team was positive. All staff demonstrated they put the people they supported first and did their best to ensure they received care in the way they preferred. People and relatives told us they felt staff knew what they were doing. One person told us, "[staff] is well trained, experienced and knows what they are doing."

People were encouraged to maintain their independence as much as possible. When people's health needs changed, the registered manager made referrals to the relevant healthcare professionals in a timely manner.

People were treated with kindness and respect. People we spoke with told us, "They [staff] are great, they are very kind and they make me happy." The registered manager held regular care reviews with people and

where appropriate their relatives. The service had a complaints policy which was made available to people and their relatives. Staff told us that the manager was supportive and listened to their views and opinions.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 7 April 2020 and this is the first inspection.

Why we inspected

The inspection was prompted in part due to concerns received about staff training and infection control. A decision was made for us to inspect and examine those risks.

We have found evidence that the provider needs to make improvement. Please see the safe, effective and well led sections of this full report.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to the need for consent and governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Westwood Homecare (North West) Limited

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 4 May 2021 and ended on 21 May 2021. We visited the office location on 6 May 2021 and 14 May 2021.

What we did before the inspection

We reviewed information we had received about the service since the registration date. We also contacted the local authority and professionals who work with the service to gather their feedback.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all of this information to plan our inspection.

During the inspection-

We spoke with four people who used the service and one relative about their experience of the care provided. We spoke with eight staff including the registered manager, coordinator and the operations manager.

We reviewed a range of records. This included seven people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were also reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at staff rotas and policies and procedures.



Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Records relating to people's risks were not always complete or accurate. Risk assessments were not detailed enough to guide staff on how to support people safely. For example, one person required support with a medical device but there was no information to guide staff on how to manage this. However, staff understood where people required support to reduce the risk of avoidable harm and were able to support people safely.
- Not all risk assessments had been reviewed in a timely manner. For example, one person's falls risk assessment had not been reviewed since November 2019.
- There was a process to record accidents and incidents. However, staff had not always followed this. This meant that the registered manager was unable to effectively monitor risk and opportunities for lessons to be learnt were missed.

We found no evidence that people had been harmed. However, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection. They confirmed that a meeting had been arranged with care staff to collectively review and update people's risk assessments.

Using medicines safely

- People received their medicines as prescribed. However, medicines administration records (MAR) were not always completed in line with best practice guidance and we found missing signatures on multiple records.
- There was not enough information to support staff to administer 'when required' medicines.

We recommend the provider reviews best practice guidance to support staff to safely administer and effectively record when required medicines.

- Staff ensured that people who were prescribed time-specific medicines received these at the same time each day.
- People were encouraged to manage their own medicines where they had those skills. One person told us, "I got confused with my tablets so [staff] arranged for blister packs which makes it much easier for me to manage."

Staffing and recruitment

- Staff were safely recruited. Suitable recruitment processes ensured that staff members employed had the required skills and characteristics to work with vulnerable people.
- People and relatives told us they felt care was delivered safely by a consistent staff team who knew them. Comments included, "[staff] always arrive on time" and "[staff] come at exact times every day."
- The registered manager told us it had been difficult to recruit staff during the COVID-19 pandemic. The registered manager was in the process of recruiting new staff and told us pressures relating to staffing had eased. The rotas and staff feedback confirmed this.

Preventing and controlling infection

- Staff followed good infection control practices and used PPE (personal protective equipment) to help prevent the spread of healthcare related infections.
- The provider had sourced enhanced PPE for staff to use when caring for people with a confirmed COVID-19 diagnosis and training was provided to ensure staff knew how to use PPE to best effect.
- Staff we spoke with understood the importance of practicing good hand hygiene. A staff member told us, "I always wash my hands as soon as I go into the house before putting on my PPE."

Systems and processes to safeguard people from the risk of abuse

- The provider had effective safeguarding systems in place.
- Staff had a good understanding of what to do to make sure people were protected from harm or abuse and this was reflected in the providers safeguarding policy.
- People we spoke with told us they felt safe with staff.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- The registered manager was not complying with the principles of the MCA (Mental Capacity Act).
- Where there were concerns over a person's ability to consent to specific decisions in respect of their care, no assessment of their capacity to consent had been undertaken. There was also no evidence that any discussions with people or relevant others had been undertaken to ensure any decisions made were in their best interests.

Processes were not robust enough to ensure people were supported to make decisions about their care and treatment. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager responded immediately after the inspection. They confirmed that meetings had been arranged to complete mental capacity assessments for those that did not have the capacity to consent to care and treatment.

Staff support: induction, training, skills and experience

- Staff were competent, knowledgeable and carried out their roles effectively.
- Staff received an induction and completed the Care Certificate where appropriate. The Care Certificate is the recognised standard for training staff that are new to health and social care. Staff were required to shadow experienced staff until ready to undertake lone working.

- People and relatives told us they felt staff knew what they were doing and supported them well. One person told us, "[staff] is well trained, experienced and knows what they are doing."
- The registered manager assessed that staff were competent in the delivery of care tasks by completing observations and offered support to staff through regular supervisions.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Assessments of people's care and support needs were completed in timely way and were used as the basis for people's care and support plans.
- Staff knew people well and how best to meet their needs; people were encouraged to maintain their independence.

Supporting people to eat and drink enough to maintain a balanced diet

- Staff recognised the risks associated with poor food and drink intake and supported people to maintain a healthy balanced diet, without taking away their choice and control.
- Care plans reflected people's food preferences and dietary needs.
- People spoke positively of the support they received with food and drink. One person told us, "I am always happy with the food and [staff] knows how I like my cup of tea."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People and relatives told us staff were always quick to respond to any identified health needs. One relative told us, "If anything changes, [staff] let us know right away."
- Staff followed the advice of healthcare professionals such as speech and language therapists and physiotherapists. One staff member told us they encouraged one person to complete daily exercises. This led to a good outcome as the person regained their ability to walk.
- When people's health needs changed, the registered manager made referrals to the relevant healthcare professionals in a timely manner.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated with kindness and respect. People told us, "[staff] are great, they are very kind and they make me happy" and "I honestly couldn't get better carers, feel like they are like family, they are so kind."
- Staff told us they always had time to sit and talk to people to get to know them. One staff member told us, "I treat people like I would want my parents to be treated."
- We saw examples of how staff respected people's equality, diversity and human rights and were sensitive to people's diverse needs.

Supporting people to express their views and be involved in making decisions about their care

- Staff created open and honest relationships with people. Staff supported people to express their views and communicate their preferences. One staff member told us "[person] was fully involved in picking their staff team."
- The registered manager held regular care reviews with people and where appropriate their relatives. This ensured people's views were regularly considered.
- People told us they were able to make day to day choices about their care, and this was reflected in records.

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy and confidentiality were respected. One person told us, "[Staff] always knock on the door before they come in."
- As part of the induction process, staff had the opportunity to meet people before delivering care.
- Staff understood the importance of promoting independence. One person we spoke with confirmed staff had this approach and told us, "I can do most things by myself but if I need a hand [staff] will help me and not just do it for me."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff knew people well, including their likes, dislikes and people were supported in line with their preferences. However, people's care plans did not consistently reflect the personalised care being given. Some care plans contained lots of personal information on people's likes and dislikes, and some care plans lacked this level of detail.
- People felt staff knew them well and their preferred routines. One person told us, "[staff] know my routines and know I am an early riser and like my calls early."
- We saw an example about how the registered manager made changes to a person's staff team following a change in their preference.

Improving care quality in response to complaints or concerns

- The service had a complaints policy which was made available to people and their relatives. At the time of the inspection, the service had not received any complaints.
- People were confident the registered manager would resolve any issues they had. One person told us, "I'm sure [registered manager] would sort things if something was wrong."

End of life care and support

- Staff understood people's needs and were aware of good practice in end of life care.
- The service was not currently supporting anybody with end of life care. However, we saw examples of positive feedback in relation to end of life care previously provided by the service.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider understood their responsibility to make information accessible and inclusive.
- Staff had recently introduced communication aids to support one person with a cognitive impairment. The communication aid was introduced to support them to make choices and express themselves.
- People and relatives had access to an electronic portal to request changes to their support. We saw how one person had requested a change to their call times using the portal.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. The culture of the service was person centred but records and governance systems did not always support this.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Systems in place to monitor the quality and safety of the service were not always effective.
- When concerns were identified with the timings of calls, these had not been escalated appropriately to the registered manager so they could be addressed.
- Records regarding people's care and support were not always well maintained. Some risk assessments and care plans lacked enough detail to guide staff and some were incomplete.
- Some of the concerns found with missing signatures on MAR charts had been identified by the providers monitoring systems. However, where issues had been identified, actions were not always put in place to address these quickly.
- There was a process in place for recording accidents and incidents. However, this had not always been followed. This meant that the registered manager had limited oversight of risk, which made it difficult for them to monitor and improve care.

We found no evidence that people had been harmed. However, systems were either not in place or robust enough to effectively assess, monitor and improve the quality and safety of the service provided. This is a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded after the inspection. They told us that call monitoring checks were now completed by the registered manager to improve the safety and quality of the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager recognised the value of regular communication with people using the service and completed regular satisfaction reviews. One person told us, " [registered manager] has been out to see me, just to have a chat about how things are going."
- Physical staff meetings had been postponed due to COVID-19 restrictions. However, the registered manager set up a social network to distribute important messages to staff. Staff told us that this worked well specifically in relation to changes to COVID-19 guidance.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager understood the value of a person-centred approach which was reflected in the way staff provided care.
- The culture of the staff team was positive. All staff demonstrated they put the people they supported first and did their best to ensure they received care in the way they preferred.
- Staff told us that the manager was supportive and listened to their views and opinions.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Working in partnership with others

- The registered manager acted in accordance with their duty and shared information in an open, honest and timely manner.
- The service worked continually with all partner agencies such as the NHS and local authority to coordinate the care and support people needed. People achieved positive outcomes because the relationships between the organisations were effective.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>Where people lacked the capacity to give consent, the service had not acted in accordance with the requirements of the Mental Capacity Act 2005.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Governance and auditing systems were not effective and did not assess, monitor and drive improvement in the quality and safety of the care and treatment provided.</p>