

Westwood Homecare (North West) Limited

Westwood Homecare (NorthWest) Limited Stockport

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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Westwood Homecare (North West) Limited is a domiciliary care service providing personal care to 107 people at the time of the inspection.

Not everyone who uses domiciliary care services receives personal care. The Care Quality Commission 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

People received support from caring staff, but improvement was required to make call times more consistent for people. We have made a recommendation about the deployment of staff.

People were not always supported to take their medicines appropriately, sometimes due to call scheduling issues. Staff were aware of risks to people's safety and wellbeing and acted to minimise these risks. We have made a recommendation about staff recruitment practices.

The provider had a quality assurance system. This included regular spot checks, audits and feedback surveys. These processes had not identified and addressed some of the issues we found during the inspection. Where issues had been identified in audits, these had not been dealt with as promptly as they could have been. Improvement was required to make quality assurance systems more effective.

The provider had systems in place to engage and involve people using the service and their representatives. However, relatives and people shared concerns about the poor response to their complaints. There were missed opportunities to learn and improve service delivery.

People with consistent staff teams were generally satisfied with the service they received. People and relatives confirmed staff always wore personal protective equipment (PPE). People were safeguarded from the risk of abuse and staff knew how to raise any issues. The provider worked with other agencies and professionals to meet people's needs.

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 30 April 2020 and this is the first inspection.

Why we inspected

This was a planned inspection.

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 monitor the service 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 medicines management, the handling of complaints 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 for 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 not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

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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 service. It provides personal care to people living in their own houses and flat.

Notice of inspection

We gave the service 48 hours' notice of the inspection. We needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 3 June 2021 and ended on 4 June 2021. We visited the office location on 3 June 2021.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority who worked with the service. The provider was not asked to complete a provider information return. This is

information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. We also requested feedback from Healthwatch Stockport. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with two people using the service and nine relatives about their experience of the care provided. We spoke with 11 members of staff including the registered manager, the operations manager, care coordinators and care staff.

We reviewed a range of records. This included four people's care records and risk assessments. We looked at three staff files in relation to recruitment and staff supervision and a variety of records relating to the management of the service, including policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with three professionals who worked with the service.



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.

Using medicines safely

- People did not always receive appropriate support with their medicines. On occasions, care visits were not completed at the right time to allow sufficient time between medication doses.
- Medication records contained gaps and anomalies. Whilst records were audited and action taken in response, full investigations into medicines errors had not been completed.
- Staff received training and checks of their competence in relation to the administration of medicines. However, staff had not always followed the appropriate guidelines relating to the safe disposal of medicines.

We found no evidence that people had been harmed. However, medicines were not always managed safely. This placed people at risk of harm. This was a breach of Regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- People's care was not always provided at the times they wanted or needed. Care staff told us the service did not have enough staff and they were regularly asked to take on extra calls.
- Some people were satisfied that carers arrived when expected and stayed the correct length of time. However, others told us that care visits were sometimes late or inconsistent.
- There had been significant rise in the number of people using the service in the year prior to our inspection. The registered manager explained they tried to provide continuity of care wherever possible. The provider was actively recruiting additional care staff for the service.

We recommend that the service review their capacity levels to ensure they can safely meet people's needs in line with best practice guidance.

- The provider conducted recruitment checks to ensure applicants were suitable to work with vulnerable people. The provider had a rationale for accepting personal references and references from staff already employed by themselves rather than external employment references. However this was not clearly recorded in staff files.

We recommend the provider reviews their recruitment practices to ensure they are consistently following best practice guidance.

Systems and processes to safeguard people from the risk of abuse

- There were appropriate systems and policies in place to safeguard people from the risk of abuse.
- Staff understood the signs of potential abuse and knew how to report any concerns. They were confident any concerns they raised would be appropriately dealt with.

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

- The provider managed risk through effective procedures. Care records confirmed a person-centred risk-taking culture was in place to ensure people were supported to take risks and promote their own self development.
- The management team had developed individual risk assessments. Risk was managed and addressed to ensure people were safe. The registered manager kept these under review and updated them where required to ensure staff had access to information to support people safely.

Preventing and controlling infection

- The provider had an infection prevention and control policy and guidance for staff in relation to COVID-19.
 - Staff had received training and guidance in relation to the safe use of personal protective equipment.
- People confirmed staff followed good hygiene practices.

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.

Staff support: induction, training, skills and experience

- Staff told us they did not always feel confident when providing more complex care tasks. One relative told us that staff had been sent to deliver care having not been trained in stoma care and they did not know what to do. The operations manager told us "We have appointed a new manager to focus on training and competency. We plan to refresh complex care training areas with all our staff immediately."
- People and relatives made positive comments about their experienced regular care workers. One person said, "Yes, our regular staff are very competent." Some relatives told us the staff new to care would benefit from further training and support. One relative said; "Some of them are very young and they don't seem to know what to do. They are thrown in the deep end." The registered manager said, "All our staff complete the care certificate and shadow more experienced staff. They do not to work independently until they are fully trained and assessed as competent."

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

- People's needs were assessed to ensure the service could meet their need in line with current guidance. Assessments were carried out before people started using the service to ensure their needs could be met. These assessments included, but were not limited to, mobility, skin integrity and nutrition.
- A care plan was written based on the information gathered about the person and their support needs.
- People's protected characteristics under the Equalities Act 2010 were identified as part of their need's assessment. This included people's religious beliefs, backgrounds and personal preferences.

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

- The service had processes for referring people to other services, where needed. People told us care staff contacted community health professionals and their relatives when they were feeling unwell.
- Staff sought advice from community health professionals such as the GP and district nurse. This process supported staff to achieve good outcomes for people and to help people maintain their health. A professional told us, "We have steady communication from the management team, and they talk things through with us if they need additional guidance and support."

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

- People were supported with their health and dietary needs, where this was part of their plan of care. Staff completed training in fluid and nutrition.
- People told us they were asked their meal and drink choices by staff. Relatives told us their family

members were supported with meals but the quality of meals offered could vary depending on the staff member. One relative said, "When we have support from familiar members of the care team then [Name] gets a decent meal prepared for them. When staff attend that doesn't know [Name] they don't always follow the care plan."

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 provider ensured that care plans were discussed and agreed with people and relatives. Consent documentation was in place and signed by the person receiving care or their relatives where this was necessary.
- Staff and the registered manager had a good understanding of their responsibilities which ensured people were supported in their best interests and in line with the MCA.

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 supported by caring staff. When staffing was consistent, relatives told us the staff were very attentive. One relative told us, "Staff are great, they are respectful of our living situation and I am assured that [name] is very well cared for."
- Staff had a compassionate approach and talked to us about people in a respectful and kind way. They knew people's communication needs well and were able to communicate effectively with them.
- Staff had a good understanding of protecting and respecting people's human rights. They told us about the importance of supporting people's different and diverse needs. Care records documented people's preferences and information about their backgrounds.

Respecting and promoting people's privacy, dignity and independence; Supporting people to express their views and be involved in making decisions about their care

- One person told us staff respected their privacy and dignity and consent was sought before staff carried out any support tasks. People told us they were treated with respect and felt comfortable in the care of staff supporting them. Another person had shared an isolated concern relating to privacy and respect with the management team. This was handled under their complaints policy.
- Staff gave examples of how they respected people's privacy and would actively promote their independence. Practice to promote privacy was embedded within care records.
- Staff could provide local advocacy contacts on request. An advocate is an independent person, who will support people in making decisions, in order to ensure these are made in their best interests. This ensured people's interests would be represented and they could access appropriate services outside of the service to act on their behalf.



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 requires improvement. This meant people's needs were not always met.

Improving care quality in response to complaints or concerns

- The provider demonstrated limited learning from complaints and had not always completed full investigations into complaints raised by people, relatives and professionals in line with their complaints policy.
- The management team had not always responded to complaints. One person, four relatives and one professional told us they had not received an acknowledgement about their complaint or a full response. One person said, "It has made me feel like my concern is not valid." The provider took immediate steps to improve how they handled complaints.

We found no evidence that people had been harmed. However, the failure to respond to and investigate complaints was a breach of Regulation 16 (Receiving and acting on complaints) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- People could request their staff member be a particular gender. The registered manager told us, "We try to accommodate people's preferences where possible, but we do have a mixed gender team and we cannot always ensure that we can meet this request."
- Two relatives told us family communication records and monitoring charts kept in people's homes were not completed consistently by staff. This meant relatives could not be assured their loved ones were receiving appropriate care. Relatives were offered access the digital care planning system to monitor people's care where appropriate, but not all were able to do so and relied on paper copies. The provider took immediate action to improve the completion of communication and monitoring charts.
- Aside from some mixed feedback about inconsistent call times and staff turnover, people were satisfied with the care they received and spoke positively about care staff. People's comments included, "My care staff are just brilliant" and "My experience of the care has been positive".
- The management team responded to requests for help, completed assessments of need, liaised with health professionals regarding medicines and equipment and supported the family in a respectful and compassionate way.

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.

- People's communication needs had been assessed and support required was documented.
- The provider could produce information in different formats or languages if required. For example, the complaints procedure could be made available in an easy-read format.

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. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The management team conducted audits of care plans, care delivery and medication records. However, the systems in place had not identified or fully addressed some of the issues we found, such as call time scheduling, medication issues, inconsistent record keeping and complaints. In some cases, shortfalls had been identified and acted on, but could have been picked up and addressed sooner.
- There was limited evidence of provider oversight. Improvements were required to provider level quality assurance processes to ensure all shortfalls in service quality were identified and acted on in a timely way.
- Investigations into incidents, complaints and errors lacked the full rigour needed to fully learn from concerns.
- People had opportunity to provide feedback about the service in quality assurance surveys. However, there was no analysis conducted of the themes arising from these surveys and no record of how any feedback or concerns had been acted on.

We found no evidence that people had been harmed. However, the failure to operate effective quality assurances systems was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Managers and staff shared an understanding of the risks and issues that faced the service. The management team were receptive to our feedback during and after the inspection and took action to make improvements.
- Leaders and managers were available to staff and knew people well. Staff understood the service's vision, values and strategic goals.
- Staff told us they felt well supported and valued by the provider. They said there was an open-door policy at the office and the management team made them feel welcome.

Working in partnership with others; 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

- Staff worked with other organisations and healthcare professionals to meet people's needs and develop the service.

- The management team were aware of requirements in relation to the duty of candour.

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider did not ensure that medicines were managed safely. Regulation 12 (2) (a) (b)
Regulated activity	Regulation
Personal care	Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints The provider did not have effective systems in place to handle and respond to complaints. Regulation 16 (2)
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not have effective systems in place to ensure the quality and safety of the service. Regulation 17 (2) (a)