

Westminster Homecare Limited

# Westminster Homecare Limited (Norwich)

## Inspection report

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## 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?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Westminster Homecare Limited (Norwich) is a domiciliary care service providing personal care to 100 people at the time of the inspection.

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

At this inspection, we found that there continued to be a lack of effective managerial oversight of the service. The quality assurance checks in place did not enable the registered manager and senior staff to respond quickly to resolve problems regarding late care visits. Although care visits to support people were not being missed, people using the service and relatives informed us that at times the staff were late attending the care visits and they were not always informed of the situation. This caused distress in some cases, as people could not be confident that the staff would attend to provide their care.

Staff were recruited through a robust recruiting procedure. However, we found there were not always enough staff employed to attend to people's arranged care visits at the times stated. This resulted in staff sometimes running late and we were also informed that insufficient travelling time was allocated to staff between call visits.

Each person had a care plan containing a risk assessment. Staff were aware of people's needs and how to support them. This included recorded information in the care plans regarding peoples prescribed medicine's and staff had received training in the administration of medicines.

The staff were provided with supervision and on-going support including training. Staff recorded when necessary how they had supported people to have enough to eat and drink of their choice. People's care plans recorded information about support provided by other professionals and when appointments had been made for them by the staff with their permission.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People told us that their personal care and support was provided in a way which maintained their privacy and dignity. People spoke positively about the way staff treated them and reported that they received appropriate care. Staff demonstrated a good knowledge and understanding of the people they cared for and supported, such as people with a diagnosis of diabetes or dementia.

The registered manager and senior staff carried out an assessment of people's needs before they commenced using the service. The information recorded identified how the support was to be provided in line with the person's preferences and choices. The service had a complaints process and we saw that complaints were recorded and responded to in line with the recorded procedure. Some relatives were complimentary about the support provided by members of staff, while also expressing concerns about the inconsistency of knowing which staff were coming to care for their relative.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was requires improvement (published 23 October 2018) and there were two breaches of regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found some improvements had been made and the provider was no longer in breach of regulations.

The last rating for this service was requires improvement (published 23 October 2018). The service remains rated requires improvement. This service has been rated requires improvement for the last three consecutive inspections. We will describe what we will do about the repeated requires improvement rating in the follow up section below.

#### Why we inspected

The inspection was prompted in part due to concerns received about medicines administration, staff training and late call visits. A decision was made for us to inspect and examine those risks.

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

#### Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the 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 effective.

Details are in our effective findings below.

**Good** ●

### 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** ●

# Westminster Homecare Limited (Norwich)

## **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, an Assistant Inspector and two Experts by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### 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

This inspection was announced.

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

Inspection activity started on 30 May 2019 and ended on 12 June 2019. We visited the office location on 30 May 2019.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return from the previous inspection. 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. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with three people who used the service when we visited them with their permission in their own homes. We spoke with a further twelve people and four relatives about their experiences of the care provided by telephone. We spoke with seven members of staff including the operational manager, registered manager, senior care staff and care assistants.

We reviewed a range of records. This included five people's care records and medicine administration records plus seven medicine audit records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

# Is the service safe?

## Our findings

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

At our last inspection the provider had failed to monitor people's medicines safely. Medication administration records (MARs) were not always completed properly and there continued to be missed entries and a lack of explanation for this. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 12.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained 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.

### Staffing and recruitment

- There were not sufficient numbers of staff employed by the service to always meet people's needs. The registered manager tried to ensure consistency of staff for people. However, we found that problems mostly arose during times of staff sickness and holidays, when regular staff known by the people were replaced by other staff. One member of staff told us, "We often get calls to cover extra shifts and there are not always enough staff." Another member of staff told us, "We have had enough staff but some leave and then we struggle, the office do their best to recruit."
- A person informed us they found it distressing when the staff were late for their call visit. A relative informed us that the staff were not late but did have a three-hour time window during which time the staff attended in the morning. They would have preferred the time to have been more specific.
- Although some people spoke positively about the service, other people informed us staff sometimes arrived later than the time stated for the care visit and did not always stay for the right length of time. One person told us, "They were 45 minutes late for my care visit, so I called the office. They told me the staff were late but would be with me in about an hour." They informed us this was too late and they cancelled the care visit.
- People could not always monitor which staff member was coming to support them as the management of the service did not always provide rota of which staff would attend. When staff were running late, people did not always receive a phone call from the office staff informing them of the difficulty. One relative told us, "I am very sure [my relative] does feel safe especially with the ones we normally have unless the carers are off sick and on holiday. Then it is not so good with staff coming on time and knowing the routine. Occasionally the office rings when they are running late."
- Staff informed us that they were very busy attending to the scheduled call visits.
- We checked the recruitment records of staff and saw records of checks completed by the service to ensure staff were suitable to deliver care and support before they started work at the service. Checks had been

made with the Disclosure and Barring Service (DBS). The DBS is a national service that keeps records of criminal convictions.

- The registered manager informed us about how they sought references for potential staff and checked with them about the reasons for any gaps in employment history.
- When new staff started work, they shadowed more experienced staff to learn about people's needs.

#### Assessing risk, safety monitoring and management

- People's care records included risk assessments that covered mobility, health and safety and specific risks to the person.
- The registered manager had identified a system regarding the people who were a priority for the service to reach during times of inclement weather.
- Staff assessed people prior to them using the service to determine if the service could meet their needs. The support provided was reviewed with the person two to four weeks after commencing with the service to determine if risks to care had increased or reduced and if any changes were required.

#### Systems and processes to safeguard people from the risk of abuse

- The service had policies and procedures to guide staff in safeguarding people from the risk of harm and abuse. The service had included in the policy details of how the local safeguarding team could be contacted.
- Members of staff informed us they had completed safeguarding training. This was also confirmed in training records. One member of staff told us, "Safeguarding is one of the first things we are taught."
- The registered manager had referred information to the safeguarding team and sought their advice with regard how to keep people safe.

#### Using medicines safely

- Staff were trained to administer medicines safely and the registered manager told us they and senior staff observed staff practice to ensure the staff were competent.
- Staff told us why the medicine had been prescribed and what were the potential side-effects of the medicines.
- Members of staff informed us how they either administered medicines or prompted the person to take their medicine and this was carefully recorded on the MAR. Staff were able to tell us about the procedure for administering medicines and what they would do should they be aware of any errors.
- Medicines records were checked by the management team to identify medicines had been administered safely and take any actions when any errors were identified.

#### Preventing and controlling infection

- Staff told us there was sufficient personal protective equipment, such as disposable gloves and aprons to maintain good standards of infection control.
- The registered manager ensured infection control procedures were maintained with effective staff training. People we spoke with told us staff consistently washed their hands before and after providing personal care for them.

#### Learning lessons when things go wrong

- The registered manager had reviewed our last inspection report and had implemented some changes to improve the service, such as further auditing of records.
- We looked at how accidents and incidents were managed by the management team. They detailed the nature of the incident, time and action taken to resolve it. When accidents occurred any accident or 'near miss' was reviewed so that lessons could be learnt and to reduce the risk of similar incidents occurring.



# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed before the service began providing support to them to determine if the service would be able to meet their needs.
- People's care was planned and regularly reviewed to ensure they received support that identified and met their changing needs.
- There was a customer profile for each person who used the service. The profile contained important information about the person including their likes and dislikes and what was important to them.

Staff support: induction, training, skills and experience

- The registered manager arranged training for staff so that they had the skills required to meet people's assessed needs. A member of staff told us, "There is lots of training arranged for us."
- Staff were provided with a range of training, which helped them be confident when supporting people and promoted individual skills and development. Records showed staff completed training and there was a system of indicating when updates were required.
- Staff had formal supervision to discuss their training needs and personal development. This included field supervision which is known as spot checks and pre-arranged supervision at the service location. Senior staff carried out spot checks of staff while they were working in people's homes. This was to determine that staff knew how to care for the person and was an opportunity to check that records were being maintained.

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

- Care plans recorded people's dietary needs when the staff were required to support the person with identified nutritional needs.
- People told us they were happy with the support they received with their meal preparation. One person told us, "They cook my eggs just right."
- Staff informed us they had completed food hygiene training to ensure they were confident with meal preparation and to reduce the risk of spread of infection.

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

- Staff told us about the healthcare needs of the people they supported, and they knew when to contact outside assistance such as the GP. We saw records that showed when healthcare professionals had been contacted for specialist advice.

- Information provided by healthcare professionals was followed by staff which ensured people were supported to maintain their health and wellbeing.
- Care plans confirmed that staff had worked with people and relatives to discuss and seek permission to arrange appointments with other healthcare professionals about identified concerns. One person told us, "At my appointment, the doctor prescribed some anti-biotics for me."

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.

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

- People were supported by staff that knew the principles of the MCA and recognised the importance of people consenting to their care.
- Staff described to us the approaches they took when supporting people to make decisions and maximise choice. These discussions demonstrated that people were involved and encouraged to make their own decisions and that staff listened to and respected them.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained 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

- We received positive feedback about the approach of staff and the care they delivered to people. One person told us, "I can talk with the staff, they are very polite and things are all okay."
- Each person had their life history recorded which staff used to get to know people and to build positive relationships.
- Staff knew people's preferences and used this knowledge to care for them in the way they wished.
- People informed us that the staff treated them with kindness and respect. One relative told us, "I would recommend the staff on their kindness."

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

- People told us that they were offered choices. Relatives confirmed this and complimented the staff on their caring approach. One relative told us, "The staff check before they go if everything is alright."
- Staff encouraged people to make choices in the way they received their care and this was recorded in their care plan. People told us they could make choices to live their life as they preferred. One person said, "It is nice to have a chat with the staff and they have treated me very well, always checking that all is fine."

Respecting and promoting people's privacy, dignity and independence

- The service recognised people's diversity, the service had policies which highlighted the importance of treating everyone with dignity and as individuals. One person told us, "They always cover me over a with a towel when giving me a wash."
- Staff informed us how they ensured people received the support they needed whilst maintaining their dignity and privacy. For example, making sure doors and curtains were closed before providing personal care.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained 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

- People's assessments were recorded in their care plans. We saw information regarding how to deliver person-centred care. The registered manager said that information was built up over a period of time and staff were encouraged to add information as they got to know the person into the care plan.
- The registered manager arranged care reviews shortly after the person began to use the service and then again after six months or more frequently should the need arise.
- Staff respected people's individuality and diversity and were aware of people's personal preferences. Staff described people's preferences and how they liked to be supported. One member of staff explained to us, "I chat as we are going along to check they are happy with what I am doing."

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 were provided with a welcome pack when using the service which provided important information for them about the service with regard to telephone numbers and addresses. The registered manager explained that information would be provided in a format for them which best suited their needs.

Improving care quality in response to complaints or concerns

- The service had a complaints policy in place and the registered manager said they would look at any complaints received to assess if action could be taken to prevent further occurrences. We saw written replies to confirm the registered manager had met with people to discuss their concerns and plan the way forward.
- People knew how to provide feedback about their experiences of care and the service provided accessible ways to do this. The registered manager explained to us that they encouraged their staff to resolve problems at the time and at each care visit to ask if the person was content.
- People told us they knew how to complain about the care if they needed to. One person told us, "I have made a complaint and things have been better for the past three months." Another person told us, "I have made a complaint, you should not have to really if all is well, but I was satisfied with the response."

End of life care and support

- The service was not currently providing any end of life care and support. The registered manager was

confident this care could be provided through additional staff training and working with other organisations in line with the wishes of the individual people.

- The staff writing the care plan with the person discussed end of life care planning once they had got to know the person.

# 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.

At our last inspection the provider had failed to have effective processes and systems in place for monitor the quality and safety of the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 17.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained 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

- The service did not have a call visit monitoring system in place that informed the managers when and if the staff had attended the call visit or were running late. The office staff were reliant upon staff phoning to advise of their progress.
- Office staff informed us that they did not always know if call visits had been completed until the staff time sheets arrived or service users or relatives contacted them to say there was a problem.
- We discussed with the registered manager a situation when there had been confusion between staff members organising the call visits and staff attending which had resulted in the call visits being late.
- Although there were no missed call visits, some call visits were cancelled by people using the service due to the call visit being late.
- When late calls were identified this was reported to the registered manager. They investigated to identify the reasons and took action to improve the situation. This included having senior office staff available in the office to attend the call visit.
- One person informed us that one day of the week was not covered by their usual staff and they never knew who was coming and the staff attending were frequently late on that day. Another person told us, "When it comes to the rota we do have a rota each week, but it does not tell us who is coming." Peoples expectation of a quality service was that they would have a rota and therefore know the staff that would be coming to support them.
- The service had quality assurance systems in place which consisted of audits, checks, surveys and response to feedback. Those audits seen included late care visits, medicines, health and safety and accidents/incidents. Action plans were produced to address short falls but were not always effective with improving the service regarding late call visits.
- Staff informed us communication with the registered manager was good and they worked very hard, but

the registered manager was frequently called away from the office by the provider to attend meetings. This meant the registered manager was available by phone but not always available to resolve issues at the service office.

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

- Spot checks at people's homes were carried out to ensure the service was monitored and continued to develop.
- The service had contacted the people using the service in 2018 to ask a number of questions about satisfaction and how it could improve. As a result, the registered manager had been working upon consistency of staffing, so people received their care from the same staff whenever possible.
- One person informed us that they thought it was very nice to be asked about the service but could not recall ever having a follow up phone call or if their advice was implemented. Another person told us, "I do feel quite involved, I have made it clear that my regular carer is excellent and I do not want them to ever be taken away."

Continuous learning and improving care

- A new electronic monitoring system is to be introduced this summer. The operational manager had taken time to consider and check upon various models to determine with the registered manager which is the best model to use. This system would help the managers to monitor call visits and respond to any difficulties.
- Since our previous inspection, the registered manager had put further checks in place regarding auditing of medicines and care plans.
- The registered manager reported to us they had been well supported by their managers.

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

- The policies and procedures of the service were clearly written and were designed for people to receive person-centred care which met their needs and reflected their preferences.
- Policies and procedures provided guidance around the duty of candour responsibility if something went wrong.
- A member of staff considered the registered manager was a role model because they had covered call visits themselves to cover staff sickness.

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

- The registered manager informed us they would always visit a person and also put into the writing the content of the meeting with regard to improving the service when they received a complaint. The vast majority of people we spoke with were aware of the registered managers name and how to contact them.

Working in partnership with others

- The service worked in partnership with other organisations to make sure they followed current practice. For example, healthcare professionals such as doctors and district nurses. This supported a multi-disciplinary approach to provide care to the people using the service.