

Westminster Homecare Limited







Westminster Homecare Limited (Ipswich)

Inspection report

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Ratings

Overall rating for this service		Good	
Is the service safe?		Good	
Is the service effective?		Good	
Is the service caring?		Good	
Is the service responsive?		Good	
Is the service well-led?		Good	

Overall summary

Westminster Homecare Limited (Ipswich) provides personal care support to people living in their own homes. When we inspected on 16 February 2015 there were 102 people who used the service, 93 of these people received personal care support. This was an announced inspection. The provider was given 48 hours' notice because the location provides a domiciliary care service.

There was no registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons.' Registered persons have legal responsibility for meeting

Summary of findings

the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. There was a manager in post who had submitted an application to register with the Care Quality Commission.

There were procedures in place which safeguarded the people who used the service from the potential risk of abuse. Care workers understood the various types of abuse and knew who to report any concerns to.

There were procedures and processes in place to ensure the safety of the people who used the service. These included risk assessments which identified how the risks to people were minimised.

Where people required assistance to take their medicines there were appropriate arrangements in place to provide this support safely.

There were sufficient numbers of care workers who were trained and supported to meet the needs of the people who used the service.

People, or their representatives, were involved in making decisions about their care and support. People's care plans had been tailored to the individual and contained information about how they communicated and their ability to make decisions.

Care workers had good relationships with people who used the service and were attentive to their needs.

Where care workers had identified concerns in people's wellbeing there were systems in place to contact health and social care professionals to make sure they received appropriate care and treatment.

Where people required assistance with their dietary needs there were systems in place to provide this support safely.

A complaints procedure was in place. People's concerns and complaints were listened to, addressed in a timely manner and used to improve the service.

Care workers understood their roles and responsibilities in providing safe and good quality care to the people who used the service. The service had a quality assurance system and shortfalls were addressed promptly. As a result the quality of the service continued to improve.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Care workers were knowledgeable about how to recognise abuse or potential abuse and how to respond and report these concerns appropriately.

There were enough care workers to meet people's needs.

Where people needed support to take their medicines they were provided with this support in a safe manner.

Good



Is the service effective?

The service was effective.

Care workers were trained and supported to meet the needs of the people who used the service.

People were supported to maintain good health and had access to appropriate services which ensured they received ongoing healthcare support.

Where required, people's nutritional needs were assessed and professional advice and support was obtained.

Good



Is the service caring?

The service was caring.

People were treated with respect and their privacy, independence and dignity was promoted and respected.

People and their relatives were involved in making decisions about their care and these were respected.

Good



Is the service responsive?

The service was responsive.

People's care was assessed, planned, delivered and reviewed and changes to their needs and preferences were identified and acted upon.

People's concerns and complaints were investigated, responded to and used to improve the quality of the service.

Good



Is the service well-led?

The service was well-led.

The service provided an open culture. People were asked for their views about the service and their comments were listened to and acted upon.

The service had a quality assurance system and identified shortfalls were addressed promptly. As a result the quality of the service was continually improving. This helped to ensure that people received a good quality service.

Good



Westminster Homecare Limited (Ipswich)

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 16 February 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service. The inspection was undertaken by one inspector.

Before our inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service: what the service does well and improvements they plan to make.

We also reviewed all other information sent to us from other stakeholders for example the local authority and members of the public.

Prior to our inspection we sent out questionnaires to people to gain their views about the service provided. We received the questionnaires from 16 people who used the service, one relative and two community professionals. We also spoke with seven people who used the service and one relative on the telephone.

We looked at records in relation to ten people's care. We spoke with the manager, a member of the office staff and four care workers. We looked at records relating to the management of the service, care worker recruitment and training, and systems for monitoring the quality of the service.

Is the service safe?

Our findings

All of the questionnaires received from people who used the service told us that they felt safe from abuse and harm. This was also the case for the questionnaires received from a person's relative and community professionals who said that people were safe from abuse from the care workers. People we spoke with confirmed that they felt safe. They told us that care workers wore identification badges so they were assured that the people arriving to their home were representatives of the service. People also said that the care workers made sure that they secured their homes when they left, which made them feel safe and secure.

Care workers were provided with guidance of actions to take to make sure people were safe and to keep themselves safe. We saw the staff handbook, which was provided to all care workers, which included information about the signs and indicators of abuse, different types of abuse that could occur, how concerns should be reported, lone working and whistleblowing. Documents in care worker's personnel files showed that they had read and understood the whistleblowing and lone working policy. There were also records which showed that the care workers were provided with a torch and personal alarm.

Care workers told us that they had been provided with training in safeguarding, which was confirmed in records. Care workers understood their roles and responsibilities regarding safeguarding, including the different types of abuse and who to report concerns to. One care worker told us that they had raised a concern they had about a person and the manager had made a safeguarding referral on their behalf. They said that they would do this again to make sure that people were safe. The manager told us about when care workers had concerns about people's safety and safeguarding referrals had been made as a result. Care workers understood whistleblowing and told us that they would have no hesitation in reporting any concerns.

Discussions with the manager and records showed that where there had been concerns and safeguarding issues raised about the care provided action was taken to reduce the risks of issues happening again.

People's care records included risk assessments and guidance for care workers on how these risks were minimised. These included risk assessments associated with moving and handling and the safety in people's

homes. People were involved in the planning of the risk assessments. Reviews of care with people and their representatives, where appropriate, were undertaken to ensure that these risk assessments were up to date and reflected people's needs.

Care workers understood the actions that they should take in the case of an emergency or if they were concerned about people's safety, this included if they could not access people's homes when they arrived for planned visits.

There were sufficient numbers of care workers in the service to meet the needs of people. People and relatives told us that there had been no instances of missed visits. One person commented, "I know they are going to turn up."

We spoke with the manager about how they managed missed visits. They told us that they tried to ensure that these were addressed promptly to make sure that people were safe. They showed us records of how they assessed and monitored missed visits, which they said that all visits that were two hours late were classified as a missed visit. Care workers were advised that if they were running over 15 minutes late they must notify the office who would monitor the situation and try to get cover. The manager explained that sometimes care workers may have to stay with a person, for example, if they had fallen or needed additional assistance. All missed calls were investigated, people were sent a letter of apology and investigations had been undertaken. The missed visits were analysed and where there were issues in the service that required improvement, for example where care workers had not received the information for a change or additional visit, actions had been taken to improve the ways that care workers were provided with the information. We saw that care workers were spoken with in supervision and in some cases provided with further training.

The manager and care workers told us that they felt that there were sufficient numbers of care workers to cover the visits to people. A member of the office staff showed the rota and explained how the computerised system alerted them if any visits were not covered. Care workers and people who used the service were provided with a weekly rota. This was confirmed by one person who said, "I get my paper every week which tells me who is coming."

Recruitment records showed that the appropriate checks were made before care workers were allowed to work in the service. The records showed that all references were

Is the service safe?

checked and verified by a telephone call. Two care workers who had recently started working for the service confirmed that acceptable references and checks had to be received before they were allowed to start work. This told us that people were protected by the service's recruitment checks to confirm that care workers were of good character and were able to care for the people who used the service.

People who needed support with their medicines told us that they were happy with the arrangements. One person said, "I only have paracetamol and they ask me if I have taken it." Another person commented, "I take my medication myself, but they always check I've had them."

People's records provided guidance to care workers on the support required by people. Medicines records were not always signed to show that people had been provided with them when they needed them. The manager showed us their auditing system which they had recently improved

due to concerns received. They were changing the ways that the medicines administration records were provided and the audits were more robust. There had also been training sessions on completing medicines records appropriately provided in team meetings in November and December 2014. The manager showed us the medicines competency checks and when there had been discrepancies in people's records and medicines administration care workers were identified to undergo these competency checks. If no improvements were noted further disciplinary actions would be taken. We saw minutes from meetings for care workers where they were advised on the importance of following the provider's medicines policy and procedures to ensure that people were provided with the medicines when they needed them and in a safe manner. We were assured that the manager had identified the shortfalls and had put improved systems in place to address them.

Is the service effective?

Our findings

The questionnaires from people who used the service said that the care workers had the skills and knowledge that they needed to meet people's needs. This was confirmed by people we spoke with in person. One person commented, "They always do what they should, so I don't think there are any problems with the skills they have." One person's relative told us, "They seem to be trained to do their job."

Care workers told us that they were well trained and that they were provided with an induction which prepared them for their role to meet people's needs effectively. One care worker said, "The training is good and thorough, they are tight with the updates as well." They told us that they were provided with core training but if they worked with someone with specific needs they had training on them. Another care worker commented that they had an induction which was, "A whole week before I even started going out. I'm due for the yearly updates soon."

Records showed that care workers were provided with an induction of training for one week before they started supporting people, this included training in dementia. Following this induction care workers worked with more experienced care workers until they were competent and confident to work alone. During this time they were introduced to people who used the service. We saw records which showed that the experienced care workers completed an assessment of the person who was shadowing. One person told us that they had been asked if they were happy to have care workers shadowing their regular care workers and said, "I don't mind the new ones coming." This was confirmed by the manager who said that people had been sent a shadowing agreement form to say if they would allow new care workers into their home to shadow the more experienced care workers.

In addition to the formal training care workers were provided with guidance in the care worker handbook and one to one supervision meetings. The handbook provided care workers with information about their roles and responsibilities, dementia, safeguarding and what they should do in an emergency. One care workers told us that the handbook was a useful tool to have and said, "You can

just flick through it if you need to check something out." The manager told us that the care workers had recently signed up to be dementia friends and showed us a book specifically on dementia related conditions.

Care workers told us that they felt supported in their role and were provided with regular one to one supervision meetings. This was confirmed in records which showed that care workers were provided with the opportunity to discuss the way that they were working and to receive feedback in their work practice.

Care workers told us that they had training in and understood their responsibilities under the Mental Capacity Act (MCA) 2005. Care workers were provided with further guidance on the MCA in the care worker handbook. The handbook also included guidance on how people's consent for care and treatment should always be sought.

People told us that the care workers asked for their consent before they provided any care. One person said, "They tell me what they are going to do next and ask if it is ok." People's records included their capacity to make decisions and they had signed their records to show that they had consented to their planned care.

The manager and a member of the office staff told us that they tried to make sure that people were provided with a regular group of care workers who were known to them and that people were compatible with the care workers. The office staff member showed us their computerised system on which was recorded where people had requested not to receive a particular care worker, when this had been inputted the system would not allow this care worker to be added to their visits.

People's comments about if they were cared for by a regular group of care workers varied. One person said, "I get the same ones normally, can change sometimes if they are off sick or on holidays but this is not often." Another person commented, "I get the same group, it changes now and then, I would sooner have the same ones all the time." One person's relative said, "We understand this as there is a turnover of staff." Another person referred to the staff who organised the rota as, "Hopeless." They went on to say that they had the same care workers for half of the week and others for the other half and wanted to know why they could not have the same care worker every day. However, they referred to all of the care workers who supported them as, "Fantastic." They told us that they had spoken with the

Is the service effective?

office about this and this was also confirmed by the manager when we had visited the office. One person said in their questionnaire, "I do not like inconsistency in carers." Another person in their questionnaire commented, "I am always informed about who my carer will be in advance. I am happy with this arrangement." Care workers told us that they usually visited the same group of people, but this could change if someone left or were on sick leave.

The manager told us that there had been several changes in the service, including changes in office and care worker staff and improvements were being made. We saw from the minutes of team meetings that care workers were not to swap visits between themselves without consulting with senior staff first, because this could result in people getting late visits. The manager told us that they had changed the ways that the care workers were expected to write their arrival and leaving dates for visits and was monitoring travel time to minimise lateness. Care workers were expected to let the office staff know if they were expecting to be running 15 minutes late for visits so they could let people know and make alternative arrangements.

People told us that their care visits were not always on time, but they were usually informed if their care workers were running late. One person said, "Now and again they are a bit late, but they let me know." One person's relative commented, "Sometimes they are late, usually let us know if they are running late." One person stated in their questionnaire, "Time keeping appears to be hampered by the work load imposed on them and distances they have to travel between clients." People told us that the care workers always stayed for the agreed length of time. One person said, "They stay for how long they should." Another person commented, "Sometimes a little extra, if I need any extra help, they sort me out."

Where people required assistance they were supported to eat and drink enough and maintain a balanced diet. People's records identified people's requirements regarding their nutrition and hydration and the actions that care workers should take if they were concerned that a person was at risk of not eating and drinking enough. Where people were at risk of not eating enough we saw that documents had been introduced to monitor what they had eaten and where other professionals were contacted when there were concerns about people. Care workers were provided with training in food hygiene and further guidance in the care workers handbook.

People were supported to maintain good health and have access to healthcare services. Care workers understood what actions they were required to take when they were concerned about people's wellbeing. Records showed that where concerns were identified health professionals, such as the person's doctor, were contacted with the consent of people. When treatment or feedback had been received this was reflected in people's care records to ensure that other professionals guidance and advice was followed to meet people's needs in a consistent manner. However, we saw that where people were supported by the district nurse for conditions the care records did not identify who was responsible for specific areas of care. We spoke with the manager about this and they assured us that they would address this immediately to make sure that care workers were provided with the information that they needed to identify which parts of care other professionals were responsible for.

Is the service caring?

Our findings

People told us that the care workers always treated them with respect and kindness. One person said, “They are a very nice bunch of [care workers].” Another person commented, “They are very gentle and kind.” Another person commented, “They cannot do enough for you.” All of the questionnaires received from people who used the service said that the care workers treated them with respect and dignity. One person said in their questionnaire, “The carers are very kind and caring.”

Care workers understood why it was important to interact with people in a caring manner and how they respected people’s privacy and dignity. Care workers knew about people’s individual needs and preferences and spoke about people in a caring and compassionate way. People’s care records identified people’s specific needs and how they were met. The records also provided guidance to care workers on people’s preferences regarding how their care was delivered.

People told us that they felt that the care workers listened to what they said and acted upon their comments. One person said, “They do what I ask them to, they have never refused.” Another person commented, “They ask me what I need.” Records showed that people and, where appropriate, their relatives had been involved in their care planning and they had signed documents to show that they had agreed with the contents. Reviews were undertaken and where people’s needs or preferences had changed these were reflected in their records. This told us that people’s comments were listened to and respected.

People told us that the care workers promoted and respected their independence. One person, in their questionnaire stated, “I have nothing but praise for the care I receive. I soon gained confidence with help and am now fully independent again.” People’s records provided guidance to care workers on the areas of care that they could attend to independently and how this should be promoted and respected.

Is the service responsive?

Our findings

People told us that they were involved in decision making about their care and support needs. This was confirmed by all of the questionnaires received from people. One person said, “I feel that I was consulted.” Another person commented, “They asked what I needed help with.” One person’s relative told us, “We were consulted,” and they told us about the person’s specific requirements, “This is in the care plan.” People’s records confirmed that people were involved in decision making about their care.

People told us that they were happy with the service that they were provided with and that the service was responsive to their needs. One person commented, “I am happy with them and would like to keep them.” One person said in their questionnaire, “I am quite happy with the care given by Westminster Services.”

People’s care records included care plans which guided care workers in the care that people required and preferred to meet their needs. Care workers told us that the care plans provided them with the information that they needed to support people in the way that they preferred. Changes were reported to the service’s senior team and where their care reviews were required to be brought forward they were. This included where care workers had identified deterioration in people’s independence. Comments received from people in their care reviews were

incorporated into their care plans where their preferences and needs had changed. Where people required social interaction to reduce their feelings of isolation, this was also included in their care plans.

People told us that they knew how to make a complaint and that concerns were listened to and addressed. People were provided with information about how they could raise complaints in information left in their homes. One person said, “When I call the office they are always polite and listen to me.” Another person commented, “I have no problems, but when I have you just call the office and they sort it out for you.” Another person told us, “I call the office sometimes, but it is when I have been confused about the times, it’s not their fault it’s mine, but they always listen and are polite.” The responses in the questionnaires included 87% said they knew how to make a complaint, 71% felt that the care workers responded well to any complaints or concerns and 62% said that the staff at the service responded well to complaints.

Records showed that people’s concerns and complaints were investigated, addressed and responses sent to the complainants. The outcomes to the complaints investigations were used to improve the service and care workers were updated to any changes to the service made as a result of complaints received. For example, changes to the medicines procedures and how the times of visits were managed.

Is the service well-led?

Our findings

People told us that they felt that the service was well run and that they knew who to contact if they needed to. They told us that their views about the service were sought. One person said, “They call to ask if I am happy.” One person’s relative commented, “They call to ask our views, they keep us informed.”

People were asked for their views about the service and these were valued, listened to and used to drive improvements in the service. Records and discussions with the manager showed that regular care reviews and telephone calls were made to people to check that they were happy with the service they were receiving. The provider also undertook annual surveys. The manager told us that the outcomes to the surveys that related to their service were collated and sent to them. They showed us a letter which they had sent to people following the surveys from September 2014. These identified the improvements that they had made and were making as a result of the comments that people had made. These included reviewing all the care plans, a full care review held for each person by March 2015, improvements in communication and support provided with complaints. The manager also showed us a letter which had been sent to people offering them with the opportunity to be part of a service user forum to participate in decision making about the service and improvements that could be made. Responses had been received and the manager had planned to meet with a group of people in one area on the Saturday following our inspection.

Care workers told us that they felt valued by the service’s management. They were committed to providing a good

quality service and were aware of the improvements being made. They told us that they could speak with the manager whenever they needed to and felt that their comments were listened to and acted on. Care workers told us that they attended regular team meetings where they could discuss concerns or the ways that they were working. Records confirmed what we had been told. We saw that in these meetings, care workers were kept updated with changes in the service.

Records showed that regular spot checks were undertaken on care workers. These included observing care workers when they were caring for people. Where shortfalls were noted a follow up one to one supervision meeting was completed to speak with the care worker and to plan how improvements were to be made such as further training to provide people with a good quality service. This was confirmed by care workers.

Discussions with the manager and the Provider Information Return (PIR) identified that the service had systems in place to identify where improvements were needed and took action to implement them. The manager told us that they were continually seeking ways to improve the service and took all incidents and complaints seriously and used these to improve the service.

The quality assurance systems in place were improving and showed that the service identified and addressed shortfalls to provide a good quality service to people. Records showed that checks and audits were undertaken on records, including medicines, people’s daily records, complaints and incidents. Where shortfalls were identified action was undertaken to introduce changes to minimise the risks of similar issues reoccurring.