

Westminster Homecare Limited

# Westminster Homecare Limited Colchester

## 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?

Requires improvement



Is the service well-led?

Requires improvement



## Overall summary

This was an announced inspection carried out at the office on 30 September 2015. We also visited people receiving a service on that day. During October we contacted people by telephone to learn their views about the service. This was the first inspection of the service.

Westminster Homecare Limited – Colchester is registered to provide personal care to people in their own home and

at the time of our inspection was providing in excess of 1600 hours of support per week and was employing over 60 staff. The service was previously based in Great Bently and had taken on the work of another provider shortly after the move to the new location.

At the commencement of our inspection there was a registered manager in post. A registered manager is a

# Summary of findings

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 the requirements in the Health and Social Care Act and associated Regulations about how the service is run. The registered manager left the service on 04 November 2015 and the provider had commenced the recruitment process for a new registered manager.

We found people were not always protected against the risks associated with medicines because the provider did not have appropriate arrangements in place to manage medicines. We found an example when a member of staff had not followed the support plan regarding keep people safe. The complaints system was not being managed as per the company policy and we found times when service staff were either late for arranged visits and failing to inform people that staff could not visit them for the arranged call.

A number of senior appointments had been made in the month prior to our inspection and these staff were beginning to address the areas above. In particular re-organising the areas in which staff worked. Where this had happened people reported to us that staff were attending on time with regard to the call visit.

Overall, there were effective systems in place to ensure people's safety and manage risks to people who used the service. Staff could describe the procedures in place to safeguard people from abuse and unnecessary harm. The recruitment practices were robust and thorough.

Many people who used the service told us they were happy because the staff were kind and understanding. People told us, they felt safe and staff treated them well. The staff we spoke with on the whole thought they had enough time to travel between arranged calls and there were sufficient staff employed. It was felt that the service may struggle to meet its commitments at times of staff sickness or when a number of additional contracts were taken on by the service. The service had invested in staff training and provided staff with the knowledge and skills to support people.

Staff were trained in the principles of the Mental Capacity Act (2005), and could describe how people were supported to make decisions. People were supported by staff who treated them with kindness and were respectful of their privacy and dignity.

People on the whole spoke positively about the support they received to ensure their dietary needs were met.

Staff were aware of how to support people to raise concerns and complaints. Systems were in place to monitor the quality and safety of service provision; however the service had not always acted upon this information.

We found a breach of the Health and Social Care Act 2008 (regulated Activities) Regulations 2014. You can see what action we have told the provider to take at the back of this full version of this report.

# 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 not always safe.

People were not fully protected against the risks associated with the unsafe management of medicines.

Staff did not always follow the actions recorded in the person's support plan.

There were usually enough staff to meet people's needs.

We saw the recruitment process for staff was robust to make sure staff were safe to work with people who used the service. Staff knew about the different types of abuse and how to report it.

**Requires improvement**



### Is the service effective?

The service was effective.

Staff told us they received good training and support which helped them carry out their role properly.

Staff could describe how they supported people to make decisions, enhance their capacity to make decisions and the circumstances when decisions were made in people's best interests in line with the requirements of the Mental Capacity Act (2005).

Health, care and support needs were assessed and met by regular contact with health professionals.

**Good**



### Is the service caring?

The service was caring.

People had detailed, individualised support plans in place which described all aspects of their needs.

People were supported by staff who treated them with kindness and understanding.

Staff were respectful of people's privacy and dignity.

**Good**



### Is the service responsive?

The service was not always responsive

People's care and support needs were assessed and support plans identified how care should be delivered.

There were systems in place regarding complaints and concerns but the system had not been followed meaning that some complaints had not been resolved or the person kept informed of the progress or actions being taken.

**Requires improvement**



# Summary of findings

## Is the service well-led?

The service was not consistently well- led.

The service had not always covered call visits or informed the person they were running late or would not be able to attend.

The registered manager had informed CQC about events that had occurred.

Systems were in place to monitor the quality and safety of service provision but the service had not always acted upon them.

**Requires improvement**



# Westminster Homecare Limited Colchester

## 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 30 September 2015 and was announced. The provider was given 48 hours' notice because we wished to visit people in their own homes and wanted the service to have sufficient time to make those arrangements. We spoke with people and relatives by telephone during October as part of this inspection.

During our inspection we spoke with 19 people who used the service, two relatives of people who used the service and eight staff which included the registered manager at the time and another registered manager from another branch supporting the manager. We also visited the provider's office. We spent some time looking at documents and records that related to people's care and the management of the service. We looked at seven people's support plans.

The inspection was carried out by one inspector.

Before our inspection, we reviewed all the information we held about the service, including previous inspection reports.

# Is the service safe?

## Our findings

We learnt during our inspection that one person had not received their medicines as they were prescribed on a number of occasions. The relative found empty spaces in the blister pack where tablets had been removed from the blister packs in which they were supplied. However some of the tablets had been found in the person's own home. The person did not have access to the blister pack themselves and the medication chart was signed to say the person had taken the medicines.

We concluded that the above evidence meant that a person had not received their prescribed medicines for which the service was responsible to administer and there was a risk that people would not receive all their medicines as prescribed. Care and treatment must be provided in a safe way for people that use the service which includes when prescribed the proper and safe management of medicines.

This is a breach of Regulation 12 (2) (g) (Safe care and treatment) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Other people we spoke with said that the staff that came to help them were knowledgeable and supported them to take their prescribed medicines. During our inspection we saw two Medication charts and they had been completed correctly. The staff we spoke with told us about their medication training and it was confirmed to us by the manager and records we saw that staff had received training in the administration of medicines.

A relative told us that a member of the service staff had not followed the support plan which had been specifically written regarding the identified needs of their relative. Furthermore staff had taken actions that were not in the care plan or informed the manager of the service or relatives of this action. The consequences of this action potentially increased the risks to the person's well-being. This meant that the person had not been supported appropriately or safely.

We concluded that a member of staff had put the person at risk and although this was being further investigated and action taken by the service. This is a breach of Regulation 12 (2) (b) (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People who used the service said they felt safe and well looked after. Comments we received included. "I have always felt safe the staff know what to do." Another person told us. "The staff know about my key staff and that gives me peace of mind."

We saw that risks to people who used the service had been assessed, managed and reviewed. We saw risk assessments had been written to minimise the risk of harm to people who used the service. These included environmental risk assessments in each person's home. The service staff had worked with people and their relatives to reduce the risk. The risk assessments gave detailed guidance and were linked to support plans. The assessments identified any hazards that needed to be taken into account and gave staff guidance on the actions to take to minimise the risk of harm. A relative told us. "We installed a key safe and also re-arranged the furniture to make life easier for everyone."

Staff had received training in the safeguarding of vulnerable adults and the records confirmed this.

Staff we spoke with were able to demonstrate a good understanding of safeguarding issues and were able to give examples of how they would identify abuse. Staff also knew the principles of whistleblowing and assured us they would make use of whistleblowing if necessary. One staff member told us. "The training was quite specific about whistleblowing." We saw the service had a whistle-blowing policy in place. The manager had maintained a log of safeguarding incidents and investigations that had taken place.

There were effective recruitment and selection processes in place. Appropriate checks were undertaken before staff began work, this included records of Disclosure and Barring Service (DBS) checks. The DBS checks assist employers in making safer recruitment decisions by checking prospective staff members are not barred from working with vulnerable people. A member of staff told us. "Once the training was completed I spent my first week with other staff while getting to know people, that gave me confidence."

People who used the service and their relatives said there were usually sufficient staff to meet people's needs. Comments we received included. "I think that there is enough staff now things have improved with time keeping." We saw that the service had been proactive in continuing to recruit new staff and to manage with consideration any

## Is the service safe?

new contracts to ensure that they had sufficient staff to be able to attend to people and meet their needs. A member of staff told us, “I like working here because I was clear with

the number of hours I could work and this has been respected.” Other staff told us that they liked the way in which the management worked out their rota to ensure that they were given the time off they required.

# Is the service effective?

## Our findings

Staff were supported to provide appropriate care to people as they were trained and supervised in their role. Staff transferring from the previous service had on-going yearly appraisals. Staff we spoke with said the training they received helped them understand their role and how to look after people well. One staff member said, "I have supervision and have enjoyed the training provided."

There was a rolling programme of training available, which included, safeguarding, moving and handling, diabetes, epilepsy and autism. The training records we looked at showed staff were up to date with their required training. Further training in the year had been identified and booked to ensure staff's practice remained up to date.

Staff said they received regular one to one supervision. The manager confirmed there were systems in place to ensure this and explained these to us. Staff said they found this useful and a good opportunity to discuss specific issues regarding the support of individuals. Records we looked at showed this to be the case.

Staff we spoke with understood their obligations with respect to people's choices and the need to ask for consent prior to carrying out any care tasks. The staff we spoke with showed a good understanding of protecting people's rights, best interest decisions and advocacy. This knowledge had been provided by staff attending training in Mental Capacity Act (MCA). Records we looked at confirmed this and we saw detailed training materials which were used to explain the (MCA) to staff.

We saw from support plans that people's capacity to give consent for their care had been assessed. Where people had the capacity to make decisions about their care this was always recorded clearly. The manager said where people did not have capacity to make all decisions for themselves, records showed that best interest decisions had been made with the involvement of people's family or Independent Mental Capacity Advocates. (IMCA's). This showed us that the principles of the MCA had been applied.

The Care Quality Commission (CQC) monitors the operation of the Mental Capacity Act 2005 (MCA).

Records showed that arrangements were in place that made sure people's health needs were met. We saw evidence that staff had worked with various agencies and made sure people accessed other services in cases of emergency, or when people's needs had changed. People who used the service told us they received appropriate support to manage their health needs. One person said, "I needed an early call to help me to be ready to go to the Doctors and this was sorted out for me."

"We saw that health action plan assessments had been completed for people who used the service. These were sufficiently detailed for a service providing domiciliary care so that the staff were aware of the persons needs and how they were being met.

People who used the service who required support with their food and fluid needs told us that the staff were supportive of them. One person said, "They never leave me without a warm drink." Another person said, "They have got to know how to use my microwave so the food is nice". A relative told us that they thought the service could better monitor the food that the relative ate as they were concerned and were going to address this with the service staff. A member of staff told us that nobody to which they provided support had any issues with their diet but did keep an eye on the amount of food being eaten or the amount that was thrown away.

We saw in the support plan that as part of the assessment the service identified how people had been supported to maintain good health. This included recording information about the GP and Dentist. Information was recorded about how people accessed those services and questions were asked if there was a role for the service to play in supporting those arrangements or were other arrangements in place.



# Is the service caring?

## Our findings

People we spoke with told us they were content with the service and staff were caring. One person told us, “The staff are very pleasant and treat me with respect.” Another person said. “The staff are great, lovely people.” Another person said. “They asked me if I wanted a male or female care, I had never thought about that and do not mind but very nice to be asked.”

Relatives of people who used the service spoke highly of the staff. They said that staff were understanding, kind and compassionate. Most relatives we spoke with said their family members received good support. One relative we spoke with said they thought the personal care needs of their family member were met well by the staff. They told us. “The staff are sensitive which makes all the difference.”

We saw positive interaction between people who used the service and staff when we visited people. A relative told us. “We have had problems but things have been sorted out and the staff are understanding. The explained that the problem had been around staff coming on time but they were happy now and staff were pleasant and had been apologetic when late.

The staff we spoke with were happy and enjoyed working with people. They explained how they ensured people’s

privacy and dignity were respected. They said they were mindful of the fact they were working in someone’s home and treated it as such. A member of staff explained how they followed the support plans of people who used the service to ensure an individualised, person centred approach to care delivery. A relative told us. “The staff are very respectful when it comes to choices and decisions.” The staff we spoke with demonstrated a good knowledge of the care needs of the people they supported, including where conditions such as diabetes had been diagnosed. Another member of staff explained to us how they supported a person regarding their incontinence care which the person found extremely embarrassing. The staff member supported the person with empathy and understanding.

People who used the service and their relatives said they had been involved in developing and reviewing support plans and said they felt fully involved in this process. Everyone we spoke with told us that they had their own support plan. One person said. “I have my own file, we spoke about what needed to be done and this was written down and that is what they do.” A relative said. “They discuss every aspect of the support and I have no issues or complaints.

# Is the service responsive?

## Our findings

A relative informed us that they had raised a complaint with the service and this had not been resolved within 28 days. Furthermore the service had not kept them informed of the progress it was making regarding resolving the complaint during this time. Although the relative had spoken to staff at the service during this time they still had not received information about a resolution. This meant that the service was not following its own complaint procedure. Any complaint received must be investigated and necessary and proportionate action must be taken in response to any failure identified. We could not be confident given this information that the service recorded and investigated complaints received.

This is a breach of Regulation 16 (1) (Receiving and acting on complaints) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Other people we spoke with who used the service said they would talk to the staff if they wanted to raise a concern or a complaint. They also said they would speak with their family to do this for them.

We saw that the service had a policy and procedure and did record complaints.

Prior to providing any support the service undertook an assessment to determine if it could meet the person's needs. We saw that the assessments were recorded in the person's support plan

On the whole people received care which was personalised and responsive to their individual needs. People's care and support needs were assessed and support plans identified how care should be delivered. One person told us. "Before the carers came I met someone and we went through what was needed and the carers started a few days later."

Support plans we viewed were written on the service standard care plan document which included the time that staff would attend and the time allocated for the service visit. The care plan was detailed to show how people would like to receive their care and allow the person to have as much choice as possible. For example one care plan we looked at recorded that a person needed assistance with washing, while clarifying what the person could do for themselves and with what they required assistance. The care plans contained personal information including life history about the person and their preferences which would show how they liked to receive their care and support.

Records showed that people had their needs assessed before they used the service. This planned approach was used so that the service was able to meet the needs of people they were planning to support.

We looked at the support plans for people who used the service. The support plans were written in an individual way, which included a one page profile, likes and dislikes. Staff were provided with clear guidance on how to support people as they wished. The staff we spoke with had knowledge and understanding of people's care and support needs.

People who used the service or their relatives thought that care was focused on their or their family member's individual needs. One person said, "I need support to get up in the morning and get me started and then help to bed, other than that I am fine."

Overall, daily records showed people's needs were being appropriately met. All the people we spoke with said that the staff completed the daily notes on each occasion that they visited.

# Is the service well-led?

## Our findings

There was a clear management structure in place at the service. The Operations Support Manager for Essex was supporting the registered manager while they were in the process of leaving the service. They were also overseeing the service while a new registered manager was sought. Senior staff were currently undertaking further training to enable them to further develop their skills. Staff told us that they found the senior staff approachable and supportive.

Prior to our inspection we received information that some staff did not have sufficient time to travel between call visits and spend time with the person to deliver the care required. Some staff confirmed this was the case but all staff we spoke with said that things had significantly improved. They said this was due to two reasons - more staff recruited including management staff and the areas in which they worked had been reviewed. The effect of this was that travelling time had been reduced.

The manager showed and explained to us the system which included how a care staff schedule was compiled. The designated time of the visit unless specifically specified was arranged for the staff to visit the person either 30 minutes before or after the agreed call time. We found that in the past staff had not attend within this timeframe and also had not informed the person or their families they were running late. People we spoke with said, that when this had been their experience things had improved in the past month. They felt sorry for the care staff as they did apologize for the situation when they attended. We were also informed of two examples of when the service had not attended until two hours after the designated time. One person said, "I think it was after midnight when they came to put me to bed but they had not told me they were going to be late.

The registered manager explained to us that there was now an on-call system in place which would deal with informing the person when the service was experiencing difficulties.

The increase in staff and roles of some of the senior staff including management staff meant that they would cover for staff not able to fulfil their rota of calls and hence things should improve. This was what we found when speaking with people that had experienced difficulties. Staff told us that they felt supported by there being an on-call service.

Staff told us they did feel supported by the service. They gave examples that a stable rota was being established and annual leave requests being granted. It was explained to us the difficulty in arranging a staff meeting for such a large number of staff. So the service communicated by a newsletter and arranged staff meetings for staff with their responsible manager to discuss and resolve local difficulties.

The service had absorbed the work of another domiciliary care service since our last inspection and this had proved difficult as explained to us by various staff members with regard to the amount of additional work this required. This was further compounded by staff's sickness. We found that during this time the service had struggled to fulfil its commitments but though increased recruiting and organisation the service had improved

A member of staff explained to us that the service was prioritising reviewing peoples' care and providing supervision to staff particularly in the form of spot checks. This is when a senior member of staff observes the person providing care to a person in their home. We saw evidence that this was increasing and also that both people who used the service and staff felt supported by this approach.

We also noted when looking at good governance and how the service carried out audits and consent forms of people agreeing the care provided had been regularly reviewed. We saw that the manager did complete a weekly audit account of all the service business in order that their superiors were aware of the situation. We saw that where necessary actions such as recruitment had been identified that necessary actions were in place to resolve issues identified.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Regulation 12 HSCA 2008 (Regulated Activities)</p> <p>Regulations 2014 Safe care and treatment.</p> <p>People who use services and others were not protected against the risks associated with unsafe care because the staff were not doing all that is reasonably practicable to mitigate any such risk.</p> <p>Regulation 12(2) (b).</p>
Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Regulation 12 HSCA 2008 (Regulated Activities)</p> <p>Regulations 2014 Safe care and treatment</p> <p>People who use services were not kept safe because of the lack of staff implementing proper and safe management of medicines.</p> <p>Regulation 12(2) (g)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints</p> <p>Regulation 16 HSCA 2008 (Regulated Activities)</p> <p>Regulations 2014 Receiving and acting on complaints.</p> <p>Any complaint received must be investigated and necessary and proportionate action must be taken in response to any failure identified by the complaint or investigated.</p>

This section is primarily information for the provider

## Action we have told the provider to take

Regulation 16(1)