

Westminster Homecare Limited

Westminster Homecare Limited (Colchester)

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 ●

Summary of findings

Overall summary

Westminster Homecare Limited (Colchester) is a domiciliary care agency. It provides personal care to people living in their own home in the community. It provides a service to older adults and younger disabled adults. The service supports people in the Colchester area, Harwich, Clacton, Walton on the Naze and Frinton. At the time of the inspection they were supporting seventy seven people.

There was a registered manager in place who was present at the inspection. 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 the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service had its last comprehensive inspection in November 2017 and we rated the service 'requires improvement.' We met with the registered manager and the providers representative and asked them to take action in response to our findings. They sent us an action plan setting out what they would do by when. At this inspection we found that improvements had been made and the provider had addressed the concerns that we identified.

Detailed care plans were in place which outlined people's needs and preferences. Summaries were also available for staff in an assessable format so that they could see at a glance what support was required. The information provided was person centred and people's care needs were regularly reviewed, and plans amended as required. Staff were provided with guidance about how risks to individuals wellbeing should be managed and steps that staff should take to reduce the likelihood of harm.

There were systems in place for the management of safeguarding concerns and staff were clear about the actions that they should take if they had a concern.

There were procedures in place to guide staff in the administration of medicines and regular audits to check that people were receiving their medicines as prescribed. During the course of the inspection we identified a small number of shortfalls regarding recording and we have made a recommendation about this.

People told us that they received care from a consistent team of staff who knew them well. There were clear systems in place for people and staff to seek advice and support out of hours. A missed call tracker had been introduced to enable the registered manager to have greater oversight of any missed calls and to identify the reasons and any patterns.

Staff had received training which provided them with the necessary knowledge and skills. Staff received regular supervisions and appraisals to reflect on their practice and explore how their skills could be developed.

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

People were supported to eat and drink in line with their care plan and their nutritional needs. People had good access to health care support when they needed it. The agency sought advice appropriately from health professionals when people's needs changed.

People told us that they were supported by a regular team of staff with whom they had good relationships. They described staff as kind and caring. Staff understood the importance of privacy and dignity. Care plans set out what people could do to maintain their independence and how staff could support people to retain their skills.

There was a complaints policy in place and people's concerns were investigated. People told us that they felt comfortable raising concerns.

Staff told us that they were well supported, and the management of the service was approachable and helpful. Staff performance was monitored to ensure that they were working to the required standards and checks were undertaken on how care was being provided.

There were systems in place to ascertain people's views about the quality of care they received and regular satisfaction surveys were undertaken.

There were quality assurance systems in place to help ensure any areas for improvement were identified and action taken to improve the quality of the service provided.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Staff were clear on the processes to follow if they had concerns about people's wellbeing.

Risks to people's health and wellbeing were identified and plans were in place to reduce risks.

There were sufficient staff to meet the needs of the people using the service. Improvements have been made to scheduling but communication about changes could be improved. There were arrangements in place to meet people's needs outside office hours.

There were systems in place to oversee the administration of medicines, but we have recommended that they review the arrangements for transcribing onto the medication administration chart to reduce errors.

The provider checked people's suitability to work with vulnerable people.

There were systems in place to reduce the likelihood of infection.

Is the service effective?

Good ●

The service was effective.

Staff received training to enable them meet people's needs.

Staff had received training in the Mental Capacity Act 2005 (MCA) and sought people's consent prior to providing care.

People were supported to eat and drink.

People were given support to help them stay healthy and access health care support when they needed to.

Is the service caring?

Good ●

The service was caring.

People had good relationships with staff.

People were consulted about their care needs.

People's privacy and dignity was respected.

Independence was promoted.

Is the service responsive?

Good ●

The service was responsive.

People needs were assessed before they started to use the service and the information was used to develop a plan of care.

Care plans were assessable to staff and regularly reviewed to ensure that they were up to date and reflective of people's needs.

Complaints procedures were in place and people's concerns were investigated.

Is the service well-led?

Good ●

The service was well led.

There is a clear management structure and visible leadership.

Quality assurance systems were in place to drive continuous improvement at the service.

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 checked 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.

The inspection was undertaken on the 7, 8 and 14 January 2019. The inspection was announced. We gave the service notice that we would be doing the inspection so that they could make sure the necessary people were available at the office when we called. The inspection team consisted of an 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, and their expertise was in the care of older people.

Before the inspection, the service 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.

In advance of our inspection we reviewed the information we held on the service, in particular notifications about incidents, accidents and safeguarding information. A notification is information about important events which the service is required to send us by law. We looked at safeguarding concerns reported to us. This is where one or more person's health, wellbeing or human rights may not have been properly protected and they may have suffered harm, abuse or neglect.

As part of the inspection, we spoke to thirteen people who used the service and nine relatives. We undertook visits to three people who received care in their home. We spoke to staff both in person and by telephone; in total we spoke with seven care staff as well as four staff from the head office team, including the registered manager and the providers operational manager.

We visited the office on 7 January 2019 and reviewed a range of documents and records, including care records for people who used the service, records of staff employed, complaints records, medication, accident and incident records. We looked at a range of quality audits and management records.

Is the service safe?

Our findings

At the last inspection in November 2017 we rated this key question as 'requires improvement'. At this inspection we have found that improvements have been made and have judged the rating as 'good'. People told us that they were happy with the care provided by the agency, comments included, "I have no problems at all with them.. they look after me very well." "We are very, very happy with the carers," and "I would recommend them to other people ... it seems to run very smoothly."

We found that people were protected from the risk of abuse because staff had an understanding of abuse and were trained to identify and report any concerns they might have. Body maps were used to record changes in people skin and possible causes of bruising. There were clear arrangements in place to support people who required staff to undertake shopping on their behalf and which provided safeguards to people. Where concerns had been identified appropriate referrals had been made by the agency to the local authority for investigation.

Risks to people safety were monitored. People's care plans contained assessments of risk relating to the environment, including fire safety, the use of electrical and gas appliances, and specialist equipment such as a beds and hoists. At the last inspection we found that the risk management plans were lengthy and were not personalised to the individual. At this inspection we found that some improvements had been made and information was more clearly presented and accessible to staff. For example, we saw that the actions that staff should take to manage the risks of pressure ulcers or help people to mobilise were clearly documented. People and relatives expressed confidence in the staff skills and knowledge. One person told us, "They do know if I am a bit wobbly and make sure I don't fall." A relative told us, "My relative uses a rotunda and a reclining bed. The carers are very well trained and [my relative] is absolutely safe with them."

A number of people were supported with catheter care however when we reviewed the documentation we found that the risk assessments did not always record the arrangements for bag changes for people which placed them at risk of infection and it was recommended that this was undertaken. This was immediately actioned by the registered manager who told us that following the inspection they reviewed the information with the district nurse and updated all the care plans accordingly.

Risk management plans were regularly reviewed and updated as people's needs changed. We saw examples where the agency had identified escalating risks and saw that they had had appropriately shared information with other professionals.

There were systems in place to ensure that there were enough staff to support people to stay safe. At our last comprehensive inspection people expressed concerns about communication and how calls were organised which meant that there was lots of changes and staff were often late. At this inspection we found the agency had worked on how it scheduled calls and the length of time it took staff to travel between calls. We saw that schedules were now produced in a timely manner and travel time was documented. Staff told us that they had regular people they supported, and organisation had improved. The comments included, "They do come on time now. There were problems before but its fine now and they always stay for the right time."

Another said, "Yes, I have the same girls usually. If I do have a new one I feel as safe with them as the usual ones." "Yes, we do have the same ones. If we do have a new one they come with a regular one, so they learn from them."

While we received positive feedback, some people continued to express frustration at carers being late. One person told us, "Mostly, they're on time, but they can be quite late, and I don't always get a call to let me know what's happening. They always stay for the full time though." Another said, "It's fairly tight, getting everything done in the allocated time anyway. Sometimes they can be really late, but the agency says that they're still on time. I just don't understand it." We discussed this with the registered manager who told us that there were aware of some local issues and were addressing this directly with staff.

Staff confirmed that there was a call system which worked outside of office hours and this provided them with the support and back up that they needed to protect them and people from harm. We saw from the records viewed that actions taken were recorded and matters were escalated to other professionals where necessary.

Robust checks were undertaken on staff suitability prior to them commencing employment. We looked at recruitment files for three newly appointed members of staff and saw that references, identification checks, and criminal records checks had been undertaken prior to them starting their employment.

Incidents were reviewed by the registered manager and provider to identify what they could have done differently and what could be done to minimise future risks. Since our last inspection the registered provider had developed a missed calls tracker to enable them to identify when they occurred, the reasons and any learning. We reviewed a number of the recent missed calls and the subsequent investigation, which had identified that the incidents had occurred as staff were not always thoroughly checking their rota and had not identified changes. The registered manager told us that they were trying different approaches to reduce the likelihood of a recurrence including highlighting changes in the schedule to staff and printing on different colour paper.

People received their medicines as prescribed but there were some shortfalls in medicine recording. We looked at a sample of medication administration records (MAR) which staff signed to evidence that people had received their medicines. While the majority were accurate we saw a small number of examples where the records and the medicine did not correspond with what people had been prescribed. For example, one person was prescribed a patch once weekly, but the MAR only documented the name of the medicine and strength. We could not see if the medication had been administered as the MAR had not been signed and there were no running totals. We asked the registered manager to investigate and they subsequently confirmed that this was a recording error. Another person had been prescribed a medicine which they needed to take before food. This information had not been transcribed onto the MAR although had been recorded on the care planning documentation. We recommend that they review the system for transcribing medicines to ensure greater accuracy.

Staff told us that they received medication training and their practice was observed to ensure that they were competent. Audits were undertaken on a regular basis on how MARs were being completed by staff. We looked at a sample of these audits as part of our inspection and saw that where shortfalls were identified these were discussed with the individual staff and clarification sought. Where there were examples of repeat errors, retraining was provided to ensure that staff understood their responsibilities. Field care supervisors also checked medication as part of spot checks and reviews in people's homes.

There were systems in place to protect people by the prevention and control of infection. Staff told us that

they received training on food hygiene and infection control and had good access to a range of personal protective equipment (PPE). One person told us, "I've not had to remind a single one of them about wearing their gloves and changing them between jobs. They are also very good at making sure they wash their hands particularly when they finish doing my personal care and then go on to do something in the kitchen. They also tidy up for me and take the rubbish out to the wheelie bin when they go." Another said, "Occasionally, I will need to remind one of the younger carers to wash their hands, but on the whole, they are very good."

Is the service effective?

Our findings

At the last inspection this key question was rated as 'good'. At this inspection we have judged the rating remains 'good'.

People told us that that they were supported by a consistent team of staff who knew their needs. One person told us, "Yes, ... It took some time to get there, but I'm happy now." People's needs were assessed when they first started to use the service and their needs were reviewed at regular intervals depending on any changes and the complexity of the care package.

Staff received training to meet the needs of the people using the service. People and relatives expressed confidence in staff skills and knowledge, one person told us, "I think they are very well trained and proficient carers", another said, "They are trained well... and I have to say they have the right skills to look after [my relative]."

Staff completed initial induction training which covered areas such as health and safety, nutrition, safeguarding and moving and handling. We noted competency assessments and quizzes on staff files which staff completed after training to demonstrate their understanding of what they had learnt. Staff told us that as well as the training, they shadowed an experienced member of staff before working unsupervised. Additional training was completed to keep staff up to date with developments in the sector and staff were supported to obtain additional qualifications.

Staff told us that they received regular supervision and support from both the coordinator and the field care supervisors who provided guidance and would accompany them on care visits if needed. Spot checks were also undertaken, and one member of staff told us that senior staff, "Would turn up unannounced and hover in background," to observe what they were doing.

People were supported to eat and drink and maintain a balanced diet as outlined in their care package. People told us that they were offered choices by staff and the meals prepared were appetising. One person told us, "They help me with all my three meals a day. Obviously, I can have the choice of what I've got in the fridge and the freezer and the carers never mind making me whatever it is that I happen to fancy eating. My main meal is a microwave ready meal, which I know isn't that nutritious, but it's the easiest thing to get the carers to do for me in the time they have." Another told us, "My carer will do me cereal for breakfast in the morning and then whilst I'm eating that, they will make me a sandwich, which I then keep in the fridge so that I can get it out at teatime when I don't have a carer. I usually have a choice of things that I can have in my sandwich and my carer knows how I like them to be made now, as I just have two regular carers who are here most of the time."

We looked at peoples care plans and saw that allergies were clearly documented and where people had been identified as being at risk of malnourishment food charts were maintained to ensure that peoples intake was monitored.

People were referred to external health services when they needed additional support. For example, we saw from a review of people's daily records that where necessary the agency had contacted people's GP to clarify health concerns and people's medicines. A relative told us, "If they are concerned about anything to do with my relative's health, they will always tell me about it and then it will be written up in the book and sometimes it will be reported back to the office staff, who have in the past, telephoned me to make sure that I've been made aware of certain things."

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. We saw that staff had received training in the MCA and the staff we spoke with understood the importance of giving people choices and ascertaining their consent before providing care. People's care records contained information about whether people had capacity to make their own decisions.

Is the service caring?

Our findings

At the last inspection this key question was rated as 'good'. At this inspection we have judged the rating remains 'good'.

People told us that they were treated with kindness and compassion by staff who knew them well. One person told us, "I needed 6 weeks of dental treatment and I've no family nearby, but one of my carer's offered to take me and stay with me and then drop me home, all in her own free time. I was ever so grateful to her." A relative told us, "I can't fault any of them. They give [my relative] hugs and cuddles which puts my relative at ease with them. They are so patient, my relative can be stubborn but the carers never rush or force my relative to do anything."

We observed during our visits with staff that they were respectful and attentive, checking with people before they left to make sure that they had all they needed or if there was anything else they wanted them to do. This corresponded about what people told us, one person said, "My carer always asks me if I have any other jobs I need a hand with before she goes. She insists on making sure I'm nice and comfy and have everything in easy reach." The agency had systems in place to safeguard people's information and ensure confidentiality. People told us that their information was safe, one person said, "They never gossip or discuss any other clients and I trust them implicitly." Staff we spoke with referred to people in a respectful way.

People's privacy was respected. We saw that staff did not enter people's homes without knocking or calling out to ensure that they had permission to enter. One person told us, "This time of year, my carer always closes my curtains before putting my lights on when she comes in during the afternoon. She knows that I don't like being on show to the neighbour's." A relative told us, "I hear my relative's carer knock on his door and they wait until my relative calls them in and I just about hear the carer asking how my relative is feeling before they shut the door. The door doesn't open until my relative is fully dressed."

People told us that their care workers listened to them and acted on what they said. One person told us, "They do involve me and ask my opinion. They always listen to me." A relative told us, "Yes they do listen to both of us... they always include me in conversations and discussions. They take everything on board." People's care plans showed that they had been involved in care planning and the documents included their wishes about areas such as how they wished to be addressed and gender preferences. One person told us that they did not like having male carers, we spoke to the registered manager about this and they told us that their policy was to meet people's gender preferences. However, they said that they made it clear at the commencement of a care package that where people needed two carers only one may be of the preferred gender in occasional circumstances.

People's care plans identified areas of their care that people could attend to independently and how this could be promoted. People told us that staff encouraged them to maintain their independence and to continue to do tasks by themselves where they could. One person said, "That's why it's nice having my regular carer, because she knows that there are certain things that I can do for myself and she will let me do

those before she then takes over to help me with the things that I struggle more with." Another told us, "My carers know that I can manage to wash my top half when I'm in the shower, but I do need them to help me with my bottom half and I will just give them a shout when I'm ready for their help."

Is the service responsive?

Our findings

At the last comprehensive inspection in November 2017 we identified a breach in Regulation 9 of the Health and Social Care (Regulated Activities) Regulations 2014. We found that the care plans did not always provide staff with clear and assessable information about people's needs. At this inspection we found that the improvements had been made and staff provided with the information they needed to deliver care in a safe and consistent way.

Care plans were in place in people's homes and people told us that they were consulted as part of the care planning process. One relative told us, "When my [relative] started being looked after by the agency, we sat with a member of staff and talked about my relative's care needs and they then wrote up the care plan. There's a copy here in the folder." Another person told us, "My care plan's here in the folder and we look at it each time the field care supervisor visits. It was put together when I started with them following my meeting with the field care supervisor for the first time."

The plans we looked at were detailed and informative and provided information about people's needs and how they wished care to be delivered. For example, there was information on people's cultural needs, their communication, aspirations and medical needs. Since the last inspection the registered manager had developed a summary sheet which provided staff with a helpful overview of people's needs and referred staff to the detailed care plan for more information. People told us that the care plans were regular reviewed.

Daily records were maintained which outlined the care provided on each visit. We found that these were completed as required and provided an overview of the care provided and any areas which required further intervention or observation. People told us that staff monitored their needs and sought advice or escalated concerns appropriately. One person told us, "They are very observant and know when I am not feeling too good. They make sure I have everything I need."

The registered manager told us that the agency was not currently supporting any individuals who required palliative care but had done so in the past. They showed us a specific care planning tool which they used in these circumstances and told us that they had links with the local hospices. As part of care planning people's future wishes were recorded. For example, we saw that some people had requested that they would not wish to be resuscitated and had a Do Not Attempt Resuscitation (DNAR) in place.

People told us that they felt able to raise concerns and were confident that they would be addressed. One person told us, "I would feel able to complain if need be but have never needed to. I would ring the manager." We looked at the records of complaints and saw where concerns had been raised they had been investigated and responded to.

Is the service well-led?

Our findings

At the last comprehensive inspection in November 2017 we rated leadership as requiring improvement. Following the last inspection, we met with the registered manager and the providers representative and asked them to complete an action plan to show what they would do by when to improve the quality of care. They told us that they intended to strengthen processes and improve consistency.

At this inspection we found that improvements had been made and the feedback from people was that they were happy with the care and the agency. One person told us, "I think they are excellent and are definitely a good service." Another person told us, "I already have recommended them to someone else. I think it is very well managed and they all work very well together as a team."

The registered manager was supported by a team of staff in the office whose roles involved organising visits, monitoring care and medicine records and undertaking supervisions with staff. People told us that the office staff were helpful and accommodating, one person said, "They are very helpful. When we have a hospital appointment they change the time of the visits for us." Another said, "They are usually helpful. I had to call them when the carer did not turn up, they apologised and sent someone later on." Staff received regular supervision and appraisals, and these were scheduled by the head office team at regular intervals. Staff meetings were also held on a regular basis.

There were quality assurance systems in place to help ensure any areas for improvement were identified and action taken to improve the quality of the service provided. Field care supervisors monitored the quality of the service provided by undertaking spot checks on which they observed staff working practice and their interactions with people using the service. They also regularly spoke with people to ensure they were happy with the service they received. Regular audits were also undertaken on records to check implementation and identify learning. We saw evidence that staff followed up on audits where shortfalls in documentation had been identified. The provider had an improvement plan in place and the operational manager regularly completed audits to check on the systems in place and how policies were being translated into practice. These mechanisms helped to assess the quality of the services provided and maintain the quality of the service.

People were asked for their views and the provider regularly undertook satisfaction surveys to ascertain the views of people using the service and staff. The latest had been undertaken shortly before the inspection and results were in the process of being collated. The registered manager told us that they would be completing an action plan, where areas were identified.

Staff we spoke with were positive about working for the agency and told us that management were approachable and helpful. Newsletters were regularly sent out to staff which served as a way to communicate changes to staff and provide reminders. Good practice was celebrated and there was a regular carer of the month which was presented to staff who had gone over and beyond what was expected.

The registered manager understood their responsibilities around key areas such as safeguarding, and we

saw that they had taken advice appropriately. They also demonstrated their knowledge of their legal responsibilities for notifying CQC of deaths, incidents and injuries which effected people who lived in the service.