

Westminster Homecare Limited

Westminster Homecare Ltd (Nottingham)

Inspection report

Abacus House
89 Melton Road
West Bridgford, Nottingham
Nottinghamshire
NG2 6EN

Tel: 01159821331
Website: www.riseway.co.uk/whc-new

Date of inspection visit:
08 June 2016

Date of publication:
10 August 2016

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

We carried out an announced inspection of the service on 8 June 2016. Westminster Homecare Nottingham is a domiciliary care service which provides personal care and support to people in their own home across the UK. At the time of the inspection there were 74 people using the service.

There was a manager registered with the Care Quality Commission (CQC). 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.

People felt safe and were supported by staff who knew how to keep them safe and understood their responsibilities to protect people from the risk of abuse. Risks to people's health and safety were managed, plans were in place to identify and reduce the risk to people's safety. There were enough staff at the time of our visit to meet people's care needs and staff were recruited safely. People received the level of support they required to safely manage their medicines.

People were supported by staff who received an appropriate induction, training, supervision and a yearly appraisal. Staff felt fully supported by the management team. People's rights were protected under the Mental Capacity Act 2005. People received the assistance they required to have enough to eat and drink. External professionals were involved in people's care as appropriate.

People were treated with kindness and compassion and spoke complimentary of the staff. People reported positive and caring relationships had been developed between themselves and the staff. People felt able to contribute to decisions about their care and were involved in the planning and reviewing of their care and how they wanted their care delivered. People were treated with dignity and respect by staff who understood the importance of this.

People received the care they needed and staff were aware of the support each person required. Care records were written in a way that focused on people's wishes and respected their views that provided information for staff so people could receive relevant care. A complaints process was in place, and people felt able to make a complaint and that staff would respond in a timely manner.

The service promoted a positive culture that was transparent and open. People felt the service was well run. Staff felt supported by the management. All staff felt the registered manager was approachable and listened to their views or concerns. People were encouraged to share and feedback on their experience of the service. There were a number of quality assurance processes in place that regularly assessed the quality and effectiveness of the support 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.

People felt safe and supported by staff who understood their responsibilities to protect people from the risk of abuse.

Risks to people's health and safety were managed; plans were in place to enable staff to support people safely and contained sufficient detail.

There were enough staff at the time of our visit to meet people's care needs and staff were recruited safely. People received the level of support they required to safely manage their medicines.

Is the service effective?

Good ●

The service was effective.

Staff received appropriate induction, training, supervision and appraisal. People's rights were protected under the Mental Capacity Act 2005.

People received the assistance they required to have enough to eat and drink.

People were supported to maintain good health. They had access to healthcare services when they needed them. Referrals were made to healthcare professionals when required.

Is the service caring?

Good ●

The service was caring.

People had positive and caring relationships with staff.

People were involved in the planning and reviewing of their care and making decisions about what care they wanted.

People were treated with dignity and respect by staff who understood the importance of this.

People received information about the service to advise them what they could expect. This also included information about

independent advocacy services.

Is the service responsive?

Good ●

The service was responsive.

People received the care they needed and staff were aware of people's different support requirements. Care records were reviewed and care needs updated.

A complaints process was in place and people felt able to make a complaint.

Is the service well-led?

Good ●

The service was well-led

People were happy with how the service was run.

Staff were confident to raising any concerns with the management.

There were systems in place to monitor and improve the quality of the service provided.

The provider and registered manager had notified CQC of serious incidents and concerns, as a requirement of their registration with CQC.

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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.

We carried out a visit to the service on 8 June 2016, this was an announced inspection. We gave 48 hours' notice of the inspection because we needed to be sure that the registered provider would be available. The inspection team consisted of one inspector and an expert 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.

Before the 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 information we held about the service. This included information received and statutory notifications. A notification is information about important events which the provider is required to send us by law. We also sent out feedback surveys to 18 people who used the service. We also contacted health and social care professionals for feedback about the service being provided.

During our inspection we spoke with 14 people who used the service, three relatives, five members of care staff, one senior, the registered manager and the provider's representative. We looked at the care plans of three people who used the service and any associated daily records, such as the daily log and medicine administration records. We looked at four staff files, as well as a range of records relating to the running of the service, such as quality audits and training records.

Is the service safe?

Our findings

The provider had procedures in place to help staff protect people from abuse and avoidable harm. The systems in place helped to identify the possibility of abuse and to reduce the risk of people experiencing abuse.

People told us they felt safe with the service provided and the staff who cared for them. 100% of people asked said that they felt safe from abuse and harm from staff that provided them with care and support. One person said, "I defiantly feel safe." Another person said, "The staff are pretty good, they make me feel safe." One relative told us their relation was in safe hands. Another relative when asked if their relation was safe replied, "Yes, generally [Name of family member] would tell me if they were not happy."

Staff were knowledgeable and had a good understanding of how they should keep people safe. Staff told us they had received safeguarding training annually. They were aware of the procedures they should follow if they needed to raise a safeguarding concern. Staff we spoke with were able to describe the processes the service had in place to ensure they kept people safe. All staff we spoke with said that they would report any concerns to the registered manager in the first instance, but were aware they could contact the local safeguarding team for the local authority should the need arise.

The registered manager showed us the system they had in place to identify safeguarding training received by all staff. We could see the date the training was completed and the date the next refresher training would take place. We sent out surveys to people who used the service. We saw the service and staff were following the provider's safeguarding policy and procedure.

Individual risks associated to people's needs were identified and monitored on a regular basis to address themes and trends of any incidents that may have occurred. Staff told us if people were supported to go out into the community any risks were identified and reported back to the care coordinator, who would update the person care file with the relevant information. The provider's representative told us staff were trained to assess risks. They told us they [The service], managed associated risks rather than just complete a task. They said that there were trained assessors who visited potential people who required a service and their family, to plan and agree person centred care needs. The provider's representative said, "Where a risk is identified, for example to the home environment or person's health and wellbeing these are documented and information shared with staff to minimise the risk.

We found assessments of the risks to people's health and safety were carried out and we saw examples of these in the care plans we viewed. The service used a traffic light system to identify the level of risk involved. We saw accidents and incidents were recorded and analysed to minimise risks. This showed the service was proactive in assessing and monitors risk to keep people safe.

People told us they felt confident that care staff were able to deal with any emergency situation that should arise whilst in their care. One person said, "Staff always contacts me if they are going to be late or send another member of staff to provide support." Another person said, "There has been odd occasions when

they have been running late, but they always arrive." A third person told us that they had a group of staff that helped to provide care and support for them. A relative told us staff were pretty regular they said, "My relation basically has the same staff. However if on occasion they have to send another member of staff it will be someone we already know."

Three staff we spoke with felt there was sufficient staff working at the service. One staff said, "Staff are very good at covering for each other in the case of absences to ensure there is enough staff to cover the care calls." The registered manager told us they had sufficient numbers of staff. They said, "All staff are qualified to provide care to ensure people are never left without care." The provider's representative told us there was a corporate approach to staffing levels, if needed staff would be drafted in from another branch to cover any shortfalls. The staff rota's we looked at told us there was sufficient staff working for the agency.

Safe staff recruitment and selection processes were followed. We looked at recruitment files for staff employed by the service. The files contained all relevant information and appropriate checks had been carried out before staff members started work. This included checks on criminal records, references, employment history and proof of ID. Staff files we looked at identified staff had completed an induction and appropriate processes had been followed to help ensure staff employed were safe to care for people.

People told us they were supported if and when required to take their medicines. Two people said they were prompted by staff to take their medicines. This meaning they verbally reminded people to take medicines at the correct time. A relative told us the staff supported their family member to use their in haler. An inhaler is a medical device used for delivering medication into the body via the lungs.

Staff we spoke with confirmed they had supported people with their medicines depending on the level of support recorded in the persons' care plan. One staff member said, "I check the medicine is in date and the right dose for the person." They added, "The important thing is that there was enough time between calls to ensure the person has the right dose of medicine." Staff described the process they followed to ensure the medicine they had prompted or administered was correct. Staff told us they completed medication administration records (MAR) for all people who required assistance with their medicines. They also told us what the procedure was if a person was to refuse their medicines. Staff told us and from records we viewed, they had undertaken medication training and competency test were completed. We saw medicine training was taking place on the day of our visits.

The registered manager showed us the process they had in place for ensuring all MAR charts were completed correctly and how gaps in the charts were addressed and the action they took.

Is the service effective?

Our findings

People told us they received effective care that reflected their needs. People gave us positive feedback about the care they received. People told us staff knew them and how to care for them. People and their relatives felt staff had enough skills and knowledge to do their job. One person said, "They [staff] know exactly what to do when supporting me." Another person felt staff had sufficient training. A third person acknowledged that staff knew what they were doing and if a new staff member came to provide care, the person told us they directed the staff member to make sure it was what they required. Two relatives told us they felt the staff were appropriately trained and provided effective care relevant to their relations needs. One relative gave us an example of how staff provided support for their relation. They said, "The staff know to wake [name of family member] up gently by rubbing their back, as startling them or waking them up suddenly, can upset them for the rest of the day." Information we received from surveys we sent to people who used the service told us that people received care from staff who were skilled and knowledgeable.

Staff were knowledgeable about the people they cared for. They gave good examples of how they cared and met individual needs. One staff member said they had sufficient training to do their job. Another staff member told us, "We have had plenty of training and completed lots of shadowing of more experienced staff before we go out and provide care alone." Staff told us there was opportunities to attend specialist training, such as, dementia. Staff said the senior management monitored their work and undertook spot checks to make sure they were competent to do their job. The registered manager told us if concerns were identified this would be addressed immediately in supervision or further training undertaken. Staff confirmed they received supervision and appraisals on a regular basis and felt the management was supportive. There were systems in place to ensure staff were supported and able to share good practice. Supervision took place every four to six months and plans were in place for annual appraisals. We reviewed a sample of four care workers files and found that they had completed an induction, attended training, such as, food hygiene, pressure care management and moving and handling. Records also showed supervision and appraisals had taken place as described to us.

Systems and records we viewed told us staff had received and attended various training to support their role. Care plans contained guidance for staff to support them to identify and manage complex conditions, for example, urinary tract infection (UTI) or diabetes. The guidance identified symptoms to be aware of and support required by staff. This told us the service was proactive in providing effective care for people.

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 told us staff gained their consent before care and support was provided. People said they were encouraged to make decisions for themselves and staff asked permission before they provided any care and support. One person said, "They [staff] always ask what I want, what I want to do and all that." This meant

the staff asked permission before they provided any care or support to the person. Another person said, "They, staff ask if there is anything I want them to do."

Staff were knowledgeable about the people they cared for and how the MCA was relevant to their work. One staff member described the principals of the MCA and their understanding of how it was appropriate in their job. They said, "Everyone has the right to make decisions for themselves." Another staff member said, "We should assume an individual has the capacity to make a decision about their care and support. If they do not then we have to assess their needs and make a decision in their best interest."

We checked whether the service was working within the principles of the MCA. We found MCA assessments were in place for people where relevant. People who had Lasting Power of Attorney (LPA) in place, copies of the level of consent was identified on the person's care plan. A lasting power of attorney (LPA) is a legal document that lets you appoint one or more people (known as 'attorneys') to help you make decisions or to make decisions on your behalf. Where people were unable to sign to say they had consented to care there were appropriate documents in place to easily identify the persons involvement. This told us the service was working within the principles of MCA.

Where required people were supported to eat and drink and maintain a balanced diet based on their needs and preferences. One person told us staff supported them to cut up their food to make sure the food was in bite size chunks, which made it more easier for them to swallow. Another person said, "They [staff] leave me a cup of tea or coffee, which ever I prefer when they leave."

Staff were aware of people's dietary requirements. One staff told us they monitored what food and drink was available in people fridge and cupboards to make sure they were not out of date. Staff told us they take note when food stocks are low and take appropriate action where required. Another staff member said, they noted triggers of people eating habits. If a person had a poor appetite they may find a large meal hard to cope with and this may stop people from eating. The staff member said they would offer the person smaller portions to encourage them to eat more. Staff were knowledgeable about different conditions that might highlight a concern if a persons was not eating or drinking sufficient. For example, weight loss, dehydration or lots of food waste. The registered manager told us staff were sometimes responsible for the preparation of food. Staff monitored people's food intake where concerns had been identified and food charts were put in place. We found care plans identified people's individual food requirements, allergies and food and drink they liked or disliked. We saw samples of daily notes and this confirmed what staff and registered manger told us.

People were supported to maintain good health. People had agreed for staff to contact healthcare professionals such as a GP or nurse if their needs or condition deteriorated. One person told us they once had breathing problems. They told us how staff arrived to provide care and the staff member identified a concern, so they arranged for medical assistance. The person said, "within half an hour I was in hospital." A relative told us how the staff had alerted them to concerns with their relations health and this made them contact a district nurse. Staff we spoke with were aware of people's changing needs and gave example of when they may be required to contact a health care professional. For example confusion, dizziness or fainting. This showed us people were supported to maintain good health.

Is the service caring?

Our findings

People were encouraged and supported to develop positive caring relationships with staff and with relatives. We received positive feedback about the relationship people had with the staff. People commented that staff were kind and caring. One person told us the staff were "absolutely wonderful." Another person said, "They treat me like one of their family." A third person said, "They [staff] treat me normal, they have respect for me and I have respect for them. We have a laugh and a joke." Relatives were complimentary about how staff reacted to their relations. One relative said, "The staff are very caring and kind." Another relative said, "I can honestly say I am completely satisfied with the service. They treat my relation with respect and dignity. The respect me too." A third relative told us that staff took their time with their relation and engaged them in conversation about things that matter and which were of interest to the person. They said, "[Name of relation] will spend time talking to the staff member about their interest. The staff member will show [name] pictures related to their interest, which helps them interact and have open conversations." Information we received from surveys we sent out told us people were always introduced to the staff member before care and support was provided. The information also identified that people were happy with the care and that staff were thoughtful and kind. Staff also respected people choice and wishes.

Staff told us they were encouraged to have good relationships with people and communicate with them appropriately. One staff member said, "I always talk to people and keep conversations going to make people feel at ease. We talk about thing they like. Sometimes we use hand sign or speak up if a person has an hearing impairment." Another staff member told us they tried to get to know a person and find out about their life. This helps people and staff to form a good relationship with each other.

Care was planned in line with what people wanted. Each person had a life history that identified what the person life was like and what was important to them. The registered manager told us the staff had good caring abilities when they provided support for people. They said that care coordinators were aware and knew the compatibility of people and the staff providing the care. Care coordinators we spoke with were knowledgeable and had systems in place to identify each person's needs and requirements. We saw care and support was personalised and where possible, staff were matched with the person to ensure good relationships would form.

The provider's representative told us the service was implementing a service user forum to focus on service delivery feedback and a practical approach to bring people together socially and emotionally. They intended to send letters to all people who used the service by the end of July 2016. This showed us the service used different approaches and ways to ensure people's views were captured.

People gave good examples where staff had respected their dignity. One person said, "When staff washed me they cover me to preserve my dignity. They then leave the room to give me privacy." Another person told us how they got embarrassed and that staff put them at ease by showing understanding and gave them a towel to cover up. A relative told us when a male and female member of staff provided care to their relation, the male staff member let the female provide personal care to preserve their family member's dignity.

Staff told us they ensured the treated people with dignity and respect by allowing people choices and not taking decisions away from the person. One staff member said, "I always involve people I care for in any decision making processes. I listen to them and talk to them to get to know them better." Another member of staff told us they always closed the curtains and doors when providing personal care to a person. They said, "I give them personal space. The person has a choice, so if they do not want me to wash their hair one day then I respect this."

Care records we looked at showed how people wanted their preferred care provided. This told us people had the opportunity to make choices about their care.

People told us they had received information about the service to advise them what they could expect. This also included information about independent advocacy services. An advocate is an independent person who expresses a person's views and represents their interests. The registered manager confirmed the service actively sign posted people to the relevant and current advice where ever possible.

Is the service responsive?

Our findings

People's care and support was planned and arranged and they were actively involved in making decisions about their care and support. People and their relatives agreed the service discussed their care on a regular basis and that it was relevant to the person's needs. One relative said, "We are discussing my relations care at the moment." People were aware that their care and support was reviewed on a regular basis. One person said, "Someone from the service came not long ago and asked how things were going and if anything had changed." Relatives told us they generally had a review each year, but if there was anything we [person and relative] needed to change in the meantime we could talk to the service.

Staff told us the care coordinators contacted them on a regular basis to update them on people's changing needs. Initial assessments were undertaken to identify people's support needs and care plans were developed to outline how these needs were to be met. These were reviewed on a regular basis and changes were made if needed. The registered manager explained how they completed assessments and discussed what support the person required and wanted. This included the frequency and times of the care calls. Staff gave examples of one person's change in needs. The care records we saw showed us where a person had deteriorated and that staff had raised concerns. The service contacted a district nurse and the person's social worker and it was agreed to increase the person call. This showed us the service responded to the person's needs.

Systems we saw identified care reviews were taking place. People had signed staff time sheets to identify the call had been covered. Calls were monitored on a daily basis to ensure all calls were covered in a timely manner. Any shortfall were covered by care coordinators or other staff member to make sure no one was left without care.

People were aware of how they should make a complaint or raise a concern. One person told us the complaints process had been explained to them when they first started using the agency. Other people told us they knew who they should contact if they had a concern. One person said, "Up to now it has been a pretty good service." One person told us about their experience when they had made a complaint. They said they contacted the service who dealt with their concern. Relatives felt if they had raised a concern they were listened to by the service and the service took on board the concerns they had raised. Staff were aware of the complaints procedure and what their role and responsibilities were. They told us that anything that was identified to them as a concern and they could resolve if they could, but they would also speak with the registered manager.

We found that the provider had a complaints policy and procedure in place and that this was shared with people that used the service. Where complaints had been identified the registered manager had taken appropriate action. This was to ensure the complaint was dealt with and action taken was appropriate and in line with the providers complaints policy and procedure. Where necessary and records we saw confirmed when the providers disciplinary procedure had been activated. We saw results of action that had been taken, which was in line with the provider's disciplinary policy.

Is the service well-led?

Our findings

People who used the service and their relatives gave positive feedback about the service and how it was run. One person said, "It is the only service I've known. They are satisfactory and meet my needs." Another person said, "Everything is run pretty smoothly." People told us the management asked them for feedback and kept them up to date with improvements made to the service. One person said, "We get questionnaires to complete." People commented on how good the service was and how they would recommend the service. One person told us they were happy with the service and wanted them to keep on delivering their care the way they were. A relative said, "They [the service] seem fine. I here staff comment about team meetings and training they have attended. They seem well supported in that way and happy with the company."

We contacted health and social care professionals for feedback about the service being provided. They gave positive feedback and felt the service asked for advice and tried hard to continuously improve the quality of care.

A registered manager was in post. We spoke with five staff who told us they felt supported by the management and that the registered manager was very approachable. Staff told us and records confirmed they had attended team meetings, received regular supervision and training relevant to their role. One staff member told us there was good communication with the office coordinators and that they did a good job. They said, "They always give you time between calls and sometimes there is enough time to spend quality time with people."

The provider's representative told us the vision for the service was to deliver good quality care that is achieved by a competent workforce. Staff confirmed they supported the vision of the service. They said that they were satisfied they provided good care and that people were genuinely happy to see them.

We found the service sent out questionnaires and analysed the results. They collated the responses and put together an action plan. This is then shared with people and their families. For example in the last satisfaction survey dated 2015 people told the service they felt the communication was a little inconsistent. We saw this was dealt with and appropriate action was taken. This told us the service promoted a positive and open culture.

There was a procedure in place and staff were aware of the provider's whistle blowing policy and procedure. A whistle-blower is protected by law to raise any concerns about an incident within the work place. Staff told us they would not hesitate to use the policy if required to do so.

The service had quality assurance systems in place that monitored quality and safety. People that used the service and their relatives told us that they were given opportunities to share their experience about the service as a whole, and how it met their individual needs. Staff told us that management completed unannounced spot checks. This was to assess how well they provided care, that they were wearing the correct uniform, and that they were competent in the support they provided. Staff said that they received

feedback on their performance and that this was helpful. The provider completed visits to monitor the quality of the service and the care provided. We saw records that confirmed what we were told.

The registered manager and the provider's representative told us they had a good support mechanism in place to give people and staff reassurance of the quality of the service. They said they followed appropriate guidance for example they were following the National Institute for Health and Care Excellence (NICE) guide lines and skills for care (Skills for Care provides practical tools and support to help adult social care organisations in England recruit, develop and lead their workforce).

Staff were aware of the reporting process for any accidents and incidents. The registered manager showed us how these were recorded and gave examples of action that had been taken to reduce incidents from re-occurring. The provider's representative told us they believed that incidents were a learning exercise and an opportunity to review and improve the service provided. Registered persons are required to notify CQC of certain changes, events or incidents at the service. Records showed that we had been notified when necessary.