Westminster Homecare Limited

Westminster Homecare Limited (Crystal Palace)

Inspection report

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13 October 2016

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

We carried out an announced responsive inspection of this service on 12 and 13 October 2016. This inspection was carried out after we received concerns in relation to people using the service receiving late calls. We told the provider two days before our visit that we would be coming, as we wanted to make sure the registered manager would be available. At the time of our inspection the registered manager told us the service was providing personal care to 253 people.

At our previous comprehensive inspection on 21 July 2014 we found the provider was meeting the regulations we inspected.

Westminster Homecare Limited (Crystal Palace) provides personal care for people in their own homes within the London boroughs of Bromley, Croydon, Lambeth and Wandsworth. There was a registered manager in place. 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.

At this inspection we found breaches of legal requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Medicine Administration Records (MAR) were not always completed in full to demonstrate that medicines had been administered. Records we checked showed information missing from four people's MAR charts and no reasons had been recorded to explain why people's medicine had not been administered correctly. This is a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014). You can see what action we told the provider to take in relation to the above breaches at the back of the full version of the report.

Staff were not regularly supported through regular supervisions and appraisals in order to identify any shortfalls in knowledge or training and address any issues so that people continued to receive appropriate standards of care.

This is a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014). You can see what action we told the provider to take in relation to the above breaches at the back of the full version of the report.

Complaints were not investigated and handled in line with the provider's policy.

This is a breach of regulation 16 of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014).You can see what action we told the provider to take in relation to the above breaches at the back of the full version of the report.

Adequate systems were not in place to monitor the quality and safety of the service provided. The service failed to effectively operate the Electronic Call Monitoring (ECM) system for people living in their own homes in Lambeth in regards to missed and late calls. (The ECM system for Bromley was not available during the inspection due to technical issues). The service failed to have an effective system in place to monitor missed and late calls for people who were living in their own homes in
Croydon, and Wandsworth. The service failed to carry out internal audits to monitor the quality and safety of the service and identify shortfalls.

This is a breach found of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
There were enough staff but they were frequently late to deliver people's care. This meant that people who used the service were not receiving the full call time booked.

People told us they felt safe. Safeguarding adult's procedures were robust and staff understood how to safeguard the people they supported. There was a whistle-blowing procedure available and staff said they would use it if they needed to. The service had systems in place to manage accidents and incidents whilst trying to reduce reoccurrence.

The provider conducted appropriate recruitment checks before staff started work to ensure staff were suitable and fit to support people using the service.

There were processes in place to ensure staff new to the service, were inducted into the service appropriately. Staff training was up to date.

The manager and staff understood the Mental Capacity Act 2005 (MCA) and acted according to this legislation. People's nutritional needs and preferences were met and people had access to health and social care professionals when required.

People were treated with kindness and compassion and people's privacy and dignity was respected. Staff encouraged people to be as independent as possible.

People were involved in their care planning and their care, support they received was personalised, and staff respected their wishes and met their needs. Care plans and risk assessments provided clear information for staff on how to support people using the service with their needs. Care plans were reflective of people's individual care needs and were reviewed on a regular basis. Peoples' care files were kept both in the person's home and in the office.

Regular staff meetings were held and staff said they enjoyed working for the service and they received good support from the manager. There was an out of hours on call system in operation that ensured that management support and advice was always available to staff when they needed it. The provider took into account the views of people using the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe

Medicine administration records were not always completed in full.

There were enough staff but they were frequently late to deliver people's care.

People told us they felt safe. There were appropriate safeguarding procedures in place and staff had a clear understanding of these procedures.

Appropriate recruitment checks took place before staff started work.

Is the service effective?

Requires Improvement

One aspect of the service was not effective

Staff were not supported through formal supervisions and appraisals.

Staff undertook induction training when they started work and staff training was up to date.

The manager and staff understood the Mental Capacity Act 2005 (MCA) and DoLs and acted according to this legislation.

People were supported to have enough to eat and drink.

People had access to healthcare services when they needed them.

Is the service caring?

Good

The service was caring.

Staff delivered care and support with compassion and consideration.

Staff respected the privacy and confidentiality of people using

the service.

Staff encouraged people to be as independent as possible.

Is the service responsive?

Requires Improvement

One aspect of the service was not responsive.

Complaints were not handled in line with the provider's complaints policy.

Care plans were accurate and people's care needs were correctly documented.

People's needs were reviewed on a regular basis.

Is the service well-led?

Requires Improvement

The service was not well-led.

Adequate systems were not in place to monitor the quality and safety of the service provided. Internal audits were not carried out to ensure that that any shortfalls could be identified.

The service held regular staff meetings and staff were encouraged to share their views about the service to help drive improvements.

Staff said they enjoyed working for the service and they received good support from the manager. There was an out of hours on call system in operation that ensured that management support and advice was always available to staff when they needed it.

The provider took into account the views of people using the service.

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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.

Before the inspection, we looked at all the information we had about the service. This information included statutory notifications that the provider had sent to CQC. A notification is information about important events, which the service is required to send us by law. We spoke with the local authorities that commission the service to obtain their views. We received concerns in relation to people using the service receiving late calls.

This inspection took place on 12 and 13 October 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that the registered manager would be there. The inspection team consisted of one adult social care inspector who attended the office on both days of the inspection. Following the inspection four adult social inspectors carried out telephone interviews with people who used the service.

We spoke with 14 people who used the service, three relatives, eight members of staff, the registered manager, the operations support manager and the quality assurance officer. We reviewed records, including the care records of 10 people who used the service, ten staff members' recruitment files and training records. We also looked at records related to the management of the service such as quality audits, accident and incident records and policies and procedures.

Requires Improvement

Is the service safe?

Our findings

Medicines were not managed safely. Accurate records had not always been maintained where staff were responsible for administering people's medicines. We saw Medicine Administration Records (MAR) charts were not always completed accurately. Records we checked showed information missing from three people's MAR charts and no reasons had been recorded to explain why people's medicine had not been administered correctly. For example, on person's MAR chart for August 2016 had not been signed on 20 occasions to demonstrate that medicines had been administered.

This is a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014). You can see what action we told the provider to take in relation to the above breaches at the back of the full version of the report.

We raised this with the registered manager and the operations support manager at the time of inspection. The operations support manager told us that all MAR charts should be completed in full and that they had already identified this as an issue. The operations support manager showed us a new 'Quality Performance Targets' document that had been introduced, this required regular monthly medicine audits to be completed and the information would be sent to senior staff for analysis and identifying issues. However, we were unable to monitor this practice at the time of this inspection but we will check on the provider's progress at our next inspection.

There were enough staff scheduled to meet people's needs but they were frequently late in delivering people's care. People we spoke to told us that staff were late on occasions. One person we spoke with told us, "Sometimes they're 15 minutes late." Another person told us "Depending on traffic they can be a bit late. It could be due to a prior client too sometimes". We spoke with staff and got mixed reviews about travel time between calls. One care member of staff told us "There is plenty of time allowed for travel between calls and very few issues with late calls." Another said "Sometimes I'm rushed because of not enough travel time allowed when cover for other staff." On the second day of the inspection we found that one staff member when allocating calls to care staff did not always include travelling time. This meant that people who used the service were not receiving the full call time booked.

We raised this with the registered manager who told us that they had recently employed a quality assurance officer who would be looking in detail at why late calls to people were occurring. The registered manager also told us that travel times were calculated on the distance between calls geographically and that all care staff should be allowed travelling time between calls. The registered manager told us that they would investigate why this member of care staff was not being allocated travelling time. However, we were unable to monitor the quality assurance officer and the registered manager's findings at the time of this inspection but will check on this at our next inspection.

People told us they felt safe and comfortable with their care workers. One person told us "Yes I feel safe, carer is very good." Another person told us "Yes I feel safe…the best I've had, no complaints". Staff were aware of safeguarding policies and procedures and knew what action to take to protect people should they

have any concerns. Staff we spoke with demonstrated a clear understanding of the types of abuse that could occur. They told us the signs they would look for and what they would do if they thought someone was at risk of abuse. Staff knew who they should report any safeguarding concerns to. The provider said that all staff had received training on safeguarding adults from abuse. Training records confirmed this. Staff told us they were aware of the organisation's whistleblowing policy and they would use it if they needed to.

We saw the service had a system in place to manage accidents and incidents, however people using the service had not been involved in any accidents or incidents since our last inspection.

Action was taken to assess any risks to people using the service. We saw that peoples care files included risk assessments for medicines, moving and handling, nutrition and fire safety. Risk assessments included information for staff about action to be taken to minimise the chance of accidents occurring. For example, one person had restricted mobility and guidance was provided to staff about how to support them when moving around their home and transferring in and out of their bed.

There was an out of hours on call system in place run by the service to help maintain continuity at weekends and during the night. Staff and people we spoke to told us that overall there was a prompt response from the senior staff member on call if they rang for any advice or support. One staff member told us "There is always someone at the office to respond to any concerns." Another staff member said "If I'm running late I would call office and they'd contact the client."

There were safe recruitment practices in place and appropriate recruitment checks were conducted before staff started work at the service. We checked staff files, which contained completed application forms including details of the member of staff's employment history and qualifications. Each file also contained evidence confirming references had been secured, proof of identity reviewed and criminal record checks undertaken for each staff member. The provider had carried out checks to ensure staff members were entitled to work in the UK before they commenced work.

There were arrangements in place to deal with possible emergencies. Staff told us they knew what to do in response to a medical emergency or fire and records confirmed that they had received training on first aid and fire safety.

Requires Improvement

Is the service effective?

Our findings

We saw that the service did not support staff through regular supervisions and appraisals. We found that five out of 10 staff did not have regular supervisions and seven out of 10 appraisals due had not been carried out. This meant that any shortfalls in knowledge or training could not be picked up promptly and addressed so that people continued to receive appropriate standards of care.

This is a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014). You can see what action we told the provider to take in relation to the above breaches at the back of the full version of the report.

We raised this with the registered manager assured us that they would ensure that all staff supervisions and appraisals due were carried out following the inspection. We were unable to monitor this practice at the time of this inspection but we will check on the provider's progress at our next inspection.

People told us that staff were well trained and competent. One person we spoke with told us, "Yes, [staff] very well trained." Another said "[Staff] are very knowledgeable."

Staff told us they were up to date with their training. Staff training records confirmed staff had completed both induction and mandatory training as well as shadowing other staff when they started work. Records confirmed that staff training included safeguarding, moving and handling, food safety, and medication was up to date. Training due for renewal had also been noted with expiry dates. One staff member told us "Refresher training is every couple of months."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA.

The manager and staff had a clear understanding of the Mental Capacity Act 2005 (MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected and records confirmed staff had undertaken mental capacity training. The manager told us that people using the service had capacity to make decisions about their own care and treatment. However if they had any concerns regarding a person's ability to make a decision they would work with the person and their relatives, if appropriate, and any relevant health and social care professionals to ensure appropriate capacity assessments were undertaken. They said if someone did not have the capacity to make decisions about their care, their family members and health and social care professionals would be involved in

making decisions on their behalf and in their 'best interests' in line with the MCA 2005. From our discussions with staff and management, we found they understood the need to gain consent from people when planning and delivering care. For example, a staff member told us "I ask people if they require help and always explain what I am going to do."

People were supported to eat and drink sufficient amounts to meet their needs. Their care files included assessments of their dietary needs and preferences. One person we spoke with said, "They make my breakfast and lunch and always ask me what I want." A relative we spoke with told us "[My relative] has frozen meals and they are heated up in the microwave".

Records showed that people had access to a range of healthcare professionals to help them to maintain good health, this included GPs and district nurses when required. For example, staff liaised with district nurses who administered regular and specific injections to people.

Good

Is the service caring?

Our findings

People told us that the service was caring. One person we spoke with told us "Yes, [staff] are very caring. I am happy." Another person said "My carer is excellent. I would not want to change [them]." A third person said "My carer is very kind; [they] will do the extra and is very respectful and is a nice [person].

People and their relatives told us that they had good relationships with the staff who cared for them. One person told us "I asked for a bit extra time recently and they listened and helped me". Another person said "I get exactly what I need."

People told us that staff delivered care and support with compassion and consideration. One person told us "[Staff] ask me if I've had a good night and if I feel okay. If not, they contact my [relative] and they come." Another person said "If I'm not feeling well [staff] put everything close to hand so that I don't need to move around." A third person said "[Staff] are very attentive and listen. [Staff] do things like pick up milk, if I ask, on the way"

We saw from people's care files that they and their relatives had been consulted about their care and support needs. We saw that care files included people's likes and dislikes and there were examples of how people liked to have their personal care delivered in different ways for example, some people had certain routines they followed such as the time they got up or went to bed. Information about people's faith and spiritual needs were recorded in people's care plans. For example some people went to a regular place of worship and although they did need support, it would be provided should they ever need it in the future.

The service tried to ensure that people had the same care staff for continuity of care. One person told us "I have the same carer, [they] are lovely, [they] care for me and help me. [They] are very chatty and friendly." Another person said "I have the same carer. [They] are very caring."

Staff knew how to ensure that people received care and support in a dignified way and which maintained their privacy and confidentiality. For example, they told us they knocked on people's bedroom doors before entering and kept bedroom doors closed when they were supporting people. One person told us "Yes they do maintain my privacy, they are kind." Another person said "[My carer] knows me well and all my needs. She is relaxed and not rushed."

People were provided with appropriate information about the service in the form of a service user guide. This guide outlined the standard of care to expect and the services offered including the complaints policy.

People were supported in promoting their independence. For example, care plans we looked at showed the level of independence people had and what support staff gave them. One person told us "I'm encouraged to do all I can…. I help make bed." Another person said "I try to do all I can."

Requires Improvement

Is the service responsive?

Our findings

The service had a complaints handling process, however this was not always effective. The service kept a complaints folder, however we saw that three complaints had not been, monitored and investigated in line with the provider's complaints policy. For example, a complaint had been received from a person using the service on 26 January 2016, the complaint was about staff not completing agreed tasks and leaving the front door open. We saw the complaint had not been acknowledged within 48 hours in line with the provider's complaints policy. The complaint had been closed two days after receipt on 28 January 2016, however, there were no details of an investigation being carried out or an outcome documented.

This is a breach of regulation 16 of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014). You can see what action we told the provider to take in relation to the above breach at the back of the full version of the report.

We raised this with the manager who told us that the client had stopped using the service of agency prior to the complaint being made. They assured us that in future all complaints received would be investigated in line with the service's complaints policy. However, we were unable to monitor this practice at the time of this inspection but will check on this at our next inspection.

People and relatives we spoke to were aware of the complaints procedure and knew who to contact should they wish to make a complaint. One person told us "Yes, [staff] have shown me what to do to make a complaint if I need to."

People and their relatives told us that they were involved in the care planning process. One person told us "[Staff] come and visit and I am involved." One relative told us "Yes there is a care plan, everything is documented, management know us very well. We have a well-established relationship with them." Another relative told us "There is a care plan; I am involved with the meetings with the [specialist] assessments and the reviews. I am always involved."

Assessments of people's needs and risks were conducted when people joined the service. The manager told us that prior to any person being accepted by the service a full assessment of their needs was undertaken to ensure the service could meet their needs.

Care plans were accurate and people's care needs were correctly documented. People's needs were reviewed on a regular basis. Care files included individual support plans addressing a range of needs such as communication, mobility, medicines, personal hygiene and physical needs and guidance for staff about how people's needs should be met.

Care files also included people's life histories and staff recorded daily progress notes that detailed the care and support delivered to people. Care plans gave specific information regarding peoples' medical conditions, care needs and what type of support was needed. People's likes, dislikes and preferences were documented in relation to the support they received. For example, whether they preferred a shower or a

bath and if they preferred male or female care workers. Care files also included reports from spot checks and telephone monitoring calls.

Staff said they looked at care plans when they attended calls to ensure there were no changes. One staff member we spoke with told us that care plans in people's homes were really detailed and reviewed fully. It included contact information for healthcare professionals such as the GP, pharmacy and district nurses. They also said that they carried out care plan reviews which were thorough and took approximately two hours to go through to make sure things had not changed.

Requires Improvement

Is the service well-led?

Our findings

The provider did not have effective systems in place to assess, monitor and improve the quality and safety of the service and improvement was needed.

The provider operated an electronic call monitoring system (ECM), for two out of four contracts they have with local councils (Lambeth and Bromley. ECM systems for Lambeth and Bromley were monitored by two separate care co-ordinators. The Bromley ECM system was not available during the inspection to a technical problem that was being investigated.

On the second day of inspection, the inspector asked to view the ECM system for Lambeth at approximately 12.10pm. The care co-ordinator responsible for monitoring alerts was not logged into the system and was not monitoring incoming alerts. We asked the care co-ordinator to log into the system and tracked calls for two members of staff. We found that both were late for their calls. We instructed the provider to take urgent action by contacting two members of staff to assure themselves of both the carer and service user's safety. It was established that one of the care staff had not logged into the system and the other was late due to a flat tyre. This meant that the ECM system for Lambeth was not being effectively monitored or utilised. Alerts received via the system showed the service was not monitoring times of calls and not contacting staff to find out why they were not attending calls at scheduled times.

We also found that were no notes recorded on the ECM system to explain why people had not received their call at the scheduled time. This meant the service was failing to take appropriate actions to investigate why the carer had not arrived at the scheduled time or take action to mitigate the risk of this occurring again, these early/late calls resulted in possible missed medicines, meals and personal care.

We found that the service did not have an effective system in place to effectively monitor daily late and missed calls for the boroughs of Croydon and Wandsworth . For example, we saw that a person living in the London Borough of Wandsworth had failed to receive two calls in one day. This was discovered by a relative who contacted the service the following day informing them of the situation. This meant had the relative not contacted the service that these two calls had been missed the service would not have known until the member of care staff who did not carry out the calls submitted their timesheet at the end of the week. Therefore the service was not operating an effective system to monitor risks to people who use the service.

We saw that internal audits to monitor the quality and safety of the service in order to identify shortfalls had not been carried out and this included medicine audits. The last audit was carried out in June 2015 and highlighted issues we found at this inspection. For example, one finding of the audit showed that MAR charts were not signed. However, the service failed to act on the action plan put in place to ensure medicine audits took place on a six monthly basis and that the service should implement a time frame for MAR charts to be returned to the office for spot checking and filing.

This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014).

We raised these issues with the registered manager and the operations support manager who told us that they had identified these issues and had recently employed a quality assurance officer to ensure that all relevant audits take place, including the ECM system and medicine audits. We saw that the provider has introduced a 'Quality Performance Targets' document which required monthly medicine audits to be carried out. The operations support manager also told us that the quality assurance officer's role would also include overseeing internal audits regarding staff files, training, accidents and incidents and complaints. However, we were unable to monitor this practice at the time of this inspection but will check on this at our next inspection.

Staff told us, and records we looked at confirmed that regular staff meetings took place. Minutes of these meetings confirmed discussions took place around areas such as completion of MAR charts, timekeeping and training. This meant that learning and best practice was shared in order for staff to understand what was expected of them at all levels.

We saw that the service regularly carried out service user surveys to obtain feedback on the service being provided. We saw that feedback from the survey for 2015 had been analysed. One question asked was if people felt they were receiving good support from the office. 88% of the feedback received was positive about the support people received. We saw that an action plan had been put in place, this included raising this issue at team meetings, carrying out regular feedback telephone calls to people using the service and continuously monitoring ways to improve. The service user survey for 2016 had been sent out but a poor response had been received, therefore the provider was going to resend the survey out in order to obtain a better response.

The home had a registered manager in place since April 2016. Staff told us they were happy working in the service and spoke positively about the leadership which was receptive to staff input .

Staff told us they were happy working in the service and said that the manager was supportive and hands on and they operated an open door policy. One person said "The manager supports me very well. I have got no problem and no issues…"

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Medicines were not managed safely. Medicine Administration Records (MAR) charts were not always completed accurately.

Regulated activity	Regulation
Personal care	Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints Complaints were not handled in line with the provider's complaints policy.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Adequate systems were not in place to monitor the quality and safety of the service provided

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staff were not supported through regular supervisions and appraisals