

Westminster Homecare Limited

Westminster Homecare Limited (Bexley)

Inspection report

12 Westgate Road
Dartford
DA1 2AT

Tel: 01322280680
Website: www.whc.uk.com

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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 (Bexley) provides domiciliary care and support to people living in the community and to people living in specialist 'extra care' housing. The domiciliary service provides personal care to people living in their own houses and flats in the community in Dartford, Gravesend, Bexley and surrounding areas. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is bought or rented, and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing. This inspection looked at people's personal care and support service. The service provides support to older adults, people with physical disabilities and people with mental health needs. At the time of the inspection the service was providing care for 282 people.

The service is run by a registered manager who was present at the inspection visit to the office. 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 our last inspection we rated the service Good. However, we identified a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to ensure that staff received appropriate training in Mental Capacity and record keeping, and supervision as is necessary to enable them to carry out the duties they were employed to perform. We asked the provider to send us a plan of action which they returned on 16 November 2017, setting out what they would do to meet legal requirements in relation to the breach.

At this inspection on 4 June 2018 we found that improvements had been made to ensure that staff had received the training they required for their role, knew how to follow the principles of the Mental Capacity Act 2005 (MCA) and received regular supervisions. We found the evidence continued to support the rating of Good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained Good.

Improvements had been made to staff's understanding of the Mental Capacity Act 2005 and how to put its principles into practice. Staff had received training in this area, understood that people had capacity to make day to day decisions and best interest meetings were held as needed.

Staff felt well supported. They were supported by means of an annual appraisal, regular staff meetings and supervisions. Improvements had been made to make sure that supervisions were completed in line with the service's policies. Staff underwent a comprehensive induction program and regular training to ensure they

were up to date with practice.

Care plans continued to be constructed jointly with people and their relatives and included people's social, physical and emotional needs. They were drawn up after a comprehensive assessment and reviewed regularly.

People told us they felt safe and trusted the staff who cared for them. Staff understood how to follow the service's safeguarding and whistle blowing policy to keep people safe.

People told us they were treated with dignity and respect by staff who were polite and caring. The service had received compliments about the caring nature of the staff team.

Staff were aware of the risk assessments in place for people and their environment and the appropriate management strategies in place to protect people from avoidable harm.

There continued to be enough staff available to support people and an on-going robust recruitment program was in place. Where missed or late visits had been identified, these were investigated and actions taken to minimise their reoccurrence.

Medicines were administered safely by staff that had been assessed as competent. People received the support they required to eat a balanced diet. Staff reported any deterioration or changes in people's health and care needs so appropriate referrals could be made.

People, their relatives, staff and social care professionals told us that the service was well- run. The registered manager was described as proactive, approachable and supportive. There was regular communication with staff through meetings and newsletters and their best practice was acknowledged through incentive schemes.

People told us they were aware of how to make a complaint and that any issues and concerns raised were investigated and rectified.

There continued to be regular quality assurance systems and audits in place to ensure care was delivered safely. People were asked for their views, these were acted on and most people rated the service overall as 'good' or 'excellent'.

Further information is in the detailed findings below.

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 remains good.

Is the service effective?

Good ●

We found that action had been taken to improve the effectiveness of the service.

Improvements had been made to ensure that staff received the supervision and training they required for their role.

People's capacity was assessed and staff understood how to follow the principles of the Mental Capacity Act 2005.

People were supported to remain as healthy as possible including maintaining their nutrition and hydration.

People were supported to access healthcare professionals when required.

Is the service caring?

Good ●

The service remains good.

Is the service responsive?

Good ●

The service remains good.

Is the service well-led?

Good ●

The service remains good.

Westminster Homecare Limited (Bexley)

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.

We gave the service 72 hours' notice of the inspection visit because we wanted to be sure that the registered manager and staff were available. This announced inspection office visit took place on 4 June. Prior to the inspection, we looked at previous inspection reports and notifications about important events that had taken place at the service. We did not ask the provider to complete a Provider Information Return (PIR). A PIR asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

The inspection was carried out by three inspectors 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. The inspection was informed by feedback from 29 people or their relatives. We visited five people in their own homes and spoke with 17 people and seven people's relatives on the telephone to gain their views and experiences. Positive feedback was received about the service from three commissioners from the local authority.

We spoke to the manager, deputy manager, team leader of the extra care housing scheme, senior field care supervisor, care coordinators, senior care supervisors, in-house trainer and six care staff. We viewed several records including ten care plans; the management of medicines; the recruitment files of five staff recently employed at the service, staff training records; health and safety records; and quality and monitoring audits.

Is the service safe?

Our findings

People and their relatives said they felt safe when receiving care and support. Comments from people included, "I feel safe and trust the staff who support me, particularly the regular one who is very good"; "I am very comfortable with the carers. Nothing they do makes me feel unsafe"; and "They look after me and make sure I don't fall". Feedback was that people received the support they needed to take their medicines. One person told us, "I trust them. They help me get out my tablets and put them in an egg cup"; and a relative commented, "My relative is given her tablets direct from the packets and it is noted on the medication administration record".

Policies in relation to safeguarding and whistleblowing reflected local procedures for Kent, Medway and Bexley and relevant contact information was available to staff. Staff had received regular training in safeguarding and demonstrated a good awareness of safeguarding procedures and knew who to inform if they witnessed or had an allegation of abuse reported to them. The registered manager was aware of their responsibility to liaise with the local authority if safeguarding concerns were raised and had raised issues with them when they had concerns about people's safety.

Systems were in place to identify and reduce any risks to people. Before a person received a service an assessment of any risks in the environment was undertaken to identify any potential hazards in the home, such as uneven surfaces, fire risks and electrical appliances. People's care plans provided staff with a clear description of any risks that had been identified together with guidance or support people needed to manage them. This included guidance for when people were moving about their home, to maintain healthy skin and to maintain adequate nutrition. Staff understood the importance of supporting people to promote their independence and how to balance this with minimising risks to their health and safety.

Senior staff said they checked the date's people's equipment was due to be serviced at each care review and that staff also kept them informed. However, this was inconsistently recorded in people's care notes and some equipment required a service in the next few days or weeks. The registered manager took immediate action to ensure necessary services were booked. After the inspection they sent a spreadsheet which contained the dates of all equipment that people used with service dates to ensure people could maintain their mobility and staff did not use equipment that was out of service date.

There continued to be enough staff available to support people. The management team and senior staff were very clear about the importance of assessing if they had sufficient staff available to meet people's needs. They explained that they did not take on any new packages of care unless they had staff available and at the appropriate times, to support them. A computerised roster system which contained staff's availability was used to identify if there were enough staff available to meet a new care package. There was a rolling programme of recruitment to help ensure there were sufficient numbers of staff available. Most people told us that staff arrived when they were expected and that they stayed for the allotted amount of time. People were informed when they first started to use the service that there may be up to a 30-minute time variance in when staff arrived and if it was longer they would be contacted by office staff. A few people we spoke to were not aware of this and the registered manager instructed staff to remind people about this

agreement by newsletter, sent immediately after we gave them this feedback.

A robust recruitment and selection process was in place which included attending an interview and obtaining references as to people's character and relevant experience. Staff had also been subject to criminal record checks before starting work at the service. These checks are carried out by the Disclosure and Barring Service (DBS) and helps employers to make safer recruitment decisions and prevent unsuitable staff being employed.

Staff were aware of the reporting process for any accidents or incidents that occurred. These records detailed the individual circumstances and the service's response. All accidents and incidents were reviewed by the registered manager to identify if there were any patterns or trends which required further investigation and action. Any missed call was investigated, an apology letter sent to the person concerned and appropriate action taken by the registered manager such as a recommendation, review of staff rota or staff disciplinary action if this criteria was met. The provider had policies about protecting people from the risk of service failure due to foreseeable emergencies so that their care could continue.

Systems were in place that showed people's medicines continued to be managed consistently and safely by staff. Staff had received training in administering medicines and a system of audits were in place to check medicine administration records. Any shortfalls had been highlighted and action taken to address them. Medicines records seen in people's homes confirmed that people were receiving their medicines as prescribed by their GP. Where people had been prescribed medicines on an 'as required' basis, guidance was available for staff as to when they should be given. Body charts were in place which indicated to which part of the body any topical cream should be applied. Guidance in relation to people's support requirements was being reviewed as it did not always reflect current practice. However, staff understood people's needs such as if they needed be prompted or assisted to take their medicines or if they could self-administer .

People were protected from potential cross infection. The office premises we visited looked clean and staff received infection control training. Staff had access to personal protective equipment (PPE) when appropriate, such as disposable gloves and aprons.

Is the service effective?

Our findings

People told us that a representative from the service assessed their needs before they started to receive a care package. Relatives said that they were fully involved in this process. One relative told us, "I accompanied my family member at the pre-start meeting". People said that staff had the right skills to support them in an individual manner. Comments included, "The staff seem very competent"; and "They are really sweet. They give me a cuddle when I'm tearful. They're always ready for a chat. Some days I don't see anyone else".

At the last inspection on 13 and 19 September 2017 we identified a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to ensure that staff received appropriate training in Mental Capacity and record keeping, and supervision as is necessary to enable them to carry out the duties they were employed to perform.

At this inspection on 4 June 2018 we found that improvements had been made to ensure that staff had received the training they required for their role, knew how to follow the principles of the Mental Capacity Act 2005 (MCA) and received regular supervisions.

The registered manager and staff understood their responsibilities to work within the requirements of the Mental Capacity Act 2005 (MCA). The MCA 2005 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. We checked whether the service was working within the principles of the MCA. Applications must be made to the Court of Protection in order to legally deprive people of their liberty. Where a person's family member or representative had made such an application, the service had taken steps to check the authenticity of this documentation. People's mental capacity had been taken into consideration when planning their care needs. Where people did not have capacity to make decisions best interest meetings had been held with relevant professionals and relatives so a decision could be made on their behalf.

Staff told us the training and support they received had given them the skills, knowledge and confidence they needed to carry out their duties and responsibilities effectively. New staff completed an in-house induction programme which included training essential to their role such as equality and human rights and supporting people living with dementia. Staff were encouraged to become dementia friends. Dementia friends have taken part in a national programme which gives them an understanding of dementia and things that could make a positive difference to people living in the community. Staff completed the Care Certificate which includes the standards people working in adult social care need to meet before they are assessed as being safe to work unsupervised. In addition to mandatory training, specialist training was provided by community nurses in stoma care and feeding people by a tube that feeds directly into the person's stomach. Some people had specific medical needs such as Parkinson's, muscular dystrophy and multiple sclerosis. Information about how these conditions affected people and the support they may

require was being obtained and distributed to staff to increase their knowledge.

Staff were formally supported through supervision and appraisal which was carried out in line with the provider's policy. Supervision and appraisal are processes which offer support, assurances and learning to help staff development. Staff said they felt well supported by the management team. One staff member told us, "I think we work well as a team and we all support each other". Another staff member said, "The staff in the office are on the ball. They know all about each person and are lovely and helpful".

People and their relatives said that staff supported them to access health care assistance when it was required. One person told us, "Last week I had difficulty breathing so the carer (member of staff) decided to phone the doctor". Another person said, "Carers have called an ambulance when I fell". A relative told us, "They check him for bed sores and write down if he has had any bruises after a fall". Staff understood the importance of contacting people's family members and health care professionals when they were concerned about a person's health or well-being. Individual guidance was in place about how to support people to monitor and maintain their health and staff understood how to put this guidance into practice.

People who required support with their meals said that staff asked them what they wanted to eat and helped them with the tasks they were unable to do for themselves. Comments included, "Carers give me my choice of cereal and a cup of tea at breakfast"; "The carers do three meals a day. I discuss with them what to do"; and "They prepare the potatoes for me. I cannot stand at the sink!" People's needs with regards to eating and drinking varied. Some people got their own meals, some people's meals were provided by a relative or another agency and other people required staff support. The level of support people required was recorded in their care plans and when the service provided support a record was made of what people ate and drank. Staff understood the importance of people having access to food and drink.

Is the service caring?

Our findings

Everyone told us that staff were very kind, caring and compassionate and that people were treated with privacy and dignity. Comments from people included, "It's nice to have someone cheerful and caring. Anything I need they will do it"; "The carers are brilliant and very friendly. I am definitely happy with them"; "It's always a great relief when they come. They will always sit down and talk to me"; and, "The carers treat me with privacy and dignity. For example, they put a towel across my lap to keep me covered when supporting me". A relative told us, "The carers are definitely caring, professional and respectful."

People and their relatives said that they had developed positive relationships with staff and that staff knew their individual needs such as how to communicate with them and if they liked to joke and laugh or have a more serious conversation. A relative told us, "The carers seem very pleasant and friendly. It can be difficult to understand my relative but they make every effort to understand him". One person told us, "The staff know what I like. They always come in and start getting me up at 7 o'clock in the morning. I've always been an early riser and that's the time I like to get up. Yes, the morning is the best part of the day for me". Another person said, "Staff are very caring and really easy to talk to. Nothing's too much trouble and they make me laugh".

People said that staff enabled them to keep their independence as far as possible. One person told us, "I am extremely independent and I know I can be difficult at times, but the staff know and understand me and they let me choose what I want to do". A relative said, "The carers help with my relative's independence by asking him to do such things as laying the table".

The service had received several written compliments about the kind, caring and compassionate nature of staff. One relative described a member of care staff as 'An amazing carer' due to the support their family member received. Other compliments from relatives included, "She is an excellent carer. I find nothing is too much trouble for her, her attentiveness towards my father is excellent. She takes time to talk to him"; and, "You have gone above and beyond to assist my relative making sure she has the carers that she knew and grew to love. All the family have been so impressed with the quality and the commitment of the carers. One carer in particular makes her smile from the minute she walks through the door".

People and their relatives said that they were involved in planning their or their family member's care. They said that they were consulted about their likes and dislikes about how they wanted their support to be provided. Staff could explain about the individual care and support people needed. They were knowledgeable about the people they supported, what was important to them and their personalities and preferences. For example, one staff member said that a person they supported had a specific routine and liked their food and tea prepared according to their cultural needs. This staff member described how a family member had shown them how to care for the person, as they had limited verbal communication. They could describe the person's routine in detail, including things that were important for the person, such as only partially opening their curtains in the morning. The staff member was proud that they knew the person well, could attend to their individual needs and had received very positive feedback from their family. This demonstrates that staff involved people, have developed positive and caring relationships and deliver

individual care.

Is the service responsive?

Our findings

People and their relatives said a care plan was in place which set out the support that people required. They said that staff followed this care plan and that it was reviewed to make sure it continued to include their needs. Comments from people included, "My care plan is perfect"; and, "I always ring the office if anything needs changing". A relative told us, "I am very confident that the staff here are very caring and compassionate. They know just how to look after mum I've never had any issues with Westminster care at all". Most people said that staff came at the expected times and if staff were delayed they were informed about this by office staff. People said they usually had a consistent team of staff supporting them if this was their wish. They said that at the end of a visit, staff asked them if there was anything else they could do to support them.

Feedback was that the service continued to respond to people's individual needs and requests. One person told us that staff fed their tortoise which was particularly important to them. A relative said, "My family member loves his shower. He would never have one before, but staff take the shower-head off so that the water doesn't go in his face".

Care plans included all aspects of the person's health, social and personal care needs. They contained detailed information from the person's point of view about people's daily lives including, communication, dressing, oral hygiene, nutrition and moving and handling. For example, for people who used a urinary catheter there were instructions about when to empty and change the person's bag. Care plans contained detailed information to give a clear and full picture of each person's character and needs. For example, when people had stated they liked to watch television, the particular programmes that they enjoyed were recorded. People had been asked about personal history such as where they were born, people who were important to them and their future wishes and the intended outcome for them when receiving support from the service. One person said their wishes were to do as much as they could for themselves for as long as possible. This information helped staff to provide care and support in a way that was specific to the person. People's likes and choices were specific so that staff could support them in the way that they liked. For example, it was important to one person that they kept warm. There was written guidance for staff that if the temperature went below a specific level that they should have a hot drink, their legs covered with a blanket and be assisted to put their cardigan on.

People and their relatives told us that they knew what to do if they had any worries or complaints about the service. People who had raised concerns said that they had been listened to. One person said, "I had a problem with one carer. I contacted the office and it was easily sorted out". Another person told us, "I complained about a late morning visit. It meant I couldn't go on the transport to get to the day centre. They sorted it out". Local authority commissioners reported that they had not received any complaints from people for some time and that if any issues arose the service was proactive in addressing them.

The provider had a complaints policy and procedures which set out how people could make a complaint and the action the service would take to investigate their concerns. It contained the contact details of relevant external agencies, such as the Local Government Ombudsman and the local authority. The service

had followed this policy to acknowledge, investigate and inform people of the outcome of any complaint they had made. The registered manager reviewed concerns and complaints to make sure the provider's policy was followed and to establish if there were any patterns or trends that required further action.

Is the service well-led?

Our findings

People and their relatives said the service was well managed and that people would or had recommended the service to others. People said that they could contact a member of staff at the office if they had any concerns. They said that a senior staff member visited them to check they were getting the care they required and that they also completed quality survey questionnaires from time to time.

Feedback was that people would recommend the service due to the caring and helpful manner of staff which had a positive impact on their well-being. Comments from people included, "The carers can't do enough for me. I am very happy with them. They feel like a member of my family"; "I have told lots of people at carers support group. We can't fault them at all"; "I would recommend this agency over a lot of the others. I have had more than six agencies and this is one of the better ones", and "You couldn't want better. Staff all work very hard. They are so caring and nothing is too much trouble. The staff and the manager are always around and happy to speak to you at any time". Comments from relatives included, "It is early days yet but the girls are nice and chatty. They do what they should and they are encouraging towards my relative"; "The carers are generally very professional and pleasant"; and "We receive good treatment from them".

We received positive feedback from local authority commissioners about the management of the service. They said that the registered manager was responsive in all communications, demonstrated a willingness to work with them, acted on constructive feedback and was keen to improve the service. Their approach was described as 'proactive' with the aim of maintaining and improving care standards at the service.

There continued to be clear organisational structures and values in place that were understood by staff. The main ethos of the service was to deliver care that met people's individual needs whilst promoting their dignity and independence. Staff were aware of their roles and responsibilities and said they received effective support from the registered manager, who in turn responded that they were well supported by the operations manager. Staff said that as a result they felt valued and proud to work for the service. Comments included, "The registered manager leads by example. We all work really well together. We are like one big family"; and, "We have regular training, good support, it is friendly and we are listened to. If you have a problem they sort it out. It is give and take. I would recommend working for the service". Staff were kept informed of any changes, or training they needed to complete and also thanked for their support through regular newsletters and staff meetings. At the last meeting in May 2018 staff were informed that they would be the next branch to pilot an electronic call monitoring system.

The registered manager was a dignity champion. A dignity champion challenges poor care practice, acts as a role model and educates and informs staff working with them. They were involved in the induction of new staff to promote the importance of supporting people in a way which always respected their right to dignity.

The registered manager worked in partnership with other organisations and was chairperson for the Skills for Care Registered Managers Forum for North Kent and South-East London. In this role they led network meetings for adult social care managers to share and embed best practice, information and knowledge and to offer each other support. This demonstrated the registered managers commitment to working with

colleagues and other managers to continuously learn and drive forward improvement.

Feedback from people and their relatives about the quality of the service continued to be sought through telephone checks, review visits and via an annual survey. The results of the survey in September 2017 were that 72 out of the 73 people that responded were satisfied overall with the service they received. Everyone reported that staff were honest and trustworthy; 89% of people rated the overall quality of the service as good or excellent; 90% of people rated the control they had over their care as good or excellent; 94% of people rated as good or excellent how staff met their religious and cultural needs; and 93% of people rated as good or excellent how staff demonstrated that they were kind and compassionate. Areas for improvement were highlighted in relation to staff running late and being informed if a member of care staff changed which only 56% and 53% of people respectively had rated as good or excellent. People were informed of the outcome of the survey by letter and that the service was looking at ways to improve communication as it acknowledged that it was not as effective as it could be.

The service had schemes in place to drive improvement and reward staff for their initiative, care and going the 'extra mile'. This included gift vouchers at Christmas, long service awards and a 'Carer of the Month award'. Staff members were nominated by colleagues or people. Staff award certificates were displayed in the office and once a year an overall winner was chosen and given a significant financial reward.

Systems remained in place which continuously assess and monitor the quality of the service. These included managing complaints, safeguarding concerns and incidents and accidents. A regular report was also sent to the local authority which evidenced that the service was meeting key performance indicators. Regular spot checks took place which assessed staff in many areas such as their time of arrival and departure, that they were wearing a uniform, using protective clothing and how they provided care. Management took steps to learn from such events and put measures in place which meant they were less likely to happen again. The registered manager had identified shortfalls in communication with the local hospital. In order to improve communication they had had developed a booklet 'All about me'. This contained essential information about the person and could travel with the person if they were admitted to hospital so hospital staff knew about their medicines, medical conditions and package of care.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. We found the provider had conspicuously displayed their rating at the service and on their website.