Westminster Homecare Limited

Westminster Homecare Ltd (Norwich)

Inspection report

Melbourne House
Arminghall Close
Norwich
Norfolk
NR3 3UE
Tel: 01603 466801
Website: whc.uk.com

Date of inspection visit: 12 February 2015
Date of publication: 07/04/2015

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?	Requires Improvement
Is the service well-led?	Good

Overall summary

This inspection took place on 10 February 2015. The inspection was announced.

At the last inspection of this service on 24 January 2014, we found that the provider was meeting all of the Regulations inspected.

Westminister Homecare Limited (Norwich) is a care agency that provides care and support to people living in their own homes. At the time of the inspection, 110 people were receiving care and support.

This service requires a registered manager to be in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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 the time of our inspection, there was not a registered manager in place. However, we had received an application to register a manager that was being processed.

The majority of people were positive about the care they receive and felt supported safely. However, a minority felt the service could be improved to help them feel safe. The staff understood how to keep people safe. They understood what abuse was and how they should report on any concerns. The provider had reported any incidents relating to the safety of the people living at the service to the relevant authorities as is required.

Guidance was in place within people's care records for staff to follow on how to support people when they became distressed or upset. Where a risk had been identified, there was clear guidance available for staff to follow to help them reduce the risk of harm to the person. Staff understood what action to take in the event of an emergency such as contacting the emergency services when the person was unwell or alerting their

The provider of the service had systems in place to ensure the staff they employed were suitable and of good character. There were suitable numbers of staff available to provide support but there were occasions when people did not receive care from consistent members of staff who knew them well.

People spoke positively about the skills and knowledge the staff had. The provider had their own trainer who specialised in providing staff with induction and training and all staff received regular supervision. Staff were happy with the support provided

The provider had complied with, and the staff understood the principles of the Mental Capacity Act 2005 (MCA) and people's rights where protected when they lacked capacity to make their own decisions.

Staff were aware of the importance of good nutrition and hydration. They encouraged people to eat and drink what they preferred. Concerns found of people not eating or drinking were reported on and action was taken.

Staff had a good knowledge of people's individual preferences and care needs including

whether people had any cultural or diverse needs such as religious beliefs. They ensured people were respected and listened to. People were encouraged to plan and aim for their own independence as much as possible. Staff had contact details for health professionals who were involved with those people receiving the service and had contacted them when people's health became a concern.

People did not always receive support that was responsive to their needs. Communication with the office was not always good and phone calls from people using the service were not always acted on.

The provider completed an assessment of need for all people using the service. Records were held to guide staff on the care needs of each person and had been updated to reflect current needs.

The provider had visions and values based on people's individual needs that staff understood and followed. Staff were supported and happy to be working for this agency. Concerns and issues raised by staff were acted on by the manager and senior team.

The service provided was regularly audited and quality was measured using various methods that included all staff who took responsibility for the quality of the service provided. Incidents and accidents were monitored closely and positive action was taken to improve the service to ensure the service was running well.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

People felt that the care that was provided kept them safe.

Staff were aware of safeguarding people from abuse and knew what to do if an emergency arose.

The manager had safe procedures in place to ensure staff who were recruited were suitable for the job required.

Good

Is the service effective?
The service was effective.

Staff had the skills and knowledge to support and care for people effectively.

People were supported correctly when staff assisted them with eating and drinking.

The manager had ensured the staff had access to health professionals if a person was found unwell.

Good

Is the service caring?
The service was caring.

Staff were aware of the individual needs of the people they were supporting.

People were treated with respect and listened to. Staff were kind and caring.

Good

Is the service responsive?
The service was not always responsive.

People were assessed for their needs prior to receiving a service and their care needs were monitored regularly when the service was delivered.

People did not always receive care at the time that had been agreed and there were occasions when people received care from a number of different carers rather than consistent carers who knew them well.

Complaints and concerns raised with the manager were acted upon however not everyone felt that they were able to contact the management team when they needed to.

Requires Improvement

Is the service well-led?
The service was well led.

Regular monitoring of the quality of the service was in place to ensure people received the care and support expected.

Good

Summary of findings

Staff were supported and listened to by a manager who included them in the development of the service.

The provider and manager met regularly to ensure current changes in service provision were implemented correctly.

Westminster Homecare Ltd (Norwich)

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 10 February 2015. The provider was given 48 hours' notice because they provide a home care service. Therefore we needed to be sure that staff would be available at the provider's main office for us to talk with about the care provided to people.

The inspection team consisted of an inspector and an expert by experience. An expert by experience 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 any statutory notifications that the provider had sent us. A notification is information about important events which the service is required to send us by law.

We visited the head office of the service where we spoke with four members of care staff and the manager about the care that they provided. The expert by experience telephoned 14 people who used the service and three relatives to obtain their feedback regarding the quality of the care that was being received. We also spoke with the Local Authority safeguarding and quality monitoring teams.

We looked at four people's care records, three staff training and recruitment and records relating to how the service monitored staffing levels and the quality of the service.

Good

Is the service safe?

Our findings

People told us that they felt that the care received was provided in a way which ensured that they were kept safe. However, two people told us that they felt less safe now as they had to leave their door open, or give their key safe number to several staff, due to the number of different carers who were providing their care.

The staff we spoke with understood how to keep people safe. They told us that they were vigilant around people's homes for environmental hazards such as loose wires or uneven carpets which could cause a person to trip. They also demonstrated they understood what abuse was and how they should report concerns if they had any about the people they cared for. This showed that people's risk of experiencing abuse was reduced. Staff told us that they had received training in this subject and the training records we viewed confirmed this. We also saw that the provider had reported any incidents relating to the safety of the people living at the service to the relevant authorities as is required.

The staff told us that some people they cared for occasionally became distressed which meant that there was a risk they could harm themselves or others. Staff explained to us that they used distraction techniques to calm people when this occurred. We saw that clear guidance was in place within people's care records for staff to follow on how to support people when they became distressed or upset.

The provider had assessed risks to people's safety. This included risks when assisting people to move, of people falling and when providing them with personal care. Where a risk had been identified, there was clear guidance available for staff to follow to help them reduce the risk of harm to the person.

Staff understood what action to take in the event of an emergency such as contacting the emergency services when the person was unwell or alerting their GP. Staff also told us that they had made referrals to the local fire safety officer, with people's permission, if they did not have smoke alarms fitted so that the local fire department could arrange for these to be fitted to alert people in the event of a fire in their home.

All of the staff we spoke with agreed that there were enough of them to meet people's care needs. The manager said that any staff shortages were covered by the existing staff team. The number of staff needed was calculated based on people's individual needs and the manager confirmed that this was reviewed regularly. They told us that if they did not have enough staff to provide the care then they would not take on the responsibility for that person's care. Records we looked at showed that there had been no instances where a staff member had missed a call to deliver care to a person in 2015 up to the date of the inspection. However, some people using the service told us continuity and timings of the carers arriving could vary.

The recruitment records of staff working at the service showed that the correct checks had been made by the provider to make sure that the staff they employed were suitable and of good character.

The service had assessed whether people were able to give themselves their own medicines. Where it was felt that they could not do this safely, an agreement had been reached with the person or their relative that the staff would give them their medicines. We looked at some people's medicines records and saw that these indicated that staff had given people their medicines when they needed them. People told us that they mostly managed their own medicines. The few that said they required support told us staff completed the task correctly.

The staff we spoke with told us that they had received training in how to give people their medicines and we saw training records that confirmed this. Staff also said they had their competency checked regularly by the senior staff.

We saw that details of what medicines people needed to take was recorded within their care records and that guidance was available to staff to tell them what the medicine was for and when and how often it should be given to the person. This included information on when to give medicines that had been prescribed for occasional use such as pain medication. This reduced the risk that staff would only give the person this type of medication when it was needed.

Good

Is the service effective?

Our findings

People spoke positively about the skills and knowledge the staff had especially when talking about staff who had been with the service a long time. One person said, "The carers understand my health condition and we talk about how to work with me to make it right for me. They are brilliant." Another person said, "They are my Charlie's Angel's. One of the carers has been researching my illness and understands what I am going through and supports me properly.

The provider had their own trainer who specialised in providing staff with training. Records confirmed that staff had received training in a number of different subjects including moving and handling, dementia, infection control, health and safety, behaviour that may challenge others and food hygiene. All of the staff we spoke with told us that this training had provided them with the skills and knowledge they needed to meet the needs of the people who used the service. They told us that the provider arranged training for them from a district nurse when they needed to learn skills in other areas that they were not familiar with such as how to care for someone who had a catheter. They also told is that they were supported to pursue qualifications within the social care sector. These not only included a general qualification but also could be in relation to a specific subject that the staff member was interested in specialising in. For example, one staff member told us how they had just started a National Vocational Qualification in mental health and another told us that they were completing an NVQ in End of life care.

There was an induction programme in place for new staff who joined the service. This involved them shadowing more experienced staff whilst they were learning how to provide care to people. Some of the staff we spoke with told us that they had the opportunity to develop new staff and had the responsibility for making sure that the new team member was competent at their role before they could provide care to people on their own. We saw records that confirmed that each new staff member undertook a number of different care tasks that were observed and monitored before they were signed off as being competent to perform their role. Therefore, people only received assistance from trained staff.

All of the staff told us they were happy that they received adequate levels of supervision from their manager where they could raise any issues they had and where their performance was discussed.

The staff we spoke with told us that they always asked people for their consent before assisting them with their care. The care records we saw had been signed by the person or their next of kin to confirm that they were happy with the care that was planned to be provided.

The manager told us that there were some people who used the service who lacked capacity to consent to their care and treatment. This meant that the provider had to comply with the principles of the Mental Capacity Act 2005 (MCA) which is an Act that has been passed to protect people's rights where they lack capacity to make their own decisions.

All of the staff we spoke with understood the principles of the Mental Capacity Act (MCA) 2005. They were aware that any decisions made for people who lacked capacity had to be in their best interests and were able to tell us how they supported people to make decisions about their daily routines. For example, one staff member told us how they showed people different types of clothes so they could decide what to wear. Another said they showed people different food so they could decide what to eat.

All of the staff we spoke with knew the importance of good nutrition and hydration. They told us that they encouraged people to drink when they saw them and that they provided people with food that they enjoyed. We saw that it was documented within people's care records their likes and dislikes regarding food and drink and whether they had any special dietary needs. Therefore there was guidance available for staff to help them provide food and drink to people that they liked where they were responsible for this. The manager also confirmed that if they were concerned about someone's nutrition or hydration, that they would contact the person's GP to alert them to this.

All of the staff we spoke with demonstrated to us that they had a good understanding of the different types of healthcare professionals who would need to be contacted to help people maintain good health such as their GP, dietician, optician, district nurse or occupational therapist. One of the staff told us how they had recognised that a person they assisted required care from a district nurse. They said they had made the relevant referral and that the

Good

Is the service effective?

person was now being seen regularly by the district nurse who was helping them manage a health condition. We also saw that a compliment had been received recently from a relative who was pleased that a member of staff had arranged for their family member to receive treatment from a district nurse.

Good

Is the service caring?

Our findings

The people we spoke with were complimentary about the care staff saying they were cared for well by carers who were careful, gentle and respectful. One person told us, “They are all so kind and really good. Very kind people”. Another person told us, “The carers are all brilliant”.

All of the staff we spoke with demonstrated that they knew the people they cared for well and had developed supportive relationships with them. They expressed passion for making sure that people received the care that they required.

Staff also had a good knowledge of people’s individual preferences and care needs. We saw from people’s care records that details about people’s life history had also been captured. Staff told us that this helped them to build a rapport with people and engage them in conversation. The provider explained that they tried their best to ensure that people received the same members of care staff so that they could develop relationships with them and the staff confirmed that in the main, they provided care to the same people.

The provider had also assessed whether people had any cultural or diverse needs such as religious beliefs. Staff we spoke with demonstrated that they understood these and that they were respected.

All the staff we spoke with told us that protecting people’s dignity and privacy was very important to them. They explained how they covered people when providing personal care and ensured that people’s curtains and doors were closed as necessary.

People’s care records demonstrated that the provider encouraged people to be independent. People were asked to comment on what their own individual goals were and how they wanted to achieve this. Some people for example had written that their aim was to stay in their own home as long as possible and how staff could help them achieve this.

People’s views were mixed with regard to whether their views about their care were sought by the management team. However, there were systems in place to obtain people’s views and the manager had recently issued everyone who used the service with a letter to advise them what action the provider had taken following their feedback on the care received.

Requires Improvement

Is the service responsive?

Our findings

Not everyone was happy that they received consistent care from staff who they knew. The majority of people who we spoke with said that there had been recent occasions when there had been issues with the carers that came to provide their care. One person told us, "I have had five different carers in three or four days which is not good." People also raised concerns about carers not arriving at the agreed time. For example, one person told us, "I have an 8.30am time slot but the carers turn up at anywhere between 6.45am and 9am."

People said that they did not like not knowing which carers were going to arrive to support them. For example, one person told us, "I have extremely nice regular carers in the morning but the afternoons and evenings can be irregular – they send me a rota but it's now always how things work out. I don't always know who is coming".

The majority of people who spoke to us about contact that they had with the staff in the office said that there had been problems with this. They said that there had been problems in contacting someone 'out of hours' and other people told us that their calls were not returned. This meant that any changes that were required to their care, or questions that they had, were not able to be responded to quickly.

The care records that we checked demonstrated that the service had conducted a full assessment of people's individual needs to determine whether or not they could provide them with the support that they required. This assessment took into account people's individual preferences for a male or female carer, what time they wanted the visits to occur and whether they preferred an older or younger carer to provide them with support. However, one person told us that they had asked for an older person to support them but had got a, "…young girl" instead. We saw that one person had requested that staff visited them very early in the morning and that this had been accommodated.

Each care record contained a visit plan. This detailed fully the care that was to be provided and gave staff clear guidance on what they needed to do to meet the person's individual needs. Care records were regularly updated to ensure that they reflected the person's current needs. All the staff we spoke with told us that they were advised of a change in people's needs in good time so that they could provide the correct care.

The manager advised that staff had raised with her that some people they cared for were socially isolated. In response to this, the manager was planning to carry out a 'service users forum' where people who used the service and their relatives could meet each other but also be involved in the training that staff received to enhance their own knowledge. This would be in areas such as safeguarding adults and moving and handling. The manager confirmed that they had written to a number of people who used the service and their relatives about this but had not received many responses. They had therefore decided to visit each of the people who were currently using the service so that they could introduce themselves and talk to them individually about these ideas, in the hope of raising more interest. This demonstrated that the provider was looking at ways to improve the lives of the people they provided care for.

In the interim, the manager and staff advised us that they could refer people to other services such as Age Concern or local befriending services.

Nine complaints and twenty three compliments had been received by the service within the last 12 months. We tracked one complaint and saw that it had been dealt with appropriately by the provider. This had included a visit to the person making the complaint and discussions about how they could improve the service being provided.

Information about how to complain was detailed within the information people received when they started to use the service. Any concerns that people had about the care they received was also encouraged during telephone monitoring calls that were made to people and during formal reviews of people's care when senior staff visited them in their home. We saw that these were also responded to. For example, one person had said that they had not been told about a change of carer or when carers were delayed. This information had been passed to the main office who put processes in place to correct this. A senior member of the care team had then visited the person in their own home to make sure that they were happy with the changes that had been made and we saw evidence in their records that they were. Although action

Requires Improvement

Is the service responsive?

was taken once someone had raised the concerns with the staff in the office it was clear that for some people it was difficult to actually speak to someone at the time that they wishes to do so.

Good

Is the service well-led?

Our findings

The manager has been working at the service for seven months and is not currently registered with us. However, they have applied to be registered and this application is currently being processed.

The manager told us that they felt they provided care that was based on people's individual needs. The staff we spoke with echoed this and we saw that this was built into the provider's visions and values which the staff were aware of.

All of the staff told us that they enjoyed working for the provider and that they felt supported by the manager and senior team. They also said that they were able to raise any issues about the care they provided to people without fear of being reprimanded. They confirmed that any issues they raised were listened to and were confident that action would be taken in response to their concerns. The manager also confirmed that they felt supported by the provider and were felt confident to question care practice if needed. This demonstrated that the service had an open culture.

Staff had been given responsibility for performing some tasks to monitor the quality of the service. For example, the manager had recently implemented a new process where senior members of the team had been given responsibility to complete their own individual 'compliance plans'. These plans were required to be completed each month and involved the senior member of staff monitoring the quality of the service in various different ways. These included performing telephone quality questionnaires, visiting people in their home for their views on the care provided, performing supervisions with staff, monitoring their training and completing 'spot checks' on staff to make sure the care they provided was appropriate. Care staff were also given responsibility for new members of staff to make sure that they were competent before they provided care on their own. This demonstrated that the provider empowered staff to take responsibility for the quality of the service provided.

The manager advised that they were continually reviewing their recruitment strategy of staff to make sure that they had enough available to meet people's needs. This included targeting recruitment to different parts of Norfolk where there was a risk of staff shortages. The provider had also given the service a company car to use so that staff who could drive but did not own a car, could still be employed. This demonstrated that the provider was using innovative ways to recruit staff to the service.

The manager told us that there were opportunities for staff to develop within the service and this was echoed by the staff who confirmed that they were able to obtain promotion. Staff were also recognised officially when they provided care that was above and beyond what was expected. This was through a monthly staff award. A photograph of the staff member was displayed in the office so everyone knew who had won that month.

The completion of staff training was monitored by the provider to make sure that it was completed and that staff had received regular training to refresh their skills and knowledge. We saw that staff training was up to date which showed that the provider had an effective system in place to monitor this.

The service learnt from incidents and accidents. It was reported to us by the manager on their provider information return that the service had made 39 medicine errors within the last 12 months. We therefore asked the manager what action they had taken to prevent these errors from occurring again. They told us that all staff had received retraining in how to give people their medicines and that staff competency to do this was assessed more frequently. This included senior members of staff conducting 'spot checks' on staff when they were giving people their medicines. Also, the people's medicine records were being monitored more closely. One member of staff had been given the responsibility for auditing people's medicine records each month. Any errors identified were discussed with the staff member who made the mistake and action was taken to reduce the risk of this happening again.

The provider also learnt from complaints. The manager analysed complaints regularly for patterns and themes. One theme had recently been identified that staff were not completing records correctly. In response to this, they gave the staff re-training on the subject, spoke to them about it in supervisions and discussed the issue in team meetings. The staff we spoke with confirmed that they had been reminded about the importance of completing records correctly and were now more aware of this issue.

Good

Is the service well-led?

We asked staff about whistleblowing. Whistleblowing is a term used where staff alert the service or outside agencies when they are concerned about care practice. They all told us they would feel confident to whistle blow if they felt that there was a need to.

The quality of the service was monitored through regular audits performed by both the manager and the provider, 'spot checks' of staff when they were giving care to people in their homes and by asking people for their opinions on the care they received. We saw that when areas for improvement were identified, that actions were taken. For example, the provider had recently conducted an audit and had found that people's care records were not always completed correctly or signed to say show that they had agreed to their care. A clear action plan was in place with deadline dates that the manager was currently working through.

A survey of people's views in respect of the care they received had been conducted in 2014. We saw the feedback received from people had been analysed by the manager and that actions had been taken. These included the recruitment of new staff, increasing the frequency of obtaining feedback from people on the quality of care they received and how carers would be monitored when providing care.

Regular meetings between the managers of the provider's services took place so that ideas and best practice could be shared. The manager told us how they had shared their improvements in how medicines were managed and that this had been adopted by another service. They also said that they discussed important topics such changes in legislation, carers training and CQC inspections. This demonstrated that the provider made sure that their services were kept up to date with changes that affected their business so they could provide safe and high quality care.