

Westminster Homecare Limited

Westminster Homecare Limited (Ipswich)

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

Westminster Homecare Limited (Ipswich) provides personal care to people living in their own homes. At the time of this announced inspection of 13 June 2017 the registered manager told us there were 108 people who used the service, and 80% of these people received the personal care provision. The provider was given 24 hours' notice of the inspection because the location provides a domiciliary care service and we needed to know that someone would be available.

At the last inspection of 16 February 2015 the service was rated Good. At this inspection we found the service remained Good.

There was a registered manager in post. 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.

There were systems in place which provided guidance for care workers on how to safeguard the people who used the service from the potential risk of abuse. Care workers understood their roles and responsibilities in keeping people safe. Where safeguarding issues had arisen the service learned from these and used their learning to improve the service and reduce the risks of incidents happening again.

There were processes in place to ensure the safety of the people who used the service. These included risk assessments which identified how the risks to people were minimised. Where people required assistance to take their medicines there were arrangements in place to provide this support safely.

Care workers were available to ensure that planned visits to people were completed. People were supported by care workers who were trained and supported to meet their needs. Where people required assistance with their dietary needs there were systems in place to provide this support safely. Where required, people were provided support to access health care professionals.

Care workers had good relationships with people who used the service. People were involved in making decisions about their care and support. People received care and support which was planned and delivered to meet their specific needs.

The service had a quality assurance system and shortfalls were identified and addressed. As a result the quality of the service continued to improve. A complaints procedure was in place.

Further information is in the detailed findings below.

There is a current investigation ongoing. Once we receive the outcomes of this we will consider our regulatory response and report on it, if required.

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 remains good.	Good ●
Is the service effective? The service remains good.	Good ●
Is the service caring? The service remains good.	Good ●
Is the service responsive? The service remains good.	Good ●
Is the service well-led? The service remains good.	Good ●

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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 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.

This comprehensive inspection was carried out by one inspector on 13 June 2017 and was announced. The provider was given 24 hours' notice of the inspection because the location provides a domiciliary care service and we needed to know that someone would be available.

Prior to the inspection we reviewed the contents of notifications received by the service. An up to date PIR had not been requested prior to our visit. 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.

Prior to our inspection we received questionnaires from 20 people who used the service and seven staff. Where specific comments were received in the questionnaires we checked these with the registered manager and corroborated their response by reviewing records.

We visited the service's office and we spoke with the registered manager, the operations manager, the care coordinator, a senior field care worker, a staff member responsible for recruitment and three care workers. We reviewed the care records of 10 people who used the service, 10 staff personnel files and records relating to the management of the service.

The day after our inspection visit to the office we spoke with nine people who used the service, eight relatives and two professionals involved in the service provided to people.

Is the service safe?

Our findings

People told us that they felt safe with their care workers and using the service. One person's relative said, "I think [person] is definitely safe." Another relative commented, "I can go out knowing that [person] is in safe hands." All of the questionnaires received from people told us they felt safe from abuse or harm from their care workers. All of the questionnaires from care workers said that they knew what to do if they suspected that someone using the service was being abused or at risk of harm and that people were safe.

People received support from care workers who demonstrated to us that they had been trained and understood how to recognise and report abuse. Where safeguarding incidents had occurred discussions with the registered manager and records showed that they had learned from these and used their learning to improve the service and reduce the risks of them happening again. This included disciplinary action, reviewing the safeguarding policy, retraining care workers in safeguarding and advising care workers of their role and responsibilities. There were areas of good practice noted in the notifications we had received which informed us of appropriate actions taken to reduce the risks to people who care workers were concerned about, such as issues between families and self-harm.

Risks to people continued to be managed. People's care records included risk assessments which identified how risks were minimised, this included risks associated with their home environment and moving and handling.

The registered manager told us that the staffing level continued to be appropriate to ensure that visits to people were undertaken. One professional told us that the service did not take on any care packages if they could not ensure that there were enough care workers. They said that the service was, "Forward thinking when putting runs together." One person said regarding missed visits, "Well I have not been let down yet." One person's relative said, "They [care workers] always turn up when they should do." Another relative told us, "A couple of times they did not come, I called the office and they were absolutely apologetic," they said that this was some time ago and had not happened recently.

The service maintained records which demonstrated that any late or missed visits were addressed to ensure people were provided with the care that they required. The registered manager told us that there had been some issues but these had been resolved. This was confirmed by a person's relative who said, "I think there were some problems about six months ago, looks like this has been sorted now."

People's comments varied about if the care workers arrived for the visits on time. One person said, "They always turn up, if it's late it is only five minutes here and there." Another person told us, "They [care workers] is on time [for their care visits] 95% of the time. But I know traffic can be bad." People told us that they were not always told when the care workers were running late. One person said, "If they are late I am not always told, I just have to ring the office and they come soon after that." The registered manager said that there had been changes in the office staff and was aware that telephone calls to people to advise of lateness had not always happened. We were assured by discussions with the registered manager, care workers, office staff and records that this was improving.

The service continued to check that prospective care workers were of good character and suitable to work in the service. However, we had been informed that there had been an issue where one care worker did not have appropriate reference checks in place. Discussions with the registered manager, the staff member responsible for recruitment and records showed that the service had learned from this to minimise the risks to people. All recruitment records had been reviewed and actions taken to ensure that evidence of appropriate checks had been completed. Care workers spoke with confirmed that checks had been undertaken prior to them being allowed to work.

Medicines continued to be administered safely, where required. One person said, "I do my own tablets, but they [care workers] help me with the creams. I am happy with that." There were systems in place to assess and monitor the support provided to people relating to their medicines. The service had noted that people's medicines administration records (MAR) had not always been completed appropriately. The monitoring system in place showed that checks were made and actions taken to address this. This included advising care workers of their responsibilities and providing more training. Records demonstrated that this system was working and improvements were being made.

Is the service effective?

Our findings

The service continued to provide care workers with the training and support and the opportunity to obtain qualifications in care. One person said, "I am happy with everything that they do." Training included moving and handling, safeguarding, dementia, medicines and infection control. Care workers told us that they were happy with the training and support received which supported them to meet people's needs effectively. The registered manager told us that there was a new staff member responsible for providing training to care workers. They were working on a package to deliver increased training on people's specific needs, including mental health and diabetes.

Two care workers told us about their induction which included formal training, regular supervision and shadowing more experienced care workers. One said that they had recently achieved their care certificate, which is a set of induction standards that care staff are required to work to. Records confirmed what we had been told, which included assessments of their shadow shifts.

Records demonstrated that staff continued to receive supervision meetings. These provided care workers with the opportunity to discuss their work, receive feedback on their practice and identify any further training needs they had.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA) 2005. People's care records identified their capacity to make decisions and included their consent to the care they were provided with. Where people required assistance to make their own decisions the records identified the support they needed in their best interests, including those responsible, where appropriate. Staff continued to demonstrate they understood MCA and how this applied to the people they supported. The registered manager told us that there was new MCA training being rolled out to care workers.

The service continued to support people, where required, to maintain a healthy diet and/or with the preparation of meals and drinks.

People continued to be supported to maintain good health and seek support from other health professionals, where required. One person told us how their care workers were supporting them to seek support from other professional to obtain the equipment that they required. One professional told us that the service's staff worked closely with them to achieve the best outcomes for people with complex needs. They said that the care workers and staff met with them when needed and would be in attendance when new equipment was delivered to people. The professional said that the care workers observed and reported any concerns with people's health.

Is the service caring?

Our findings

The service continued to treat people with respect and kindness. One person said, "They [care workers] are all good fun, we have some laughs." Another person commented, "They [care workers] are all very good, of course they are respectful." One person's relative said, "They [care workers] engage with [person] really well. Not only do they support [person] but [care workers and senior staff] support us as a family. They have been wonderful." Another relative talked about the, "Dignified," care that the person received and, "They [care workers] are really lovely when they are caring for [person]." Another relative said, "[Person] talks about the carers, [person] gets on with all of them, there is not one [person] doesn't like."

Care workers continued to speak about people in a compassionate manner. They understood why it was important to respect people's dignity, independence, privacy and choices.

The service continued to promote and respect people's independence. One person said, "I do most things, just need a bit of help with washing. They [care workers] never do what I can do myself. I am happy with that." People's records identified the areas of care that people could attend to independently and where they needed assistance.

People told us that they continued to make decisions about their care and that care workers listened to what they said. Records demonstrated that people and, where appropriate, relatives, were involved in care reviews and decisions about the care provision. One person's relative said, "We've got a meeting tonight to look at the care plan, the last one was about six weeks ago. So yes we are listened to." Another relative commented, "They [care workers] are little angels, they understand [person], they listen to [person] and me." One person said that their choice of the gender of care workers who visited them was always respected.

The service continued to respect people's rights to privacy. Records, including people's care records and staff personnel files were stored securely in the office this minimised the risks to people's privacy. In addition we saw that care workers were advised on maintaining the confidentiality of people and their colleagues in team meetings. People told us that they felt that their privacy was respected, one person said, "They are very good with my privacy, nothing is too much trouble."

Is the service responsive?

Our findings

The service continued to provide a flexible and responsive service. One person said, "They do everything I want them to, I have no problems at all." One person's relative said, "[Person's] care plan reflects what [they] need and want." Another relative told us that they felt that the service responded to the person's needs, "If [person] is feeling a bit poorly, they [care workers] do not over power [person]. They do everything they can to accommodate, we are really happy." One person's relative told us how the service had been flexible when the person's friend, who visited daily, was on holiday, "We let them know and they arranged for someone to come out to replace [friend] when they were away. They have been very accommodating from the off."

One person's relative told us how they and the person had contributed to the assessment of their needs and their care plan. They said, "[Staff member] came round with this great long form, we were impressed how thorough it was, and it was conducted by [staff member] very well, very pleasant." The service continued to ensure that people's care records were personalised to include information about them designed to provide care workers with the information that they needed to meet people's needs and preferences. The registered manager told us how they met with people's allocated worker prior to providing care to people to ensure that they were up to date with the details of people's specific needs and how they were met. One person told us how the service worked in partnership with them and their placing authority allocated worker, "We are meeting regularly to find out what works best for me."

The registered manager told us how they responded to people's changing needs. This included where there was not enough time for care workers to support people in their assessed timescales. The service had contacted the placing authority to ask for further time. This was confirmed by one person who said, "I get 15 minutes extra now because I have lots of needs and they [care workers] were struggling to do everything they needed to."

Where people required support to reduce the risks of becoming lonely or isolated, their care records identified what support they needed. In addition the service had started to provide a service where people wanted to have support to access the community.

The registered manager and care coordinator told us that they tried to ensure that people were provided with regular care workers to ensure consistency of care. One person commented, "I have the same group of carers, they know me and I know them." One person's relative said, "It would upset [person] if they had different people [care workers] coming in all the time. They know this and make sure [person] has regular ones." If people raised concerns about specific care workers all efforts were made to not send these out to the person. This was confirmed by one person who had raised a concern about a care worker, "We have not seen them since."

People told us that they felt that their complaints were listened to and addressed. One person's relative told us how they had raised concerns with the service which had resulted in the dismissal of a care worker. Another person's relative said, "If there are any hiccups, I get on the phone and they jump on it." There was a complaints procedure in place and the service continued to address any concerns and complaints received

in a timely manner and used these to improve the service. This included meeting with complainants to agree a way forward, and disciplinary action. There were several letters and cards thanking the service for the care and support provided.

Is the service well-led?

Our findings

People told us that they were happy with the service they received and it was well-led. One person's relative said, "I am absolutely bowled over...they [service] are an absolute God send to me. Nothing is too much trouble, they could not be any more helpful. I can wax lyrical about how good they are, they have put my faith back into care agencies." Another relative told us how they were recommended to the service, "I rang the social worker and asked for Westminster, they are very good. I would recommend them to anyone and when I need care I want them." One professional said that the registered manager did a, "Good job running the branch, good coordinators."

The registered manager continued to promote an open culture where people, relatives and staff were asked for their views of the service provided. This included in annual quality questionnaires and three monthly telephone monitoring calls to people. Where comments from people were received the service continued to address them. This included informing care workers that they must advise the office if they were running late to enable the office staff to let people know. The registered manager told us that they had forums where people were invited to attend to share their views about the service. They had also started sending out a newsletter to people which advised them of any changes in the service.

Care workers were kept updated in team meetings and updates in memorandums which advised of changes in their role and people's needs. One care worker spoken with told us that they felt that the service was well-led and that if they had any concerns the management team addressed them. They said, "It is no good moaning about it, you have to tell them (management) and they can put it right." The service operated an employee of the month scheme where care workers were recognised for their good work practice. Care workers were informed when people had made compliments about them. Where care workers had gone 'an extra mile' in supporting people, they were telephoned and thanked on 'thank you Thursday.' This showed that as well as valuing care staff, people's comments were valued and acted on.

The service continued to carry out a regular programme of audits to assess the quality of the service and identify issues. These included audits on medicines records, training, care records and observations of care worker's practice. We saw that these audits and checks supported the registered manager in identifying shortfalls which needed to be addressed. Where shortfalls were identified, records and discussions with the registered manager demonstrated that these were acted upon. This included improvements on the scheduling of visits which took into account care worker travel times and ensure there was a safe gap between medicines administration. There had been changes in the office staff and improvements were being made with regards to communication with people.

The operations manager told us how they, and the quality team, monitored and assessed the service and supported the registered manager in improvements. They showed us records which confirmed what we had been told. An action plan was in place which incorporated the improvements identified in audits and checks which showed how improvements were being made and the timescales for improvement. This demonstrated to us that the provider and registered manager were committed to continual change and improvement.

