Westminster Homecare Limited

Westminster Homecare Limited (Barking & Dagenham, Havering, Redbridge and Newham)

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

This inspection took place on the 10 September 2018 and was announced. This service was registered at its current location in July 2017 and this was the first inspection of it at this location. It was previously registered at a different location and we inspected it in December 2016. At that time, we found no breaches of regulations and rated it as Good.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older adults and younger disabled adults. 153 people were using the service at the time of inspection.

The service had 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.

Appropriate safeguarding procedures were in place and people told us they felt safe using the service. Risk assessments provided information about how to support people in a safe manner. There were enough staff working at the service to meet people's needs and robust staff recruitment procedures were in place. Staff had a good understanding about infection control issues and used protective clothing to help prevent the spread of infection. Medicines were managed safely.

The service carried out an assessment of people's needs prior to the provision of care. This enabled the service to determine if it was a suitable care provider for each individual. Staff undertook an induction training programme on commencing work at the service and had access to regular on-going training to help them develop relevant skills and knowledge. Where people required support with meal preparation they were able to choose what they ate and drank. The service operated within the principles of the Mental Capacity Act 2005. The staff supported people to access health care professionals and they were aware of what to do if a person faced a medical emergency.

People were supported by the same regular care staff so they were able to build good relationships. People were treated in a caring and respectful manner by staff and were supported to maintain their independence. The right to confidentiality was taken seriously by the service and staff understood the importance of this.

People told us the service was responsive to their needs. Care plans were in place which set out how to meet people's individual needs and these were subject to review. The service had a complaints procedure in place and people knew how to make a complaint. Complaints were dealt with in line with the procedure.

People and staff spoke positively about the registered manager and the leadership team. Systems were in place for monitoring the quality of support provided at the service. Some of these included seeking the views of people who used the service. The registered manager networked with other agencies to help

develop their knowledge and to improve the quality of support provided to people.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. Appropriate safeguarding procedures were in place and staff understood their responsibility for reporting any safeguarding allegations.

Risk assessments were in place which provided information about how to support people in a safe manner.

The service had enough staff to support people in a safe manner and robust staff recruitment procedures were in place.

Systems were in place to reduce the risk of the spread of infection. Medicines were managed safely.

Is the service effective?

Good

The service was effective. People's needs were assessed prior to the provision of care to determine if the service was able to meet those needs.

Staff undertook regular training to support them in their role and undertook an induction programme on commencing working at the service. Staff received regular one to one supervision.

People were able to make choices about their care and the service operated in line with the Mental Capacity Act 2005.

The service supported people to access relevant heath care services.

Is the service caring?

Good

The service was caring. Staff had a good understanding of how to promote people's dignity, privacy and independence.

People told us they were treated with respect by staff and that staff were friendly and caring.

Systems had been established to ensure confidentiality was maintained.

Is the service responsive?

Good

The service was responsive. Care plans were in place which set out how to meet people's needs in a personalised manner. Care plans were subject to regular review.

Staff had a good understanding of people's individual needs and how to support them.

The service had a complaints procedure in place and complaints were dealt with appropriately in line with the procedure.

Is the service well-led?

Good

The service was well-led. People and staff told us they found senior staff to be supportive and helpful. There was a registered manager in place.

Systems were in place for monitoring the quality of care and support at the service and people were consulted about the care they received.

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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.

This inspection took place on the 10 September 2018 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 someone would be in.

The inspection was carried out by an inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed the information we already held about this service. This included details of its registration and notifications of any significant incidents the provider had sent us. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We contacted local authorities who commissioned care from the service to seek their views.

We spoke by telephone with six people who used the service and five relatives. We spoke with eleven staff; the registered manager, operations manager, training manager, senior coordinator, field care supervisor, recruitment and administration officer, senior practitioner and four care practitioners. We looked at 15 sets of records relating to people including their care plans and risk assessments, and where they had them, their medicine records. We examined six sets of staff recruitment and supervision records and the training matrix for all staff. Quality assurance and monitoring systems were inspected and we looked at minutes of staff meetings.

Good

Is the service safe?

Our findings

People told us they felt safe using the service. One person said, "Yes, [staff member] is very friendly very attentive, I feel safe with [staff member]." A relative said, "Yes, because of the relationship [person] made up with the carer because they have regular carers if they did not feel safe they would tell me and I would be on the phone to the care company."

Systems had been developed to help protect people from the risk of abuse. There was a safeguarding adult's policy which made clear their responsibility to report any allegations of abuse to the local authority and the Care Quality Commission (CQC). There was also a whistle blowing policy which gave details of organisations staff could whistle blow to if they believed it was not appropriate to go directly to the provider. Staff were aware of their responsibilities for reporting any allegations of abuse. One member of staff said, "You contact the office straight away [if you suspect abuse]." Records showed that allegations of abuse had been dealt with appropriately in line with the policy.

Where the service spent money on behalf of people safeguards were in place. Records and receipts had to be maintained and records showed these were audited by a senior member of staff. People confirmed money was spent in line with the procedure. One person said, "[Staff member] comes here first, I have a shopping list and money ready for them and then they go out and everything written in the log book how much I have given them, how much they have spent and how much change they give me. I get the receipts given back to me." Policies were in place around protecting people from financial abuse which made clear staff were not permitted to accept gifts from people, be a signatory to a will or lend to and borrow money from people.

Risk assessments were in place for people. These included information about the risks people faced and how to mitigate those risks to help support people safely. Assessments covered risks associated with moving and handling, falls, nutrition and medicines. Staff we spoke with had a good understanding of the risks people faced and how to support them. Assessments also covered the physical environment in which people lived to help ensure these were conducive to a safe working environment. The registered manager told us no form of physical restraint was used to support people and staff confirmed this. They explained how they supported people who were upset, angry or anxious, telling us they sought to calm people down and gave them space and time if needed.

People told us staff were generally punctual. One person said, "Oh yeah, unless they have an emergency. They do ring if they are going to be late." A relative told us, "If there is any problem the lady always phones me to let me know." Staff told us they had enough time to get from one visit to the next and were generally punctual. They said if they were running late they were expected to inform the office staff about this who in turn relayed the message to the person waiting for the visit. Staff were expected to log in and out of each visit electronically which meant it was possible for the service to monitor if staff arrived on time and stayed for the full amount of time allocated for each visit. Where visits had been missed these were recorded. The records showed an investigation had taken place which included follow up action and review to reduce the likelihood of a re-occurrence.

Staff told us and records confirmed that checks were carried out before the commenced working at the service. One member of staff said, "They did the DBS, they checked to see if I had the right to work in the country. DBS stands for Disclosure and Barring Service and is a check to see if staff have any criminal convictions or are on any list that bars them from working with vulnerable adults. Records showed checks carried out on prospective staff included criminal records check, employment references and proof of identification. This meant the service sought to employ people who were suitable to work in a care setting.

People told us staff supported them with their medicines. One person said, "They ask me if I have taken me tablets and everything." Staff undertook training about medicines which included an assessment of their competence before they were allowed to provide support in this area. Staff we spoke with were knowledgeable about what to do if they made an error with a person's medicines. Medicine administration record charts were in maintained. Staff signed these each time they administered a medicine so there was a clear audit trail of medicines administered. We checked some completed charts and found them to be up to date. A senior staff member carried out an audit of all medicine charts and records showed where there were any concerns with how they had been completed this was followed up with the relevant staff member.

Staff told us how they reduced the risk of the spread of infection. One member of staff said, "I've always got the gloves and aprons and the blue arm covers on. After personal care I wash my hands." All the care staff we spoke with told us they wore protective clothing and we saw there was a good supply of gloves, arm covers, shoe covers and aprons stored at the office. People confirmed that staff wore protective clothing.

Records were kept of accidents and incidents. These included a review of the incident to see what action could be taken to reduce the risk of similar incidents occurring again. The last survey carried out of people highlighted one broad issue of concern, that people felt communication from the office was not good. In response, the registered manager told us they introduced 'Communication Thursday' which involved phoning people if there was anything relevant to communicate, such as a change of care staff. On Fridays, staff were phoned for a catch up and to check they had received a copy of the staff rota for the week ahead. This meant the service sought to learn and improve in response to feedback from people.

Good

Is the service effective?

Our findings

After receiving an initial referral, a senior member of staff carried out an assessment of the person to determine their needs and if the service was able to meet those needs. To help get a holistic view of the person, the assessment included speaking with the person, their relatives and professionals who had been involved in their care. The registered manager said of the assessment, "If the client is unable to do it for themselves we invite family and sometimes they want to be around anyway."

We spoke with a member of staff who had responsibility for carrying out assessments and they told us, "I go through the paperwork from the local authority, go to the person's home, look at their mobility, medicines, speak with the family." They told us if they thought the service could not meet a person's needs, they don't take on that care package. Records confirmed that assessments were carried out which covered medicines, moving and handling, personal care, religion and ethnicity.

Staff were supported to develop skills and knowledge to help them in their role. We spoke with the training manager who told us new staff had five days of classroom based induction training and records confirmed this. New staff also completed workbooks which were in line with the standards set out in the Care Certificate, a training programme designed for staff that are new to working in the care sector. Before staff were able to work independently they shadowed experienced staff as they carried out their duties, which helped them to learn how to support individuals.

Staff told us that training was on-going. One member of staff said, "We have yearly training in MCA (Mental Capacity Act 2005), moving and handling, medicines, communication, safeguarding." Systems were in place to monitor that staff training was up to date and records showed training included first aid, MCA, dementia care, safeguarding adults, moving and handling, medicines, health and safety and food hygiene.

Staff received one to one supervision from a senior member of staff. One member of the care staff said about their supervision, "Oh yeah, we do that. We talk about how I am getting on, workload, is communication ok, do I feel supported, do I have any problems with any of the service users." Minutes of supervision evidenced discussions about staff morale and wellbeing, training and development, people who used the service and communication. In addition to regular supervision staff also had an annual appraisal and development review. This gave them the opportunity to reflect on their performance over the previous 12 months and identify goals for the year ahead.

Care plans included information about people's support needs related to eating and drinking. The registered manager said that they service did not provide support with cooking meals as such but did prepare breakfast and snacks such as sandwiches for people and care plans included details of this. Staff told us they supported people to make choices about what they ate and drank and people confirmed this.

Care plans included contact details of people's next of kin and GP's which meant they could easily be contacted if required. Staff were knowledgeable about what to do in an emergency, telling us they would contact the office and call for an ambulance if necessary, staying with the person until it arrived. Records

showed the service worked with other agencies to promote people's health, safety and wellbeing. For example, through social services, referrals were made to various health professionals including the district nursing service, community health team and occupational therapists. The registered manager said, "We do the assessment, if they need any equipment [such as hoists or adaptations to make their home more accessible] we put that to social services straight away."

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.

The registered manager told us the service did not carry out mental capacity assessments themselves. If required, these were done by the local authority. Care plans contained details of people who were able to make decisions on behalf of people where the lacked capacity. The registered manager told us they checked on the website of The Office of the Public Guardian to verify who, if anyone, had power of attorney for a person. People had signed consent forms which gave them the opportunity to opt in or out to various aspects related to their support. For example, whether they consented to have their photograph taken, or for staff to share information about them with relevant persons or for staff to use the person's phone to log in and out of each visit. Of the 15 consent forms we checked we found two had not been fully completed. We discussed this with the registered manager who told us they would address this issue.

Good

Is the service caring?

Our findings

People told us staff treated them well. One person said, "Oh yes, goodness gracious yes, [staff member] is a really good friend, they are brilliant." Another person told us, "[Staff member] is respectful, we have a little chat sometimes." A relative said, "They don't just walk in, if the front door is pulled too they knock."

Care plans included information about their past life history such as where they grew up, their employment and family, and their hobbies and interest. For example, the care plan for one person stated, "I like to watch old movies and fishing programmes. I like to do gardening." This helped staff to get to know the person. Staff said they were able to get to know people over time and develop good relationships with them. One staff member explained that they chatted with people, giving an example, "One of the clients loves films so we talk about cinema. They talk about their family, children, if they have been married."

A staff member who had responsibility for drawing up the staff roster told us they sought to promote continuity of care by having the same regular care staff working with the same people. They added that when there was an enforced change of care staff they always looked in the first instance to replace them with somebody who had worked with the person previously.

Staff had a good understanding of the importance of promoting people's privacy, choice, dignity and respect. Staff explained how they provided personal care in a respectful way. One member of staff said, "I would pick something up and say, 'would you like to wear this one'." The same member of staff also told us, "Make sure no one else is in the room, make sure the doors and curtains are closed." Another staff member told us, "You close the curtains and the door. Some of them want you to cover them with a towel when you wash them for privacy. You encourage them to do more. They can wash their face."

Care plans made clear that people were to be supported to make choices and to be independent. For example, one care plan stated, "I want carers to assist me to make breakfast of choice served with a hot drink of choice." Another care plan stated, "I need someone with me while I shower, I can manage but I need someone to wash my back and lower body parts."

People's ethnicity and religion was recorded in their care plans. People were not asked about their sexuality but the registered manager told us the service did not discriminate against people on the grounds of sexuality, religion, ethnicity or nationality. They gave examples of how they promoted equality and diversity at the service. For example, they were able to change the time of a visit for a person so it fitted in with when they were able to eat according to their religious beliefs. Shoe covers were available to staff which helped them to provide support to people in a manner that was not offensive to their religious beliefs. People were able to choose the gender of the care staff that supported them.

The service had a policy on confidentiality that made clear staff were not permitted to share confidential information about people to others without proper authorisations to do. Staff signed a confidentiality agreement to agree to commit to this principle. Confidential records stored at the office were kept in locked cabinets or on password protected computers. The registered manager told us each office based staff had

their own password and the only other person to know the password was the registered manager.

Good

Is the service responsive?

Our findings

People told us the service was responsive to them. One person said, "Oh yes, [staff member] says 'what do you want me to do today' and she also knows what she is coming for." Another person described the support as, "Brilliant, absolutely first class." A third person said, "[Staff member] has been with me long enough to know what to do and how to do it so they just get on with it."

Care plans were in place for people which set out their needs and how to meet them. People had signed their care plans to say they agreed with them which showed they were involved with their development. Plans covered needs including communication, personal care, mental and emotional wellbeing, food and drink, hearing, sight and skin care. Staff told us they were expected to read care plans and they demonstrated a good understanding of people's individual needs.

Care plans were subject to regular review. People told us the service carried out an assessment of their need which was then reviewed. One person said, "Yeah, they did an assessment when we first started and they do an annual assessment." A relative told us, "Someone comes and does the assessment, that is done every six months." The registered manager said, "We have a six-monthly review to see if there have been any changes" and records confirmed this. This meant care plans were able to reflect people's needs as they changed over time.

Daily records were maintained so it was possible to monitor the care and support provided on an on-going basis. Records showed that daily records were checked by a senior member of staff. This helped ensure both that they were being completed correctly and that care was given in line with the care plan and the person's assessed needs.

People told us they knew how to complain. A relative said, "If I've got a complaint I phone them up and let them know." Another relative told us, "When they come and do their annual check or review they always ask us if we know how to complain if we need to." The service had a complaints procedure in place. This included timescales for responding to complaints received and details of who people could complain to if they were not satisfied with the response from the service. Each person was provided with their own copy of the procedure to help make it more accessible to them. Records were kept of complaints and these showed they had been dealt with in line with the procedure.

Records were kept of compliments received. We saw one professional had written to praise a member of staff, stating, "[Staff member] delivers fantastic care with an extremely human and holistic approach. They go above and beyond to deliver outstanding service." A relative of a person had written, "A lovely person and a very good carer" to describe the staff member who worked with their relative.

The registered manager told us no one was receiving end of life care at the time of inspection. There was a standard end of life care plan form, which included space for recording how people wanted to be cared for in the end stages of their life.

Good

Is the service well-led?

Our findings

People told us they were consulted about their care and the service they received. One person said, "When they call they ask are you happy with the service." A relative said, "The manager comes around periodically, they ask how things are going." Another relative told us, "There has been a senior staff come around with the carer and they check the book and everything." Another relative said, "I don't get messed about if I want to speak to a manager. They have always been obliging and they always say to you if there is anything you want just phone up."

There was a registered manager in place. Staff spoke positively about them, the senior staff team in general and the working culture at the service. One member of staff said, "I think things get done well, we have good communication from the office." The same staff member said of their line manager, "So far so good, I've not had any problems with them." Another staff member said of the registered manager, "They are a nice person and a very good manager." A third staff member told us their manager was, "Very good and very helpful. They have always been there when I needed them. Good teamwork and good communication." A fourth staff member said of their experience working for the service, "Its brilliant, I love the atmosphere, I love the clients, I love my job."

Quality assurance systems were in place to monitor the care and support provided. Some of these included seeking the views of people who used the service and their relatives. An annual survey of people and staff was carried out, the most recent one was completed in November 2017. This contained a lot of positive feedback. The one area where people highlighted concerns in significant numbers related to how well the office communicated with them. The registered manager told us steps had been taken to address this. (See the Safe section of this report for more details).

Senior staff carried out spot checks to assess how staff worked with people. A member of staff who had spot checks told us, "They [senior staff member] just turn up, they check your uniform, ID, check I've given the medicines, check I have recorded what I did." A staff member who carried out spot checks said, "We have policies that every carer has to follow when they are out in the field. I go in and check on them. I check on the uniform, the way they communicate with the client, the way they look at the medicine chart, if they are going at the right time." The same staff member told us they also carried out home visits. These involved speaking with the person to make sure they were happy with their care and to see if they had any complaints.

In addition to home visits, the service also carried out telephone monitoring where people were phoned to seek their views about the service. Records showed this included asking people if staff were friendly and polite, if they were punctual, and what sort of response did they get when they needed to contact the office, including during out of office hours.

Team meetings were held. There were two team meetings held on the same day, one in the afternoon and one in the morning, both with the same agenda. This helped to maximise the number of staff who were able to attend a meeting. A member of staff told us what they discussed at the last team meeting they attended,

stating, "Communication, log sheets, mar charts [medicine records], if we are going to be late call the office and let them know, uniform." A second member of staff said that team meeting were, "Usually pretty comprehensive, we discuss anything new that needs to be discussed."

The operations manager told us they carried out a monthly 'Operation Audit'. Amongst other things, this looked at the level of compliance with standards set out by the Care Quality Commission, including in relation to staff recruitment, complaints, safeguarding and care plans. The audit carried out on 18 June 2018 found an issue with some incomplete paperwork. We checked this and found most of this had been addressed but there was one outstanding incomplete summary log for a missed call. We discussed this with the registered manager who completed the report during our inspection. In addition to the monthly audit a more comprehensive annual audit was also carried out by a senior member of staff who worked for the provider, but not at this location.

The registered manager told us they worked with other organisations and professionals to help develop good practice. They had worked with fire authorities to install smoke detectors into people's homes when they wanted one. The operations manager told us they worked with Skills for Care who provided advice about staff recruitment and retention and training. The service was a member of the United Kingdom Homecare Association, which is a trade body of domiciliary care providers. We were told they had provided training and guidance on various subjects including regulation. The registered manager attended a 'providers forum' which was run by the local authority. They said of these meetings, "They are quite good, they get different teams to come in and give talks" and added, "It's an opportunity for providers to say what their concerns are."