

Westminster Homecare Limited

Westminster Homecare Limited (Peel Road)

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 (Peel Road) is a supported living service providing personal care to people with physical and learning disabilities. Westminster Homecare Limited (Peel Road) is a purpose-built building of flats on two levels, with a total of 11 flats. The service provides support to people to remain independent and live in their own flat within their community. At the time of inspection, the service provided personal care to nine people.

People's experience of using this service and what we found:

People who received care from the service spoke positively about the service. They were complimentary about care workers and the service and raised no concerns. People said they were safe and treated with dignity and respect when being supported by care workers in their flat. They also spoke positively about management and said they felt able to speak to them without hesitation.

Systems were in place to help ensure people were protected from the risk of abuse. There were appropriate policies in place. People were protected from abuse by staff who understood how to identify and report any abuse concerns.

Risk assessments for people covered areas such as the environment, physical health and personal care.

We checked the arrangements in place in respect of medicines. Care workers had received medicines management training and policies and procedures were in place.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports Care Quality Commission (CQC) to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. The model of care and setting maximises people's choice, control and independence. Care was person-centred and promoted people's dignity, privacy and human rights. Values, attitudes and behaviours of leaders and care staff ensured people lead confident, inclusive and empowered lives.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff had received appropriate training and they had the knowledge and skills to support people. All spoke positively about their experiences working for the service and said that they received support from

management and morale amongst staff was positive.

People were treated with dignity and respect and staff promoted their independence. Staff adopted a friendly, caring and professional approach in their work and this gave people confidence to express their views about the care provided. Staff and management understood the need to promote equality and diversity and consider people's protected characteristics.

Management promoted a positive and inclusive culture within the service, based upon open communication with people, relatives, community professionals and staff.

Care workers told us the management team were approachable and helpful. There were quality assurance systems and processes in place to enable management to monitor and improve the quality of people's care.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The service was registered with us on 1 October 2020 and this is the first inspection.

Why we inspected:

This was a planned comprehensive inspection to review the key questions, Safe, Effective, Caring, Responsive and Well-led and rate this service.

Why we inspected

This was a planned inspection based on our timelines for inspecting newly registered services.

Follow up

We will continue to monitor information we receive about the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.□

Westminster Homecare Limited (Peel Road)

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of one inspector.

Notice of inspection

We gave the service two working days' notice of the inspection because the service provides care to people in their own homes and we wanted to make sure that management were available on the day of the inspection site visit.

What we did before the inspection

We reviewed information we had received about the service since it was registered with the CQC. The provider completed a Provider Information Return (PIR). The PIR 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. The PIR also provides data about the organisation and service. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

During the site visit we spoke with the registered manager and team leader. We also spoke with two people who used the service.

We reviewed a range of records. This included four people's care records. We looked at five files in relation to

recruitment and staff supervision. A variety of records relating to the management of the service, including audits, policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We also looked at training data, quality assurance records, policies and procedures. We spoke with two relatives and three care workers. We obtained feedback from two care professionals.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm. People were safe and protected from avoidable harm. Legal requirements were met.

Assessing risk, safety monitoring and management

- Risks to people's safety were assessed and recorded in people's care records. Risk assessments included information about potential risks and details of existing control measures to minimise the identified risks.
- Management told us the building was built with fire compartmentalisation. This means the building can be sub divided by compartment walls made of fire resisting construction which would avoid the spread of fire from one building to another.
- Housing services carried out a fire alarm/emergency lighting check in June 2021 and advised that these were carried out on a six-monthly basis.
- At the time of the site visit, Personal Emergency Evacuation Plans (PEEPs) were not available for us to review. However, following the site visit, the registered manager provided us with these. PEEPs provided details about people's communication, mobility and prescribed medicines that could impact on their ability to leave the premises in the event of an emergency. These also included information about how staff should support people in the event of a fire or other emergencies.
- At the time of the site-visit, we noted that no other fire safety checks were being carried out by the provider. We raised this with the registered manager who acknowledged this and told us that they would take immediate action. The registered manager confirmed that they would ensure weekly fire point checks were carried out in the building.
- Care workers we spoke with were aware they needed to report any concerns relating to people's safety to the registered manager. They told us that they would not hesitate to do this and were confident that the registered manager would take appropriate action.

Using medicines safely.

- Arrangements for the administration and recording of medicines were in place. There was a policy and procedure for the administration of medicines. ☐
- Staff had completed medicines training and were assessed for competency in administering people's medicines safely.
- Medicines in supported living services should be stored in people's own flats in accordance with guidance and we found that medicines were stored in this way at the service. Each person had a cabinet in their flat where they stored their medicines.
- We noted that some people were prescribed medicines on a when required basis (PRN). We found that there were appropriate protocols in place to advise staff on what circumstances and how to give these medicines.
- We looked at medicine administration records (MARs) for various people and noted the majority of these

were completed with no unexplained gaps. Where MARs were not completed fully, the medication audit had identified the majority of these issues. The registered manager explained the procedure in place if issues were identified. This involved contacting the member of staff responsible and establishing the reason for the discrepancy which sometimes resulted in providing further training for the member of staff. If there were continuous issues, this would trigger the disciplinary process.

- We looked at a sample of completed medicines audits and noted that there were occasions where the subsequent action taken by management was not always fully documented. We raised with the registered manager who advised that this further detail would be consistently documented in the future.

Systems and processes to safeguard people from the risk of abuse

- People we spoke with told us they felt safe in the presence of staff. One person said, "I feel safe here." Another person told us, "I feel very safe here." One relative said, "I feel confident absolutely 100% that [my relative] is safe."
- Care workers had access to information on what to do to protect the welfare and safety of people. Relevant policies were in place, including safeguarding and whistleblowing policies.
- Training records showed care workers had completed safeguarding training. Staff we spoke with were aware of what action to take if they suspected people were being abused.
- Some people were supported with their finances. We looked at a sample of people's financial records and found that transactions had been recorded appropriately. We found no discrepancies in the records we looked at. Checks were carried out to minimise the risk of financial abuse.

Staffing and recruitment

- Staff records showed appropriate recruitment and selection processes had been carried out to ensure suitable staff were employed to care for people. A range of checks were completed. These included obtaining references and undertaking a criminal record check to find out whether a prospective employee had been barred from providing a regulated activity such as personal care to adults. The registered manager confirmed that they ensured all necessary checks were carried out before staff were able to provide care to people.
- We discussed staffing levels with the registered manager. She confirmed that at present there were sufficient numbers of staff to safely meet the needs of people. The registered manager confirmed there were staff on site 24 hours a day.

Preventing and controlling infection

- Suitable arrangements were in place for the control and prevention of COVID-19 and other infections. Staff had received appropriate training in infection prevention and control and COVID-19
- People told us that care workers wore personal protective equipment (PPE). One person said, "Staff wear PPE. Yes. They do." One relative told us, "They are on it when it comes to PPE and infection control."
- Management confirmed that care workers always had sufficient PPE such as gloves, aprons and masks. This was confirmed by care workers we spoke with. They told us they had never experienced shortages with gloves, aprons and masks.
- The service managed the control and prevention of infection. They had policies and procedures in place along with appropriate guidance. Staff we spoke with told us that this information was always shared with them so that they were kept informed of changes.
- The registered manager explained that she carried out daily infection control checks around the service to ensure the service was clean. However, these were not documented. The registered manager confirmed that in future these would be documented.

Learning lessons when things go wrong

- There was a process in place for reporting incidents and accidents. Accidents and incidents had been recorded. Accident/incident form included details about what occurred and who was involved. However, there was a lack of information recorded about subsequent action taken by the provider following an accident/incident and mitigating action to take in future. We discussed this with the registered manager who confirmed that they would ensure that they included further details about subsequent action taken.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- People and relatives told us that staff knew what they were doing and understood people's needs. One relative told us, "I am confident in their abilities. They know what they are doing. I am definitely confident."
- Staff received ongoing training and management support to help them fulfil their duties and to effectively meet people's needs. Staff felt this enabled them to work with confidence. They had completed essential training and we saw from records they were up to date. Newly recruited staff completed an induction using the Care Certificate framework before starting work. The Care Certificate is a method of inducting care staff in the fundamental skills and knowledge expected within a care environment.
- Training records showed that staff had completed training in areas which included moving and handling, safeguarding adults, infection control, medication administration, first aid and personal safety.
- Newly recruited care workers spent time shadowing more experienced staff as part of their induction before providing care on their own. This ensured they were trained appropriately with opportunity to practice procedures through practice and feedback.
- Staff told us they worked well as a team and received the support they needed from their colleagues and management. Management monitored staff through a combination of spot checks and supervision sessions and these were documented. There was a system in place to enable management to monitor training staff completed to ensure they received the appropriate training to carry out their roles and responsibilities effectively.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People told us they received the care and support that they needed and wanted from care workers. When asked whether they were satisfied with the level of care, one person said, "I am not just happy, I am very happy here." Another person told us, "I am happy here. The carers are all lovely. I have no qualms about it here."
- People's care plans showed that their needs had been individually assessed. Details of people's individual needs, including their daily routines, cultural, religious, dietary, relationship needs, and preferences were recorded. This ensured that their individual needs could be met by staff supporting them.
- Guidance was in place for staff to follow to effectively deliver personalised care and to provide people with the support that they needed to achieve their future wishes and goals.

Supporting people to eat and drink enough to maintain a balanced diet

- We spoke with the registered manager about how the service monitored people's nutrition and she explained that as the service was a supported living service, people prepared their own meals in their flat with the assistance of care workers where this was required. People spoke positively about the support they

received with meal preparation.

- Staff helped individuals prepare their meals if they required support and this was detailed in people's care support plans.
- If staff had concerns about people's weight they were trained to contact relevant stakeholders, including the GP, social services and next of kin.

Supporting people to live healthier lives, access healthcare services and support

- Staff and management worked effectively with a range of community health and social care professionals to achieve positive outcomes for people.
- The registered manager explained that she kept in regular contact with people, their families, and with other agencies to meet the health and care needs of people, such as community healthcare and social care professionals about people's needs.
- There was information in people's care files about people's health, behaviour and general wellbeing. The actions for staff to take were person centred and described how to provide effective support.

Ensuring consent to care and treatment in line with law and guidance

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- The service was working within the principles of the MCA. Care records documented whether people had capacity to make decisions about their care. People, or their legal representative, signed care plans to give their consent to the care and support provided.
- Care workers obtained consent from people before they could proceed with any task at hand.
- People were not restricted from leaving the service and were encouraged to go out into the community. On the day of the inspection we noted that some people went out to various places.
- Staff had received MCA and DoLS training. They were aware that when a person lacked the capacity to make a specific decision, people's families, staff and others including health and social care professionals would be involved in making a decision in the person's best interests.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported by care workers that were kind, respectful and caring towards them. They told us they were treated with respect and dignity. One person said, "Staff are all amazing. Every single member of staff treats me with respect and dignity. They are all good." One relative told us, "I think it is excellent there. [My relative] is getting a lot of support and is happy. I am happy with the service." Another relative told us, "Care staff are caring and kind." One care professional told us, "The carers are well trained, empathetic, patient and very professional."
- People's protective characteristics such as their age, ethnicity and disability were taken into account when providing support to them.
- The service encouraged people to be open about their personal needs in relation to religion and cultural background. The registered manager had regular conversations with people to ensure these needs were met.
- People's support plans included their preferences, likes and dislikes and staff we spoke with knew how people wished to be treated.
- The service had a service user guide in place which provided important information about the service. It highlighted procedures, contact numbers and important information about what people could expect from the service and how they could access other organisations and networks.

Supporting people to express their views and be involved in making decisions about their care

- People told us they had the support needed to express their wishes and be involved in decisions affecting them. One person said, "I can speak to [the registered manager] openly. We get on well."
- People told us that people had been consulted with about their care arrangements and had agreed them with the service. We saw that this was documented.
- Care staff were knowledgeable about people's preferences. People's care records details about their likes and dislikes, interests, culture and language.
- Management had a good understanding of the external services providing independent support and advice to people about their care, such as advocacy organisations. They supported people to contact these services as required.

Respecting and promoting people's privacy, dignity and independence

- People told us staff treated them with dignity and respect and promoted their independence. This was confirmed by relatives we spoke with. One relative told us, "[My relative] reassures me that they [staff] are brilliant and caring and kind. They do more than they should do."
- People's privacy and dignity was respected; their rights were upheld and they were not discriminated

against. The registered manager and care staff we spoke with were aware of the importance of ensuring people were given a choice and promoting their independence.

- The service ensured people's personal information was stored securely. Care records were stored securely in the office and, electronically. The service had updated its confidentiality policies to comply with the General Data Protection Regulation (GDPR). Staff understood why people's confidentiality must be respected.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- The personalised care and support provided reflected people's individual needs and preferences.
- Each person had a support plan in place which provided details and guidance on how they wished to be supported. Care plans included details about people's medical conditions, likes and dislikes and the level of support they required.
- Care support plans included a care needs assessment and support plan. The care needs assessment provided information about people's medical background, social history and preferences. Care support plans included information about what tasks people wanted the care workers to undertake, the time of visits and people's individual needs and how these were to be met. Care support plans were individualised and specific to each person and their needs.
- Arrangements were in place to ensure people's needs were regularly assessed and reviewed. Records demonstrated that when a person's needs changed, the person's care plan had been updated accordingly.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager was aware of the importance of making information accessible to people. People's individual sensory needs, including hearing and sight were highlighted in their support plans, so that staff knew how to best communicate with them.
- People's individual communication and information needs were assessed, recorded and addressed.
- The service ensured people were given key information in ways they could understand. This included accessible information on staying safe and raising complaints. Display boards in the service highlighted important information and topics.

Improving care quality in response to complaints or concerns

- People were clear about how to raise any complaints or concerns with the provider and said they would not hesitate to do so. One person told us, "I have a good relationship with [the registered manager]. She is a very kind and nice person. She always asks how I am and checks on me." Another person said, "I have no complaints here. I have nothing to complain about. Not a bad word to say." One relative told us, "It is easy to get in contact [with management] and they give me updates regularly. They are proactive."
- There were clear procedures for receiving, handling and responding to comments and complaints.
- This is a newly registered service and at the time of the inspection had not received any complaints.

However, people and relatives told us that their comments and suggestions were listened to and responded to positively.

End of life care and support

- At the time of this inspection, no one using the service received end of life support.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care

- Systems were in place to monitor the quality of the service and to improve the service delivery of care and support. Quality assurance systems and processes included audits looking at various aspects of the service. This included monthly audits carried out by the registered manager. Head office carried out a comprehensive quality audit in June 2021 and made recommendations where required. The provider also carried out quality checks with people which included satisfaction calls and spot checks of staff.
- The provider also carried out checks of records which included staff recruitment, care records and MARs. However, we noted that the provider did not have documented evidence of infection control checks carried out and also did not always record the subsequent action taken by management following an accident/incident or a medicines issue identified by an audit. We raised this with the registered manager who confirmed that immediate action would be taken in respect of this. There was an open approach by the registered manager to make improvements.
- Important information and updates were shared with staff. The registered manager had daily contact with care workers and this was confirmed by care workers we spoke with. One care worker told us, "We have these [team meetings] monthly. These are helpful. If there is something we need to discuss, we can call an emergency meeting. Always good communication."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People told us they were listened to by staff and management. They spoke positively about the way the service operated. This was confirmed by relatives we spoke with. One relative said, "I am thrilled with the management and carers."
- Staff spoke enthusiastically about their work for the provider and expressed a commitment to people's wellbeing. One member of staff we spoke with told us, "To help people is my passion. I love working with people whole heartedly. It is like a family there [at the service]." Another member of staff said, "Things are good here. It is a nice environment. I feel comfortable working there."
- Staff spoke positively about the management of the service. They informed us that there was good communication and they worked well together. One member of staff said, "Communication is excellent. Morale is generally good. We are all friendly. We work together." Another member of staff told us, "It is very, very good working here. The support I get from the manager is very good. She is very helpful."
- As the service was newly registered, they had not yet carried out a formal satisfaction survey. The registered manager explained that questionnaires had been sent out and the results of the survey would be available in January 2022. People we spoke with told us that they had opportunities to raise queries and

concerns and that they felt empowered to make decisions and choices about their lives.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was aware of the importance of being open, honest and transparent in relation to the running of the service and of taking responsibility when things go wrong. The registered manager knew when she needed to report notifiable incidents to us.
- The management team demonstrated a commitment to provide high quality and person-centred care that met people's needs in a timely way.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was an organisational structure in place and staff understood their individual roles and told us that they felt supported in their roles. One member of staff said, "Management are very supportive. If they were not supportive, I would not work here. They encourage me to speak up and they listen to me."
- Care workers were provided with information on what was expected from them and this was detailed in their job descriptions. They told us they received up to date information.
- The registered manager was clear about their role and had the skills, knowledge and experience to lead the service. They were knowledgeable about regulatory requirements and issues relating to the quality of the service. They were receptive to our feedback relating to fire safety arrangements and medicines management, which they immediately acted on.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People spoke positively about their relationship and communication with the management team and the overall management of the service. They told us that they had many opportunities to provide feedback about their experiences and raise concerns. They told us they were encouraged to openly discuss these.
- Staff meetings provided staff with the opportunity to feedback about the service and to discuss any concerns and best practice. Staff spoke positively about these meetings and said that they were able to have open discussions and share their opinions and feedback without hesitation.

Working in partnership with others

- There was evidence the service maintained a good working relationship with health and care services to enable multi-disciplinary teamwork. The registered manager knew when to seek professional input and how to obtain it.
- The service worked in partnership with a range of health and social care agencies to provide care to people. These included GPs, psychologists and district nurses. There was also ongoing work with the local authority.
- Feedback we obtained from care professional was positive. One care professional told us, "[The registered manager and deputy manager] are really fantastic and motivate the staff and also get involved in the hands-on care." Another care professional said, "The manager and staff at the time was extremely friendly, helpful and knowledgeable with regards to the service users, their care and support and how to promote their independence."