Westhome Care Services Limited

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Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This was an unannounced inspection which we carried out on 24 July, 27 July, 24 August and 29 September 2017. We last inspected Westhome care Services in July 2016 where we found breaches had been complied with but further improvements were required.

At this inspection we found some improvements had been made but other improvements were required specifically around record keeping, infection control and monitoring systems to ensure people received safe, reliable and effective care.

Westhome Care Services is a domiciliary care agency providing care and support to people in their own home. The agency provides 24 hour personal care and support to some people with complex support needs. It is registered to deliver personal care. At the time of inspection approximately 86 people were being supported.

A registered manager was 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.

People did not always receive safe care and support. Several people told us their visits were sometimes late or missed. People and their relatives told us they did not feel protected with the infection control measures followed by the care workers. Staff had received training about safeguarding and knew how to respond to any allegation of abuse. Appropriate vetting procedures were carried out for all staff before they began working with people. However, we have made a recommendation the provider promote equal opportunities and follows best practice with regard to recruitment. Risk assessments were in place that accurately identified current risks to the person.

Staff told us communication was sometimes effective to ensure any changes in people's care and support needs were met. However, people who used the service and relatives told us communication with the main office needed to be improved.

People told us staff were kind and caring. Most staff knew people's care and support needs, however systems were not all in place to ensure staff delivered appropriate care that met people's needs. Records did not all reflect the care provided by staff.

People had access to health care professionals to make sure they received appropriate care and treatment. Staff followed advice given by professionals to make sure people received the care they needed. People received their medicines in a safe way. Staff helped ensure people who used the service had food and drink to meet their needs.

Staff had a good understanding of the Mental Capacity Act 2005 and best interest decision making, when people were unable to make decisions themselves. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible, the policies and systems in the service supported this practice.

Staff received opportunities for training to meet peoples' care needs. A system was in place for staff to receive supervision and appraisal. Processes were in place to manage and respond to complaints and concerns. People were aware of how to make a complaint should they need to. People told us the management team and staff were approachable. They told us they were asked their views about the service they received.

Improvements had been made to the quality assurance system but more improvements were needed to ensure it was robust. The audits used to assess the quality of the service provided were not effective as they had not identified the issues that we found during the inspection.

We found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This related to safe care and treatment, person-centred care and good governance. You can see what action we told the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Although people told us they felt safe we found systems were not in place to ensure their safety and well-being at all times. People told us there were not enough staff and appointments were sometimes late or missed. Infection control measures were not fully understood by all staff.

People told us they felt safe when staff supported them with care needs. Staff told us they had received training in relation to safeguarding adults and would report any concerns. Risk assessments were in place regarding the delivery of care in people's own homes.

Systems were in place for people to receive their medicines safely. Appropriate checks were carried out before staff began work with people. However, we have made a recommendation about following best practice in the staff interview process.

Is the service effective?

Good

The service was effective.

Staff had access to training and the provider had a system in place to ensure this was up to date. Staff received regular supervision and an appraisal system was in place.

People's rights were protected. Best interest decisions were made appropriately on behalf of people, when they were unable to give consent to their care and treatment.

Staff liaised with General Practitioners and other professionals to make sure people's care and treatment needs were met. People received food and drink to meet their needs.

Is the service caring?

Requires Improvement

The service was not always caring.

People did not always know who was going to be providing their care and support. They were not always introduced to care workers before they began working with people. People did not always receive consistent support from care workers who knew them well.

Regular staff knew people's care and support needs and backgrounds and personalities to help deliver person-centred care to the individual.

People were supported to maintain contact with their friends and relatives. Staff supported people to access an advocate if the person had no family involvement.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Systems were not all in place to ensure people received person-centred care that met their needs. Records did not always reflect the care provided by staff to ensure people received care and support in the way they wanted and needed.

People had information to help them complain. Complaints and any action taken were recorded.

Is the service well-led?

Requires Improvement

The service was not always well-led.

A registered manager was in place who was registered with the CQC.

Staff and relatives told us the management team were supportive and could be approached at any time for advice and information.

Communication was not always effective to ensure the necessary information was passed between staff to make sure people received appropriate care. Some people told us communication with the office needed to be improved.

A quality assurance system was in place and improvements had been made, however it needed to become more robust. The systems used to assess the quality of the service had not

identified the issues that we found during the inspection.

Westhome Care Services Limited

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 inspection took place on 24 and 27 July 2017, 24 August 2017 and 29 September 2017 and was unannounced. Some concerns were received during the inspection which required investigation and extended the length of time of the inspection.

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 a service for older people. During the inspection the inspector visited the provider's head office to look at records and speak with staff. The inspector visited some people who used the service to speak with them and telephoned staff who were employed by the agency. An expert by experience carried out telephone interviews with some people who used the service and some relatives.

Before the inspection, we had received a completed Provider Information Return (PIR). The PIR asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR and other information we held about the service as part of our inspection. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send CQC within required timescales. We contacted commissioners from the local authorities who contracted people's care. We spoke with the local safeguarding teams. Before the inspection we had received some complaints about people's care and support which was included in inspection planning.

We spoke on the telephone with eight people who used the service, five relatives and nine staff. We also

visited two people in their own homes to obtain their views on the care and support they received. We spoke with five staff members, the provider, the financial director and the registered manager for the service at the site visit.

As part of the inspection CQC sent out surveys to 50 people who used the service, 50 relatives and 54 staff. We received replies from 15 people who used the service, three relatives and 18 staff members.

We reviewed a range of documents and records including, five care records for people who used the service, five records of staff employed by the agency, complaints records, accidents and incident records. We also looked at records of staff meetings and a range of other quality audits and management records.

Requires Improvement

Is the service safe?

Our findings

We had concerns that people did not always receive safe care and treatment. We considered staff were not appropriately deployed to keep people safe and to provide a reliable service by trained staff. The provider told us 65 care workers were employed and the agency provided care to 86 people.

Several people told us there had been late calls to them and staff did not stay the agreed length of time. There were seven occasions of calls being missed. People also said that staff's time keeping was not good and that they were not reliable. They were also not contacted beforehand if a care worker was going to be late. Responses to surveys sent out by CQC as part of the inspection showed 67% of the respondents replied, 'My care workers don't arrive on time' and 47% of people responded, 'Staff don't stay the agreed length of time.'

During the inspection one person told us, "When my care workers arrive I feel safe but when they are late or not at all, how can I feel safe?" Another person said, "The staff are sometimes late, although this can't always be helped because travel time isn't factored into their rosters." Other people's comments included, "Only one out of five care workers arrives on time", "Calls can be up to an hour later than expected", "My afternoon second carer's times keep being changed without my permission or knowledge", "Sometimes the times on care workers rotas are not spaced enough as medicine is four hours between in a day", "Sometimes they [the agency] have let me down when I look forward to going out then get a call to say they have no one available. Then I get very upset and my anxiety gets worse", "Not enough staff to cover for holidays or sickness", "Weekly rota is not worth the paper it is printed on. It is usually changed and amended before the week starts. This week our rota had 22 blank spaces", "There have been a few occasions lately where I haven't had a care worker turn up other than to give me food or medicine when they should be here six hours for companionship" and "I constantly have to chase the office for weekly allocated care list. Always have unallocated calls on my list weekly." We discussed these comments with the provider who was aware of some of the comments made by people and was addressing them. In one case a person's regular care worker had left and new care workers were being allocated to the person.

Staffing rosters showed people's visits were back to back and travelling time was not calculated. Rosters showed some support staff were rostered to be providing support at one house at the same time as starting a call at another house. This was particularly evident for several 9am calls. This increased the risk of staff not being able to make the agreed visit times. One relative also commented, "The company gives no travelling time whatsoever. The care worker's timetable was 8am until 8.30am and the next call was ten minutes away timed for 8.30am until 9am and so on, just impossible not to be late." The numbers of complaints and comments from people verified there were several late or missed calls. Comments in complaints during and before the inspection included, 'There have been many times my relative has had to contact me to go over as nobody has turned up to care for them, or they've had to leave my relative alone due to being over stretched and not enough employees to care for them', 'Often don't get full appointments, staff turn up late and have to leave early for their next appointment', 'Not once in the week were staff on time and [Name] gets agitated if staff aren't on time.' Two relatives told us some staff were not reliable as they had not arrived for the initial call with the person or the relative had been informed at very short notice the call was

cancelled as staff were not available. We discussed these comments with the registered provider who informed us they would be addressed.

The registered manager told us people and staff had access to emergency contact numbers if they needed advice or help from senior staff when the office was not open. However, one person told us they did not always receive an answer to their call. They said, "I even have an emergency number to call if my care workers haven't turned up but they don't always answer it." Another person commented, "Having an emergency number is pointless if you can't get through."

We had concerns that appropriate arrangements were not in place with regard to infection control due to people's comments about infection control. Responses to surveys sent out by CQC as part of the inspection showed 100% of respondents disagreed that, 'The care and support workers do all they can to prevent and control infection (for example, by using hand gloves, gel and aprons).' One person told us, "Staff don't always wash after using lavatory - had to tell them." Another person told us, "I want to constantly check they [staff] change their gloves to avoid cross infection." One relative told us, "[Name] finds they have to remind staff on occasions to change gloves after providing personal care, I dread to think what may happen the day [Name] gets an infection, as I honestly believe it's a matter of time before that does happen." A second relative commented, "It's taken me two years to get staff to wash their hands and wear gloves and aprons which I provide."

Other comments included, "Care workers don't always tidy up after themselves and they leave used pads on the floor." We checked with care workers and received mixed views about the protective equipment provided. Most staff told us protective gloves were provided but they were not all aware of the protective aprons and protective footwear that one staff member told us was available in the cupboard in the office for collection. The staff training matrix also showed staff received infection control as part of their induction and it was updated every three years. However, some staff we interviewed told us they received an annual update of infection control training and they were aware of the arrangements to collect protective equipment from the office when they ran out. We considered more regular updates were required for all care workers to ensure effective infection control measures were in place to protect people. Spot checks of care workers, as they worked in people's houses, were carried out by team leaders and this included checking that protective clothing was worn when required. However, in view of the comments we received we considered these checks and communication from the office needed to be more effective to remind staff of the arrangements.

This was a breach of Regulation 12 of the Health and Social Care Act 2008(Regulated Activities) Regulations 2014.

Staff were aware of the reporting process for any accidents or incidents that occurred. These were reported directly to staff at the office. We were told all incidents were audited by the responsible person at the office and action was taken by the registered manager as required to help protect people.

We checked the management of medicines and found improvements had been made since the last inspection with regard to the recording of medicines. Medicines records were accurate and supported the safe administration of medicines. Staff were trained in handling medicines and a process had been put in place to make sure each worker's competency was assessed. Staff told us they were provided with the necessary training and they were sufficiently skilled to help people safely with their medicines. One staff member told us, I think it's every six months my competency is checked." Suitable checks and support were in place to ensure the safety of people who managed their own medicines.

Staff told us they had received training in relation to safeguarding. All the staff we spoke with understood the need to protect people who were potentially vulnerable and report any concerns to managers or the local authority safeguarding adults team. One staff member told us, "I raised a safeguarding with the registered manager and it was dealt with straight away." Another person commented, "I did safeguarding training as part of my induction." Staff were clear about making sure homes were secure when they left and ensuring people were safe. All staff were aware that the provider had a whistleblowing policy. A number of complaints and safeguarding alerts had been raised due to late and missed calls by staff which had been investigated and improvements to systems were being made as required to improve outcomes for people. People we visited and spoke with on the telephone told us they felt safe when receiving care. One person told us, "I feel safe with Westhome staff." Another person said, "I have no reason not to trust the staff." One relative commented, "I do trust the staff that visits [Name] and I think they want to do a good job."

Assessments were undertaken to assess any risks to people who received a service and to the care workers who supported them. This included environmental risks and any risks due to the health and support needs of the person. Risk assessments included information about action to be taken to minimise the chance of harm occurring. For example, for falls and nutrition to keep people safe. Records were in place to ensure people were supported safely. For example, one record detailed, '[Name] needs to be supervised at all times when eating for fear of choking.'

We spoke with members of staff and looked at personnel files to make sure staff had been appropriately recruited. Relevant references and a result was available from the Disclosure and Barring Service (DBS) which checks if people have any criminal convictions which makes them unsuitable to work with vulnerable people. We observed, as an interview was taking place in the office during the inspection, one member of the management team interviewed prospective workers. The registered manager told us applicants were also interviewed by telephone before they reached the stage of a face to face interview with one member of staff. We advised at least two members of staff should be involved in face to face interviews to ensure a fair process was followed.

We recommend the provider promotes equal opportunities and follows best practice with regard to recruitment.

Good

Is the service effective?

Our findings

Staff were positive about the opportunities for training. One staff member told us, "We get lots of training." Another staff member commented, "I did some training just the other week. We have training about every two weeks." A third member of staff said, "We are always asked if there any courses we want to do. I'm doing my level two in health and social care at the moment." Other comments included, "We can ask for any training", "I've had good training", "I've done training about distressed behaviour", "I'm doing end of life care training next week", "There's loads of training" and "Training opportunities are pretty good." However, three respondents to the surveys sent out by CQC stated they did not think the support workers had the right skills and knowledge needed to give their relative the required care and support. We discussed this with the registered provider who told us it would be addressed.

The registered manager told us they were a member of the National Skills Academy for Social Care which was beneficial to keep them up to date with current practice in social care. They were very enthusiastic about ensuring staff were trained to meet people's needs. A training schedule was maintained to ensure staff had up to date training and to plan for future training needs. The registered manager monitored, planned and delivered training for all the staff providing the service. Staff told us they received training when they first joined the service and then updated training.

The staff training matrix showed staff were kept up-to-date with safe working practices. The matrix showed there was an on-going training programme in place to make sure that all staff had the skills and knowledge to support people. However, the frequency of infection control refresher training was discussed with the registered manager to ensure all staff received more regular updates. We were told this would be addressed. Staff completed training that helped them to understand people's needs and this included a range of courses such as nutrition, falls awareness, dysphagia (swallowing difficulties), epilepsy, specialist nutritional needs, diabetes care, Percutaneous Endoscopic Gastrostomy (PEG) to show staff how to feed a person (PEG is a tube which is placed directly into the stomach and by which people receive nutrition, fluids and medicines). Staff had also completed training about dementia awareness, pressure area care, learning disability awareness, end of life care, distressed behaviour, equality and diversity and mental capacity. 37 of the staff team had also achieved a diploma in health and social care at level 2 to give them some insight into providing care and support.

Staff told us when they began working at the service they completed an induction and they had the opportunity to shadow a more experienced member of staff. This ensured they had the basic knowledge needed to begin work. One staff member told us, "I did training and shadowed another care worker for two days before I started working on my own." Another member of staff commented, "I felt quite confident after two days shadowing but I could have had more time to shadow, if I needed it." Staff told us induction included information about the agency and training for their role. They were issued with an employee handbook and key policies and procedures to make them familiar with the standards expected of them. The registered manager told us and the staff training matrix showed new staff studied for the Care Certificate in health and social care as part of their induction training.

Staff were supported with regular supervisions and an annual appraisal. They told us they received supervision from the management team, to discuss their work performance and training needs. One staff member told us, "I have supervision every two months." Another member of staff said, "I come into the office for my supervisions." A third member of staff commented, "We have a supervision after six weeks of starting and then we have one very two to three months." Staff told us they could also approach the owner, the registered manager and co-ordinators in the service to discuss any issues. One staff member told us, "I go into the office, there's always someone there."

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.

We checked whether the service was working within the principles of the MCA. The registered manager was aware of where relatives were lawfully acting on behalf of people using the service. Such as where they had a deputy appointed by the Court of Protection to be responsible for decisions with regard to their care and welfare and finances when the person no longer had mental capacity.

People were involved in developing their care and support plan and identifying the support they required from the service and how this was to be carried out. For people who did not have the capacity to make these decisions, their family members and health and social care professionals involved in their care made decisions for them in their 'best interests'. People told us care workers always asked their permission before acting and checked they were happy with the care that was provided.

People were supported by staff to have their healthcare needs met. People told us staff worked closely with other professionals to ensure they received appropriate care and support. Staff also said they would contact the district nurse or a person's GP if they were worried about them. People's care records showed that staff liaised with GPs, occupational therapists, nurses and other professionals. One person told us, "If I am unwell, they [staff] will call the doctor for me." Staff told us of incidents when they had to call an ambulance for a person or the GP and they would liaise with office staff to keep them informed. The relevant people were involved to provide specialist support and guidance to help ensure the care and treatment needs of people were met. For example, a specialist nurse had been involved to provide training about the use of a PEG to show staff how to assist a person with this specialist form of nutritional support.

We checked how the staff met people's nutritional needs and found people were assisted to access food and drink appropriately. People told us staff were helpful in ensuring they had plenty to eat and drink. They said they would prepare or heat meals for them. Staff also told us they would support people to make their own meals and snacks in order to promote their independence. Care plans recorded the nutritional needs of people and how they were to be supported.

Requires Improvement

Is the service caring?

Our findings

Most people at the time of inspection told us they were happy with the support and the staff who cared for them. However, only 60% of people and 33% of relatives surveyed by CQC responded that they were 'happy with the care and support they received from the service.' People we spoke with were appreciative and spoke well of the care provided by staff. They told us staff were kind and caring but they were busy. One person told us, "Staff are kind and they listen to me." Another person commented, "I'm really happy with my care." A third person said, "I think the staff want to do a good job." Other comments included, "I'd like more time with my care worker sometimes-it's a really quick visit", "I do think the staff are caring but they are so rushed, it's really hectic for them", "Staff are really caring and patient with me and explain things but I do feel sorry for them", "They [staff] never have time for a chat or a 'cuppa' which is a shame" and "How can the staff listen to me, they don't stand still." All people surveyed said, 'Staff are caring and kind.'

We considered some improvements were required to systems as not all people who used the service told us they were introduced to the care workers before they began working with them. Only 29% of CQC survey responses from people and 33% from relatives responded positively to the question, 'I am always introduced to the care and support workers before they provide care or support.' The survey response from staff showed that only 47% of care workers were introduced to the person before they began working with them. Some staff told us they were introduced to people before they started working with them as part of their shadowing but several care workers said they were not introduced to people before they began supporting them.

Several people told us communication from the office was not good and they were not always contacted if care workers were going to be late. One person told us, "I often contact the office to find out who is coming to look after me but then it changes, so who knows." Another person told us, "I telephone the office to find out who is coming to see me. A third person commented, "I would like to have the same carers, most of the time, I feel uncomfortable calling to see who is coming." This meant that people did not have a regular team or care worker to provide consistent care and support to them.

We spent some time during the inspection observing staff care practice. People we visited were supported by staff who were warm, kind, caring, considerate and respectful. Staff we spoke with had a good knowledge of the people they supported. They were able to give us information about people's needs and preferences which showed they knew people well. Staff we observed in one service that provided 24 hour care had time to chat with and build positive relationships with the person, in addition to carrying out other care tasks and duties. One staff member said, "The same staff members have worked with this person for years. We work as part of a team."

People told us care workers respected their privacy and dignity. On home visits we saw people being prompted and encouraged considerately. Staff we spoke with were able to clearly explain the practical steps they would take to preserve people's dignity and privacy, for example when providing personal care. All relatives who completed the CQC questionnaire stated, 'Staff treat my relative with dignity and respect.'

People's preferences were recorded and respected with regard to choice of male or female care worker to support them. One care worker told us, "As a male care worker I only work with males, and that is what people I support prefer, a male worker."

Some of people's care records contained information about people's likes, dislikes and preferred routines. The information had been collected with the person or their family and gave details about the person's preferences, interests and previous lifestyle. For example, one person's records detailed, 'I like to visit Beamish Museum, I have a yearly pass and go regularly in the summer.' Another detailed, a person's medicines routine and requirements. This information helped staff to provide more individualised care, centred around people's interests.

Important information about people's future care was stored prominently within their care records, for instance where a person had made Advance Decisions about their future care. Staff told us relevant people were involved in decisions about a person's end of life care choices.

We observed staff informally advocated on behalf of people they supported where necessary, bringing to the attention of the agency any issues or concerns. This sometimes led to a more formal advocacy arrangement being put in place with external advocacy services. Advocates can present the views for people who are not able to express their wishes.

Requires Improvement

Is the service responsive?

Our findings

People told us they had received information about the care they were to receive and how the service operated before they started to use the service.

Records confirmed that assessments were carried out before people used the service to ensure that staff could meet their needs. Assessments were carried out to identify people's support needs and they included information about people's medical conditions and their daily lives.

However, we had concerns that staff were not always aware of people's care and support needs before they visited them in order to provide appropriate care. Record keeping also was inconsistent as care records did not always reflect the care provided by staff.

Regular staff knew people's care and support needs. However, we received comments from people and relatives who stated that staff who were not regularly providing support did not know the person and did not know the care to provide, whereas regular staff were knowledgeable about the people they supported. One person with a specialist need told us they had to inform staff how to provide the required support. A relative told us they had also had to advise staff about the support their family member required. Care plans, that were in place, although they contained some information, they were not person centred as they did not give instructions for frequency of interventions and what staff needed to do to deliver the care in the way the person wanted. They did not detail what the person was able to do to take part in their care and to maintain some independence. We noted the provider's PIR stated it was planned an additional staff member was to be recruited who would be responsible for implementing more person centred care plans.

Care plans were developed from assessments that outlined how people's needs were to be met. For example, with regard to nutrition, personal care, mobility and communication. If new areas of support were identified then care plans were not always developed to address these, for example pressure area care. Care plans were not all in place with regard to people's specialist needs such as stoma and PEG care. The registered manager told us that this would be addressed.

Staff we spoke with confirmed they received a telephone call from the office to update them if a person's needs had changed. However, we were informed not all staff were made aware of people's care and support needs before they visited them when they first started using the service. Most staff members told us they read people's support plans when they arrived at the person's house. In some cases, where a care plan was not in place and people were unable to communicate their care and support staff told us they contacted the office to find out the care they were to provide.

This was a breach of Regulation 9 and 17 of the Health and Social Care Act 2008. (Regulated Activities) Regulations 2014.

People told us there were care records in their house. They were unable to confirm if they were reviewed on a regular basis but they did say care could be changed if they needed it to be. We checked with the office

and an electronic system generated when people's care required review. Records were available that showed regular reviews took place. Relatives we spoke with said they were able to discuss their relative's care needs, and their relative's care was discussed on an on-going basis to ensure their care and support needs were still being met.

Staff told us they kept up to date with people's care needs by reading through care records. Staff kept daily progress notes to monitor people's needs, and evidence what support was provided. These gave a record of people's wellbeing and outlined what care was provided. Staff who provided 24 hour support to people told us they received a handover from the staff member at the change of duty. This was to make them aware of any changes and urgent matters for attention with regard to the person's care and support needs.

People told us they knew how to complain. One person commented, "I was looking through the paperwork the other day and came across the complaints procedure." Another person told us, "I do know how to complain but would not want to upset anyone, so unless it is bad I will just hope the problem will go away." People had a copy of the complaints procedure that was available in the information they received when they started to use the service. A record of complaints was maintained. A system was in place for complaints to be acknowledged and investigated and any remedial action taken where necessary.

The provider's PIR showed eight compliments had been received about the service. Compliments from people included, 'Having the carer has helped him enormously', 'I wish to thank you and your staff for the first class care mother has had over the Christmas and new year period' and 'I would like to convey our very best wishes to all Westhome's amazing staff. Too many to name but never forgotten.'

Requires Improvement

Is the service well-led?

Our findings

A registered manager was in place who had become registered with the Care Quality Commission in March 2016. The registered manager was fully aware of their registration requirements and had ensured that the Care Quality Commission (CQC) was notified of any events which affected the service.

We had concerns effective systems were not all in place to monitor the quality of care provided.

The provider information return stated 251 quality assurance visits had been carried out in the last 12 months by line managers from the agency to check on the quality of care provided. However, the process was not totally effective due to the comments received and the breaches of regulation identified as part of the inspection. Not all people told us senior staff members called at their homes to check on the work carried out by the care workers. One person told us, "A few months ago someone from Westhome came out to my house to review everything, I felt like my opinion mattered for once." Staff members did not all confirm there were regular spot checks carried out including checks on uniform, availability and use of protective clothing and general care. People could not all verify they were contacted by a supervisor, by telephone, or through a direct visit, to ascertain if they were happy with the service provided and whether they had any issues or concerns they wished to raise.

Most people who contacted the agency office stated staff were helpful and supportive. One person commented, "The staff do try and be helpful at the office but I guess they must be very busy, I call to find out who is coming to see me." Some staff and people commented communication was not always good within the office and their messages were not always passed on. Staff reported if they telephoned the office to say they were running late for their next visit, the person was not always contacted to inform them the care worker would be late. Staff said they would get a phone call or email from office staff notifying them of any urgent changes with regard to people's rosters.

Measures had been introduced by the provider such as a quality assurance manager had been employed and an electronic system was in place to oversee the quality assurance programme in the service.

The registered manager told us audits were completed internally to monitor service provision and to ensure the safety of people who used the service. They included health and safety, infection control, training, care provision, medicines, personnel documentation and care documentation. However, these audits were not all effective as they had not identified issues found at inspection. There were several comments about late or missed calls. People were not informed of changes in their care worker. Some people and staff told us that communication was not always effective. There were concerns raised by people about infection control and some lack of protective clothing to reduce the spread of infection between households. Effective systems were not in place to check that staff were always given some information about people's needs before they began to support them. Records that were available in the homes of people who received care and support did not always reflect the care provided by regular staff to ensure they received care that met their needs.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager and provider assisted us with the inspection. Records we requested were produced promptly and we were able to access the care records we required. The registered manager and provider were able to highlight their priorities for the future of the service and were open to working with us in a co-operative and transparent way.

The agency had a defined management and staffing structure with field supervisors responsible for different staff teams assigned to geographical areas. Staff received a company handbook when they started to work at the service to make them aware of conditions of service.

Staff said they felt well-supported. One staff member commented, "The manager is very approachable." Another member of staff told us, "[Name] the provider is lovely, they're easy to talk to." A staff member said, "I can inform the office if I have a problem."

The registered manager told us office staff had a weekly meeting to ensure the smooth running of the service. Regular manager's meetings also took place. Staff meetings also took place with care workers. The PIR returned by the provider also stated more frequent staff meetings were planned over the year to keep staff informed and involved in the running of the service.

The registered provider monitored the quality of service provision through information collected from comments, compliments/complaints and survey questionnaires that were completed annually by staff and people who used the service. We were told by the results were analysed and action taken if required to improve service provision. During our inspection one person commented, "Nothing is perfect where people and time management are involved but it would not take much to improve the overall delivery and confidence in the agency." The provider's PIR also reflected a person's compliment about Westhome staff service provision, 'I am impressed with the level of commitment.'

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care People's care and treatment needs were not all appropriately met as care plans did not record all their assessed care and support needs. Staff were not provided with the required information before they began to work with people to ensure they delivered the correct support. Regulation 9(1)

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People who use service were not protected against the risks associated with unsafe care and treatment with regard to infection control. Regulation 12 (1) (2) (h)

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance People were not protected from the risk of inappropriate care and treatment due to a lack of information or failure to maintain accurate records. Robust systems were not in place to monitor the quality of care provided. Regulation 17(1)(2)(a)(b)(c)(d)(e)(f)