

Westminster Homecare Limited

# Westminster Homecare (Cambridge)

## Inspection report

3b High Street  
Willingham  
Cambridge  
Cambridgeshire  
CB24 5ES

Tel: 01954263076  
Website: [www.whc.uk.com](http://www.whc.uk.com)

Date of inspection visit:  
07 January 2020  
08 January 2020  
09 January 2020  
10 January 2020

Date of publication:  
23 January 2020

## 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

### About the service

Westminster Homecare (Cambridge) is a domiciliary care agency providing personal care to 152 people. This service is provided to younger adults and older people with a range of support needs and health conditions. Including people living with dementia.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

Sufficient staff with the right skills, supported people to be safe. Staff implemented their knowledge of safeguarding systems well. Staff were recruited safely. Most risks were identified and managed well. One person told us, "[Staff] lift me in the hoist and sling. They always do it safely and there are always two staff." Lessons were learned when things went wrong.

People's assessed needs were met by staff whose training and support had given them the required skills. The provider worked well with others involved in people's care. People ate and drank enough. Staff enabled people to access health care and support services. 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 support this practice.

Staff provided people with kind, compassionate and thoughtful care. People's privacy and dignity was upheld. People who needed support from an advocate were given information how to access this. People had a say in developing their care and how it was provided.

People's care was person centred and staff enabled people to take part in pastimes, hobbies and activities people were interested in. People's complaints were responded to in line with the provider's policies and to the person's satisfaction. Systems and procedures were in place to support people with end of life care and in a dignified way.

The registered manager understood their responsibilities. Audits and quality assurance processes were effective in identifying and driving improvements. Staff received stable and consistent support and leadership for their role. People, relatives and staff had a say in how the service was run. The provider worked well with others to provide people with joined up care.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published 17 July 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# Westminster Homecare (Cambridge)

## **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

This inspection was carried out by one 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.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was announced. We gave a short period notice of the inspection because some of the people using it could not consent to a home visit or telephone call from an inspector. This meant that we had to arrange for a 'best interests' decision about this.

Inspection activity started on 7 January 2020 and ended on 10 January 2020. We visited the office location on 9 January 2020. We spoke with people and relatives by telephone on the 7 and 8 January 2020 and visited one person and their relative in their home on the 9 January 2020. On the 10 January 2020 we spoke with a further two staff members.

### What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included notifications about various incidents the provider must tell us about. We sought feedback from the local authority and professionals who work with the service. The provider sent us their provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

### During the inspection

We spoke with six people and eight relatives of people who used the service about their experience of the care provided. We spoke with the registered manager and a visiting regional manager. We also spoke with nine staff including care coordinators, field care supervisors and care staff.

We reviewed a range of records. This included two people's care records and two medication records. We looked at one new staff recruitment file and records relating to training and supervision. A variety of records relating to the management of the service, including policies, accident and incident records were also reviewed.

### Following our inspection

The registered manager sent us further information regarding accidents and incidents.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff undertook regular and effective training about what the signs and symptoms of abuse could be.
- They had a good understanding of safeguarding systems, people were supported in a safe way. One relative said their family member was, "Quite safe" as they had four calls a day with two care staff who hoisted the person in a safe way. The relative added that it was, "Good to see how safely staff undertook tasks involving moving and handling equipment, correctly and in a safe manner."
- A staff member told us, "I would report any concerns such as an unexpected change in behaviour or bruising to the [registered] manager. I know I can contact the local safeguarding team or the CQC."

Assessing risk, safety monitoring and management

- The provider had systems in place to identify and manage risks. For example, pressure sore areas, medicines' administration, eating and drinking and people's home environment.
- We found that some risk assessments were lacking in detail on how to hoist people safely or how to check a hospital type bed rail. The registered manager acted on this and told us they would add additional information. A relative told us, "[Staff] always check the bed rail to make sure it is secured."
- Staff were however, able to tell us in detail how they helped people to move and check their bed rails were safely positioned. One person told us they felt very safe and said, "[Staff] help to support me safely when washing and changing me so I don't topple over."

Staffing and recruitment

- Staff continued to be recruited in a safe way. One staff member told us they had been required to provide documents including proof of identity, a full employment history, having a check for any criminal records and stating that they were healthy and fit enough for the role.
- The provider also undertook checks that staff's recruitment met their standards. A member of the provider's compliance team said, "I check the records when I visit the branch. If there are any issues I raise them with the [registered] manager."
- Staff were unanimous in telling us there were enough staff. People and relatives also told us that they had not had a missed care visit and that staff were reliable. One person said, "They are very good on time, always within five minutes or so, and no missed calls. If they are going to be held up in traffic the [staff] will phone the office and they phone me to let me know."

Using medicines safely

- People received the support they needed to have their medicines administered as prescribed.
- Staff had regular training as well as having their competence checked to administer medicines safely. One

person said, "I have [care] in the morning and evening. I feel very safe with [staff] when they are here as I am forgetful and forget to take my tablets, but they make sure I have taken them."

- Audits of medicines' administration records identified any issues such as, staff forgetting to sign the record. Effective actions were taken including additional training and monitoring staff practice.

#### Preventing and controlling infection

- People were supported by staff who applied good practise in maintaining hygiene standards. One person told us, "[Staff] wear protective gloves and aprons and always leave the house clean and tidy as well."

- Staff received regular training on infection prevention and control. Staff had sufficient protective clothing and wore this. One relative told us that staff put on shoe covers and always washed their hands before and after the care visit.

#### Learning lessons when things go wrong

- The provider took onboard learning when things did not go as planned such as staff missing a planned care visit. Changes such as how staff were rostered were implemented to improve the continuity of people's care.

- The registered manager monitored issues for trends and shared any learning amongst the staff team. One relative told us they had experienced two missed care visits for a tea time care visit. The relative said, "This wasn't an issue or for anything time critical for medicines. The [provider] dealt quickly with it. They picked up when the staff arrived for the late call, and I had a written apology from them and stated they had put measures in place. It hasn't happened again of late."



# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed and staff with appropriate skills supported people effectively. One person said, "I have [health condition] and staff know all about this and how to support me. I feel I am in safe hands."
- The provider used up to date health guidance including that for skin care and eating and drinking. Staff followed speech and language therapist's guidance. One person told us staff met their needs well and said, "Their skills and training they receive are very good in my opinion and they know what I need to have done in respect of care for my feet and legs."

Staff support: induction, training, skills and experience

- Staff received regular training, support, supervision and mentoring for their roles. Staff had regular updates to their training as well as spot checks to make sure they upheld the standards expected of them.
- People and relatives were complimentary about staff's skills, training and expertise. One person said, "[Staff] definitely know what they are doing, [they] always ask how I am when they come in and what I would like to do first." A relative told us staff were, "All well trained and fully skilled." They said their family member liked all of the staff and had come to trust them which the relative said, "Means everything. [It's] very important always having and keeping good regular skilled staff."
- Staff members were supported in their role with regular supervision as well as induction and shadowing of experienced staff prepared them well for their role. One staff member said, "I had five days' training in the office and then I shadowed experienced staff until I felt confident. I asked for more time which was supported. I didn't feel rushed."

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

- People received the support they needed to eat and drink enough. This included people who needed a soft food diet or drinks with thickener.
- One person said staff got their breakfast and it could be a cooked one. The person told us, "Good cooks they are too!" One relative said, "[Staff] help get breakfast. My [family member] normally has toast with a hot drink. At lunch, staff will help prepare anything they fancy and encourage them to eat, usually a sandwich."
- Staff told us they had training in food hygiene as well as supporting people to eat using adapted cutlery or a smaller spoon.

Staff working with other agencies to provide consistent, effective, timely care

- The registered manager and staff team worked well with other health professional involved in people's care. The registered manager worked hard to ensure people had the equipment they needed and that

professionals, including tissue viability nurses, were as involved as required.

- One relative told us how determined the registered manager had been in pulling various professionals together to get their family up for Christmas lunch with family and friends. The relative said, "They ate all the dinner and were like their old self. They even had a good chat."

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

- Staff supported people and enabled them to access healthcare service such as a community nurse or GP. One person said, "I can ring the GP, but I am sure staff would call 999 if they found I had fallen. I have a life line pendant in case I need to summon assistance."
- Staff had the knowledge they needed and guidance about supporting people with health conditions including a stroke or dementia. The provider's monthly newsletter signposted people and relatives to information about health conditions such as dementia. One relative said, "[Staff] are very good. They pointed out there was a better hoist, which is now on the way." The registered manager ensured that referrals were made for people who needed additional support including occupational therapy.

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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- We found that staff had a good understanding of the MCA and put its code of practise into good effect. For example, giving people a choice of clothes, food or prompting them to take medicines. One person said, "I like that [staff] ask how I am and what I would like to start with first." A relative told us staff were "very good at coaxing" their family member. The relative said, "I leave cereal out for breakfast and if they haven't eaten this by time [staff] arrive, they will coax [family member] to have and give them more if needed."
- Staff told us how they offered people choices, such as by showing them some cereal, bread or an item from the fridge. One staff member told us, "It is about respecting people's choices. They may seem wrong choices to us, but if a person doesn't want a wash on that day we encourage them but can't force them."
- We found that if required, people had a valid lasting power of attorney in place for decisions including those about welfare and finances.

# 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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 received care that was compassionate, kind and thoughtful. One person told us, "I am very happy, very much so. [Staff] care well for me, are friendly and we have a laugh."

A relative said, "I am very happy with [the care]. I have had other agencies in the past and this one is way above them. [Staff name] is excellent, well trained and so caring and polite and will tidy things up before they leave."

- People received care that considered any adjustments including for sensory impairment or physical disability. One example included staff explaining their knowledge of a person who had had a stroke and how to ensure they gave the person more time to respond and to be supported and cared for.

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

- People and relatives told us they were involved in deciding how their care was provided.
- The registered manager had spoken with people and their relatives to find the best care solution including approaches to care and the timing of care visits which was working well. One relative told us, "I had a visit from one of the office staff. We went through the care plan. I speak up for my [family member]."
- Information was provided to people and relatives about advocacy. The advocacy process supported people to express their views and concerns, access information and services as well as promoting their rights. In most situations people self-advocated or had support from a relative.

Respecting and promoting people's privacy, dignity and independence

- Staff upheld people's dignity, privacy and promoted independence.
- A positive and consistent theme was how complimentary people were about the skilled way did this. One person said staff, "Certainly respected" their privacy and dignity by keeping the person warm and covered when washing them. Another person told us that staff were, "Spot on" and, "They close the door and blinds when bathing me, always hand me a flannel and towel to keep covered up as well."
- Staff paid attention to the finer points of people's lives such as sharing various photographs of subjects' people were interested in. One relative said, "It's nice to see how good staff are at having some time (to share similar experiences (with staff who knew what this meant). I let them get on with it." Another told us, "I am happy, they are all nice to me and [family member]. We both have a good rapport with them and we have a laugh when they come. [Staff] care have full respect for us and our home."

## Is the service responsive?

### Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The registered manager ensured people's hobbies pastimes and interests were identified and respected. Staff provided care based on people's preferences.
- All people and relatives had an awareness and understanding of their care plans. One person said, "My care plan is up to date but due for a review in a week but has not changed. I have a copy here of it." A relative told us, "We are just changing the (care and support plan) due to [family member] now having [two care workers at each] care visit, so all the care is in hand."

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.

- People's communication needs were supported, such as by speaking slightly slower and louder. In other situations, relatives translated what their family member said. Information was provided in the person's language including books.
- Information including care plans and complaints processes were available in larger print, electronic format or through the use of an advocate. This is someone who can speak on a person's behalf, so their views were listened to.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported and cared for and this reduced the risk of social isolation. The provider had an informative newsletter which was used to share information about services to help prevent social isolation.
- Staff supported people to access services including attending a day centre, going to church and taking part in social activities such as having a chat about a favourite TV soap opera.
- Staff showed a keen interest in people's past including sharing videos from a mobile phone about people's earlier lives and the interests' people had. One relative said, "They have some great times together. It is great for them to have some time doing things they like. Staff are well matched."

Improving care quality in response to complaints or concerns

- The provider had followed their complaints process. Complaints were analysed for any potential trends.
- All people and relatives spoken with stated they had been given full contact details and the complaints procedure.

- Complaints were resolved to people's satisfaction. People rarely had needed to complain. Concerns were responded to before they became a complaint. One person said, "I did complain verbally about a year ago when [I] started with them as they were sending male staff and I didn't want them to do my personal care. I complained and the [registered manager] stopped it and [I've] had only females since which is fine."

#### End of life care and support

- At the time of our inspection, no one was in receipt of end of life care. However, there were systems in place to support people, relatives and staff should this be required. For example, people had made advanced decisions about their end of life care including those for resuscitation.
- Staff received end of life care training and were aware of plans such as contacting palliative care teams and a GP. This was as well as identifying each person's end of life care wishes.
- One relative had complimented the service by stating, "We really appreciate everything you have done. [Family member] always wanted to stay at home and we wouldn't have been able to do that without your help."

# 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.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager was aware of their responsibilities in reporting incidents to us, including those involving safeguarding, as well as displaying their previous inspection rating correctly. They also apologised to people when things went wrong such as a missed care visit. Actions taken showed learning occurred.
- The provider was introducing a new electronic care visit monitoring system to provide real-time monitoring of staff's performance and care provision. This would also improve the timeliness in responding to incidents. One staff member said, "Planning care is a responsible job. The new monitoring system will make it easier if staff get delayed or forget to log in."
- Most people and relatives knew the registered manager or their deputy by name and told us they had rarely needed to contact them. One person told us, "[Registered manager's name] is the manager and [name of deputy manager]. They are both sometimes hands on and come out to do [family member's] care. Both are very nice to talk to and helpful." One relative said, "I rarely have to ring the office team. [Registered manager] listens and takes what you say seriously. They always resolve matters."

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

- The registered manager was supported by various office staff including a deputy, care coordinators, field care supervisors care staff. Staff were supported in their role to ensure they upheld the provider's values in delivering good quality care. They achieved this using various means such as, shadowing experienced staff, management and staff team meetings. One person told us, "[I'm] very happy with [the provider], best thing I would say is the skilled and lovely care staff."
- Staff received the support they needed such as regular meetings with their line manager and unannounced spot checks. Staff were committed to their roles providing high-quality care and support and being open and honest. This helped identify changes in people's needs and any potential for learning across the staff team.
- Staff were unanimous in praising the registered manager who listened, had a supportive nature and was approachable. One staff member said the registered manager, "Listens to my ideas as well as chipping in when it gets busy at work or with any issues that could affect my work. I get praise when praise is due."

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

- People, relatives and staff had a say in how the service was run including face to face meetings, during care reviews and completing a quality assurance survey questionnaire. This was available in larger print as well as providing a face to face meeting if people preferred this option.
- Feedback from people and relatives was analysed. This helped promote individuality and engagement with people whilst increasing the opportunities to identify improvement opportunities. One person said, "I completed the survey a few weeks ago. I have no complaints. It is a well-run business. They have always been helpful."

#### Continuous learning and improving care

- There was an effective programme of quality assurance, audits and oversight in place including governance support from the nominated individual and non-executive directors.
- Audits covered subjects including staff's care records, medicines' administration records, staff supervisions and incidents.
- The registered manager had identified issues and acted swiftly in relation to care approaches and errors on medicines' administration records.
- We found that not all incident records included information about the impact on people such as if a person did not have their medicines as prescribed. We discussed this with the regional manager who changed the incident form to show the impact on people and if this had been a repeat occurrence recently. This process was to be rolled out across the provider's other service one agreed.

#### Working in partnership with others

- The registered manager and staff team had a good relationship with others involved in people's care such as social workers, care commissioners and health professionals.
- The registered manager told us it wasn't always easy getting others involved in people's care to work together, but it was nice to see when people had a good outcome. The registered manager said, "It makes the hard work seem worthwhile. We all work together in ensuring people have their rights respected."
- One relative told us that recent joint working had helped their family member have "a very enjoyable Christmas."