Westminster Homecare Limited

Westminster Homecare Limited (Independent Living Network)

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 (Independent Living Network) is registered to provide a supported living and domiciliary care service to people living in their own home. This service included that for people living with autism and learning difficulties. At time of our inspection there were 120 people using the service. The service is provided to people living in Cambridgeshire, Fenland and Peterborough areas. Their head office is located in the city of Ely.

This announced comprehensive inspection was undertaken by one inspector and an expert by experience and took place on 26 and 27 September 2017. At the previous inspection on 25 and 26 November 2015 the service was rated as 'Good'. At this inspection we found the service remained 'Good'.

A registered manager was in post at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

Staff had retained the knowledge and skills from their safeguarding training to be able to protect people's rights whilst keeping them as safe from harm as possible. Staff knew the correct procedures to follow should they need to report and concerns they may have had about people's safety such as with medicines' administration.

Accidents and incidents such as those for people whose behaviours could challenge others and medicines administration were acted upon. A robust recruitment and staff selection process ensured that only staff who had been deemed suitable to work with people using the service were employed.

People were supported with the safe management and administration of their prescribed medicines by staff who had been deemed competent to do this.

Systems and processes remained in place to manage risks to people's safety and wellbeing. These were being followed to help ensure that any risk to people such as in their home, out in the community or using transport was managed as far as practicable.

A sufficient number of competent and skilled staff were able to meet people's assessed needs. This helped ensure that people were given the help and support when they needed it and that this assistance was effective.

Staff continued to have received appropriate induction, training, support and development to carry out their role in a way which people benefited from.

People were enabled to access health care services and appointments by staff who made a difference to the

quality of people's health. People were supported to eat and drink in a way which assisted with their nutritional needs.

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.

People's care and support was provided with consideration, kindness, sensitivity and compassion by staff who respected people's right to privacy.

People were given and provided with various means and opportunities to comment on the quality of their care. People's suggestions and views were acted on promptly and this helped improve the quality of life that people lived.

People's interests, hobbies and pastimes were encouraged by skilled staff in an individual way such as enabling people to achieve ambitions that were previously not thought possible. As a result of staff interventions and respect for people's independence, people led a more meaningful life.

The registered manager had created an inclusive atmosphere within the service and this had fostered an open and honest staff team culture. Staff were confident to report any care that was not up to the provider's standards.

Effective quality assurance systems and spot check/audit procedures were in place to drive improvements. Timely actions were then taken to improve the quality and standard of service that was provided.

Further information is in the detailed findings below.

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 remained Good.

Is the service effective?

Good

The service remained Good.

Is the service caring?

Good

The service remained Good.

Is the service responsive?

Good

The service remained Good.

Is the service well-led?

Good

The service had improved to Good.

Action had been taken to improve the identification and reporting of incidents. The registered persons had ensured that they had notified us about events they are required to tell us about.

Effective quality assurance and governance arrangements were in place to identify and implement improvements.

The registered manager had established and fostered an open and honest staff culture This had created an environment where staff felt completely comfortable in reporting any incidents such as errors relating to medicines recording.

Westminster Homecare Limited (Independent Living Network)

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This announced inspection on 26 and 27 September 2017 was undertaken 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. Their area of expertise was caring for people who have a learning difficulty and/or behaviour that is considered to be challenging.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at this and other information we hold about the service. This included information from notifications the provider sent to us. A notification is information about important events which the provider is required to send to us by law. As part of our inspection planning we requested information from those organisations who commission care at the service.

During the inspection we spoke with 11 people who used the service. We also spoke with the registered manager, operations' manager and deputy manager. This was as well as speaking with two team supervisors, three care staff; and the recruitment and training coordinator.

We looked at seven people's care records, medication administration records and records in relation to the management of the service and staff, including records of accidents and incidents and six staff recruitment

details.

Good

Is the service safe?

Our findings

People who used the services provided said that they felt safe. This was for various reasons such as the staff who supported them, staff arriving and staying for the required time periods and risk assessments being adhered to. One person said, "Yes I feel safe – [staff] keep an eye on me. I have [health condition] and one problem is I can't walk straight so outside they keep an eye on me." Another person communicated to us that staff made them feel safe as they were "good" at doing this.

Staff we spoke with and records showed that staff had been trained on how to keep people safe. One person told us, "If I didn't feel safe I'd call the office. I have never had to though." Records showed us that the reporting of incidents such as the errors regarding late care calls, events involving or investigated by the police had been reported to the local safeguarding authority.

Staff knew who they could report any incidents of harm to, such as the registered manager or the local safeguarding authority. One person told us, "They [staff] are very gentle, kind and as a result I feel safe."

We found that there were effective processes in place to manage risks such as for people's skin integrity and being out in the community and with their eating and drinking. One person said, "I have a new shower chair now and I am safe in there." Staff were able to tell us the actions they needed to take to keep people safe such as giving them some time to become calm. This showed us that people were kept as safe as possible.

Records we looked at and staff we spoke with confirmed that a robust staff recruitment process remained effective and that reviews of the staff skill mix took place. Checks included at least two written references, evidence of staff member's qualifications and photographic identity before they started work. One staff member told us, "It is important to recruit the right staff with the right skills and attitude." This showed us that only staff deemed to be suitable were employed.

We found, and people told us, that were sufficient numbers of staff to meet people's care and support needs, including when staff were unwell. One person said, "They [staff] stay for the time I need them." Another person told us, "They [staff] arrive on time give or take a few minutes if the traffic is busy." Staff told us that they had time to travel from person to person and that they could complete all care tasks that were required.

We found that staff had been trained as well as being deemed competent in the safe administration, recording and management of people's medicines. This was as well as staff having the information about how to keep people safe living with epilepsy. One person said, "I take medication and sometimes I forget. They [staff] say, "have you taken your medicines" and they stand over me while I take it."

We did however find in one person's home a medicine that did not have the required or correct dose on the prescription label. The person's care plan did however contain the correct administration details and records confirmed that this had been as prescribed. The registered manager immediately arranged for a new prescription to be issued by the GP and advised that this was in place within a few hours. Records

showed that staff recorded the administration of medicines' administration. Where errors had been identified, prompt reporting occurred and actions were taken, such as contacting a health care professional for advice. No person had been adversely affected by these errors.

Good

Is the service effective?

Our findings

People told us that the staff who cared for them knew them and their needs and preferences well. One person said, "I like knitting and the staff help me go shopping and buy whatever I need." Staff were able to describe to us in detail about the people they supported and cared for. One staff member said, "Since working with [Name] I now know straight away what they are communicating. It has taken a few years but it is now possible to support them in the community with more freedom." We also observed how staff approached people and knew exactly what the person wanted through body, sign or plain language. This level of knowledge ensured that people's preferences were respected.

The registered manager told us how new staff were always introduced to people with an experienced staff member. This made it easier for new staff to get to know, in detail, what difference they could make, to the person's life. This resulted in people's care provision being provided in a way the person wanted. One person told us, "Yes, the same people [staff] help. They know me and are nice."

We found that staff received training and refreshers for various subjects including the Mental Capacity Act 2005 (MCA), dementia care and positive behaviour support. This is a non-physical way of supporting people and it recognises each person's individuality and their human rights. The provider's mandatory training included moving and handling, safeguarding and health and safety. This was as well as new staff completing the Care Certificate (a nationally recognised qualification in care). Staff confirmed the training they had been provided with. An office staff member told us, "All new staff have an induction after which they have on the job training and shadowing of experienced staff." This provided staff with the skills they needed to carry out their role.

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

The procedures for this in domiciliary care services are managed through the Court of Protection (CoP). We found that appropriate restrictions had been authorised by the CoP. Staff were able to tell us about the decisions people could or couldn't make and what these were for such as when to take medicines. This was to ensure people were safe and that their rights were protected. One person said, "I do need help choosing what to do but I can be independent. They [staff] always respect my choices."

Members of care staff were knowledgeable about assisting people to maintain their nutritional intake. One person told us, "I like my cereal and toast and porridge and I get these." Another said, "I do my own food but they [staff] advise and show me what to do." We saw that where people needed support such as having a soft food diet, adapted drinking utensils that these were provided. We also saw where steps had been taken

to increase people's independence when out in the community.

Other strategies were in place to encourage people to maintain a healthy lifestyle. Records showed and staff told us how these strategies had been successful. One staff member told us their strategies had been successful in supporting people to attend hospital appointments with minimal support. This had been achieved with the help of health care professionals and the way staff supported people to have a freedom of choice.

People's health needs were met with support from staff, if needed. This also included health care interventions they needed, such as from a dietician or community nurse. One person told us, "If I am ever not well they [staff] call a doctor and they come to see me." A health care professional had praised a person's discharge from hospital by saying, "At all times you [staff] were extremely helpful answering questions, co-ordinating with various teams to ensure we had a safe discharge."

Good

Is the service caring?

Our findings

We saw and were told by people that they were looked after by staff who provided care with kindness, empathy and respected their privacy. People were complimentary about the way their care was provided. One person told us, "The staff are very, very polite. If they are not on time they let me know [by phone] and say "don't get alarmed." Another person said, "Staff knock and say who they are. They sit down and say "What's wrong?" and I [tell them my problems] – I then feel better (with their) reassurance – you have got their backing."

We also saw how people with a disability or learning difficulty were cared for by staff who had gone to some lengths to ascertain people's views through different communication methods. We saw staff members speaking to people clearly and slowly or using picture communication cards, as well as body or sign language to ensure the provision of respectful care.

People's care plans provided staff with the guidance and information they needed and they were in a format that people could be as involved in as much as they wanted. Staff were caring regardless of whether they knew the person well or not. One person said, "My staff are incredible, really, really great. Without them I would be lost." The registered manager kept up to date with information from organisations such as those associated with learning difficulties. This was based on people's equality and diverse care needs.

People were supported to be involved in their care through the use of a number of communication methods. These included sign or body language or the use of pictures to help people tell staff what they wanted or wanted to do. One person told us, "If I ask for something I need. They [staff] are happy to help no matter what it is I ask for." People could be assured that staff knew and understood their needs, listened to their requests and acted accordingly.

From records and care plans we viewed we saw that people benefitted from being able to live independently. One person told the provider in their survey, "I am so grateful to all my support workers [staff] for what they do to help me live in the community." A healthcare professional had fed back to the provider by saying, "She [staff] had interacted with [person] the whole time and [person] seemed much more relaxed with her."

We observed how staff approached people's homes by the person's preferred means such as by the back door. A person told us, "They [staff] always say 'hello' to me when they get here." We observed staff knocking on people's doors and waiting for permission to enter. This was as well as well as staff being mindful of protecting people's privacy. This was by making sure people's bedroom doors were closed, using a towel to cover people's dignity. People were also given independence to wash themselves in private.

Staff were able to describe to us how people's care was to be provided and what the level of care was. The operations' manager told us that care plans were regularly reviewed but if a situation arose that required urgent attention then this was acted upon. For example, if a person needed less or more staff to support them. One person told us, "I'm not from round here and they have helped me with bus routes."

Good

Is the service responsive?

Our findings

People, or those acting on their behalf such as a relative, told us that that they were involved in determining the person's needs. This was as well as having their person centred preferences met, such as having their medicines in a liquid format. One person told us that they had a new chair and that this was comfortable. People's independence was maximised by staff's input. For example, one staff member told us about the clear boundaries they had set and interests they had provided that the person was now able to access the community. This was now possible in a calm manner which increased their independence. This had been after two years work by staff in really getting to know and understand the person's situation to help them achieve their aspirations to go out.

One person told us how they liked to go shopping in a local town or go to a café with their friends. Another person told us how staff had supported them to get a new bed. We saw from records viewed that other pastimes, hobbies and interests were available and people took part in these such as going to a gym, swimming or taking part in sensory stimulation.

We saw that a process was in place to regularly review and update people's care plans. The operations' manager told us how people's care records were kept up-to-date. This was by face to face meetings, care calls by staff and telephone calls to people to seek assurance that the current care plan met the person's wishes. Any identified changes were implemented as soon as necessary if the situation was of an urgent nature.

The provider told us in their PIR and we found during our inspection that reviews of people's care meant, "Reviewing and learning from daily events to find continued improvements and providing short term support until the individual is able to manage without support. We have adopted an ethos of flexibility in meeting the requirements of services, led by the service user and working with them in order to achieve maximum support." This had led to staff fully comprehending people's life histories and creating an environment where each person could lead the life they wanted, or aspired, to lead.

People knew how to, or be supported to, raise a concern or complaint. One person said, "I did have some concerns with some staff but that has all been sorted now." Another told us, "I am happy living here. I talk with staff and they sort things out. I don't need to complain." Records confirmed that people's formal complaints had been acted upon in line with the provider's procedures to the complainant's reasonable satisfaction. Where other agencies were involved the provider also sought their input. Staff told us that people who used other non-verbal means to communicate also had their concerns responded to.

Good

Is the service well-led?

Our findings

A registered manager was in post and they had been so since April 2016. At our inspection in November 2015 we found that the registered persons had not always notified us about important events, that by law, they are required to do so. This was a breach of The Care Quality Commission (Registration) Regulations 2009 regulation 18.

During this inspection we found that improvements had been made by the registered manager and that the provider had followed the action plan they had sent us to meet the shortfalls in relation to the requirement.

We saw that the provider had put a new policy in place so that all staff were made aware of when to send notifications and to whom. We saw that a list of incidents that have to be reported was displayed in the main office. Staff confirmed that they were aware of the new policy and how to notify CQC and other organisations about any incidents. We saw that notifications had now been submitted promptly to CQC and records we held confirmed this. This meant appropriate authorities had the information they required should any actions be required.

At this inspection we found that the provider was prominently displaying their previous inspection rating correctly. All of the people we spoke with had nothing but praise for the service they received. The registered manager had a range of quality assurance processes in place to help identify and help drive improvements. These included checks by staff of people's medicines management and administration and observations of staff working practises. Where trends had occurred the registered manager had identified what actions were required to be taken and implemented effective changes. Actions included clearer medicines recording forms and making staff aware of their responsibilities.

People had the opportunity to give their views about the care and support they received from the service. This was by using various means including quality assurance surveys, telephone calls and also during the provision of their care and support. These views provided information about what worked well and where improvement may have been required, such as with the structure of the office team and deployment of staff with the right skills. We found that these changes had driven improvement. We saw several examples of people's, relatives' and staff's positive feedback about the quality of care that was provided. One recent comment fed back to the provider stated, "The quality of the service provided by ILN [Provider] has improved immeasurably in the time they have provided me with support." Other positive comments included improvements in staff's competency.

The provider told us in their PIR that, "Delivering agreed outcomes and satisfaction in the quality of service delivery is only achieved by a competent workforce that is reliable, flexible and has a caring and learning nature; being achieved through supportive management, robust policies and procedures; training, supervision and guidance." We found that this was being demonstrated. One person said, "The same team [of staff] come to me – they have helped me to cope and get counselling."

Various meetings were used to support care and management staff in their role as well as having day to day

contact with the registered manager. Subjects covered at staff meetings included thanking staff for their achievements and updates to people's care. One staff member told us, "I have support regularly with my supervisions and have completed dementia care for managers to increase my team's skills." Another said, "I recently asked for a change in my workload and this has been acted upon." The operations' manager confirmed that these changes and having systems in place to support staff out of hours had helped improve the support that staff needed. This was from the registered manager and deputy manager.

Compliments and praise had been sent to the provider about the staff team at getting people involved in more group community activities. This was from the local Learning Disability Partnership (this is a service that brings together specialist health and social care services for people with a learning disability). One person told us, "I couldn't wish for better [quality of service] – they [staff] go out of their way and do extra." Staff were consistent in telling us their praise about the way the registered manager led the service. One staff member told us, "It doesn't matter what time of day or night it is. I can call the [registered] manager or their deputy in the office and I am given a solution."

Staff were aware of the whistle blowing policy and when to use it. One staff member said, "I am responsible for people's lives and the quality of them. If I witnessed any poor or unacceptable care I would report to the [registered] manager immediately. I know that actions will be taken as they have in the past."