

Westminster Homecare Limited

# Westminster Homecare Limited (Ipswich)

## Inspection report

First Floor, 20 Queens Street  
Ipswich  
Suffolk  
IP1 1SS

Tel: 01473226868  
Website: [www.whc.uk.com](http://www.whc.uk.com)

Date of inspection visit:  
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25 November 2022  
05 December 2022

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Westminster Homecare Limited (Ipswich) is a domiciliary care service providing personal care to people living in their own homes. 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. At the time of our inspection there were 39 people using the personal care service.

At the time of the inspection, the location did not provide personal care support for anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

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

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

**Right Care:** People's care plans reflected the individual needs people required and guided staff in how people's needs, preferences and rights, for example privacy and independence, were met.

**Right Culture:** People told us the staff who supported them were caring and compassionate.

There were systems in place to provide people with a safe service. This included safe recruitment, management of medicines and the assessment and mitigation of risk. Ongoing recruitment reduced the risks of missed visits, the system in place supported the management team to identify associated risks and address them. Staff had access to personal protective equipment (PPE) and had been trained in infection control. Where we had received feedback about concerns about infection control, the management team took immediate action.

Since our last inspection there had been a change in leadership. People using the service and staff were updated about the changes at the time. There was a range of audits and monitoring systems in place to assist the management team to identify any shortfalls and address them. People were asked for their views about the service they received and these were used to drive improvement, for example updating people's care plans where required.

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 4 March 2020).

### Why we inspected

The inspection was prompted in part due to concerns received about missed visits and care plans being out of date. A decision was made for us to inspect and examine those risks. There had been a recent change in management in the service, we wanted to be assured of the governance and leadership in the service. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and well-led sections of this full report. The overall rating for the service has not changed and remains good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Westminster Homecare Limited (Ipswich) on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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

We always ask the following five questions of services.

### **Is the service safe?**

**Good** ●

The service was safe.

Details are in our safe findings below.

### **Is the service well-led?**

**Good** ●

The service was well-led.

Details are in our well-led findings below.

# Westminster Homecare Limited (Ipswich)

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

#### Inspection team

The inspection was undertaken by one inspector.

#### Service and service type

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

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We announced this inspection, to check that the service could support the inspection using remote technology.

Inspection activity started on 22 November 2022 when we announced the inspection and started to request information and ended on 5 December 2022.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

This performance review and assessment was carried out without a visit to the location's office. We used technology such as telephone calls to enable us to engage with people using the service and staff, and electronic file sharing to enable us to review documentation.

We contacted the registered manager on 22 November 2022, where we provided secure access for electronic file sharing and requested a range of records and contact details for people using the service and staff. Between 23 November and 1 December 2022, we reviewed records including five people's care records, medicines administration records, training records, two staff recruitment records and records relating to the governance of the service including audits and policies and procedures. We spoke with 13 people who used the service and seven relatives on the telephone. We also spoke with six care staff members and received electronic feedback from the care coordinator.

We spoke with the registered manager and operations director on a video call on 25 November 2022. We fed back our findings of the inspection to the registered manager and operations director on 5 December 2022.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff told us they were provided with training in safeguarding and they understood the provider's policies and procedures. Training records confirmed this training was provided.
- A staff member told us how they had reported a concern about a person's safety, and this had been reported to the relevant professionals, as required. This was confirmed in notifications received from the service.

Assessing risk, safety monitoring and management

- Prior to our inspection we had received a concern from a person using the service regarding the on-call arrangements, which they felt was a risk. Out of hours on call arrangements was covered by Ipswich staff on weekends and during the week it was covered by dedicated on call staff in another location. We were assured that this was safe and on call staff had access to members of the management team if there were any concerns.
- People's care records included risk assessments, which identified the risks associated with the care they received and, in the environment, and guidance to staff how the risks were to be reduced.

Staffing and recruitment

- Prior to our inspection we received concerns regarding missed visits, specifically over August 2022. We reviewed the records maintained by the service of missed visits and found in August 2022 only one visit had been missed for a person who received the regulated activity of personal care, for which a letter of apology was sent.
- The registered manager and regional director told us recruitment of staff was ongoing and they would not take new service users until there were enough staff to cover their visits. There had been recent high levels of staff sickness, to manage this the service had systems in place to reduce the risks of any missed visits.
- The management team told where there were unplanned absences of staff, people were notified of changes to their schedule, such as if staff were going to be running late and change to their planned staff member. People confirmed they were informed if there were any issues with lateness, one person said, "As long as I know I can be prepared."
- Two people's relatives told us they felt the staff were in a rush when they visited their family member. We fed back individual comments made by people and relatives to the management team and were assured these would be addressed.
- The majority of people said that the staff stayed for the agreed time, this was confirmed in records we reviewed. People told us the staff did everything they needed to and asked if there was anything else, they needed.

- Staff recruitment records showed checks were made before they started working in the service. This included Disclosure and Barring Service (DBS) checks which provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

#### Using medicines safely

- People told us they received support with their medicines, where required.
- People's care records identified the support people required and preferred, the medicines they took and where they were kept in people's homes. Medicines administration records (MAR) showed people were supported with their medicines, in line with their care plan. The MAR were monitored by the management team to support them to quickly identify any shortfalls and address them.
- Staff received training in the provision of safe medicine administration and support and their competency was assessed.

#### Preventing and controlling infection

- Staff told us they received enough personal protective equipment (PPE), such as masks, gloves and aprons. One staff member told us they collect stock from the office, or it could be delivered to them by another staff member from the office.
- People told us that people wore PPE as required. However, we received feedback from two relatives such as the disposal and putting away of items used to support a person with personal care and a staff member who did not wear an apron. We reported this to the registered manager, who immediately sent a memorandum to all staff advising of the issues identified and their responsibilities

#### Learning lessons when things go wrong

- There were systems in place to analyse any incidents or concerns to check if there were any trends.
- Any improvements to the service relating to when lessons had been learned when things had gone wrong were disseminated to staff in the form of memorandums, messages and through supervision and meetings.
- For example, a recent memorandum was sent to staff regarding staff sickness and the systems in place to monitor and address.



# 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 our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Since our last inspection there had been a change of registered manager. The new registered manager was also a registered manager for another of the provider's locations and they split their time between the two. When the registered manager started, they sent a letter to people to introduce themselves in April 2022 using the service and explaining they were due to start in June 2022 and a staff meeting was held to introduce themselves to the staff team.
- The majority of staff told us they had minimal contact with the registered manager but were positive about the support they received from the care coordinator and the field care supervisor, who worked closely with the registered manager. However, one staff member told us they did not feel listened to, for example with regards to their rota. A recent memorandum was sent to staff advising of upcoming supervisions and changes in the care coordinator role, this invited staff to raise any concerns they had with their rota.
- People told us they felt the staff were caring. One relative told us how the staff member who visited them was flexible, their family member had not wanted to get up, so the staff member continued with their other visits and returned, which they were grateful for.
- Staff received travel time between visits, some staff said this was enough and some staff said that the actual travel time was longer than the time given. The management team advised this was consistently under review, for example if there were planned road works in an area, travel time was adjusted.
- People's care records identified the care and support they required and preferred. People and relatives confirmed they were consulted at the start of the care provision and ongoing.

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

- There was a duty of candour policy and procedure. This was understood by the provider and registered manager.
- We saw records which showed letters had been sent to people with an apology, for example, when there had been a missed visit in August 2022.

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

- The registered manager understood the requirements of their role. This included notifying us of specific incidents and monitoring the service provided.
- A range of audits and monitoring systems were undertaken to reduce the risks of people receiving poor

quality care. An action plan was in place which demonstrated ongoing improvements and actions taken when shortfalls had been independently identified by the service.

- Staff were observed in their work practice to ensure any issues could be picked up and guidance provided to staff.
- All of the staff spoken with understood their role and spoke about their job and the people they supported in a caring and compassionate way. They were committed to provide the best possible care they were able to.

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

- Satisfaction surveys had recently been sent to people using the service, and their representatives, where required, to gain their views of the service. The registered manager told us that any actions required from people's comments would be addressed.
- We saw records of telephone monitoring, where a member of staff called people to check they were happy with the service. Actions were taken as a result of people's comments, such as reviewing care plans. One relative told us they would prefer to be advised when this was taking place so they could support their family member and to be kept updated on any changes.
- Staff received one to one supervision meetings and team meetings which provided a forum to discuss their work, raise any concerns and keep updated with any changes in the service.

Continuous learning and improving care

- Staff received training relevant to their role and this was kept under review to ensure refreshers and updates were undertaken. Staff received an induction consisting of training and shadowing more experienced colleagues.
- The provider held meetings for registered managers and senior management, where they could share best practice and concerns.

Working in partnership with others

- The registered manager told us they worked well with other health and social care professionals involved in people's care, which was confirmed by a social care professional.