Westminster Homecare Limited

Westminster Homecare Limited (Milton Keynes)

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	**Requires Improvement**
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 (Milton Keynes) provides personal care for over 200 people living within the community and within independent living schemes in the Milton Keynes, Buckinghamshire and Central Bedfordshire area.

The service had two registered managers. 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.

At the comprehensive inspection on the 18 and 21 April, 10 and 12 May and the 1 June 2016 we found the provider was not meeting the legal requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was in relation to regulations covering, need for consent, safeguarding people from abuse and improper treatment and receiving and acting on complaints. We asked the provider to make improvements and undertook a focused inspection on the 17 November 2016. We found the provider had made the necessary improvements and were meeting the legal requirements.

We carried out a focused inspection on 23, 26 and 30 September 2016 in response to concerns regarding medicines errors. We found the provider was not meeting the legal requirement of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was in relation to, safe care and treatment. We asked the provider to make improvements and carried out a focused inspection on 23 January 2017, we found the provider had made the necessary improvements and was meeting the legal requirement.

At this inspection the improvements identified at the previous inspections had been consistently maintained. However the rating of requires improvement for the key question 'safe' remains.

Several people told us that staff did not always arrive at their allocated call times, most commonly at weekends. Several of the care staff told us they did not have sufficient travel time allocated in their schedules to consistently meet people's call times. This is an area the provider needs to further improve.

People's capacity to consent to their care was assessed in accordance with the Mental Capacity Act 2005 to protect people from the risks of their liberty being unlawfully deprived. The systems to handle complaints had been strengthened to make sure all complaints were managed appropriately and the systems for managing people's medicines had been strengthened; audits were regularly carried out to ensure staff followed the medicines procedures and people consistently received their medicines as prescribed.

People told us they felt safe and staff knew how to protect people from the risks of abuse. Risk assessments identified areas of specific risks to people using the service and guided staff on how the risks were to be effectively managed.

Safe recruitment practices were followed and staff received appropriate training to meet the needs of people using the service. Staff received regular supervision and annual appraisals from their line managers.

People were supported to eat and drink sufficient amounts to meet their nutritional needs and dietary preferences. The staff worked in partnership with other health care professionals to support people to access health services quickly.

Staff provided care that was kind and compassionate. They enabled people to remain independent and ensured their privacy and dignity was always respected. People were involved in their assessments and in putting together their support plans. The support plans were regularly reviewed and updated to reflect people's current needs.

Systems were in place to continually monitor the quality of the care and support people received.

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.

Sufficient travel time was not always factored into the staff rotas to meet scheduled call times.

Staff were knowledgeable about the importance of keeping people safe from the risks of abuse.

Risk assessments identified areas of specific risks to people using the service, to guide staff on how the risks were to be managed.

Robust recruitment procedures reduced the risks of unsuitable people working with people using the service.

People's medicines were managed safely.

Is the service effective?

Good

The service was effective.

People received care from staff that had the knowledge and skills required to carry out their roles and responsibilities.

Systems were in place to provide staff with appropriate support to identify good practice and learning and development needs.

The service worked in line with the principles of the Mental Capacity Act 2005 and capacity assessments were carried out as required.

People were supported to eat, drink and maintain a balanced diet and have access to healthcare services to maintain good health.

Is the service caring?

Good

The service was caring.

Positive caring relationships had been developed with people

using the service.

The service involved people by routinely asking for feedback on the quality of the service they received.

People's privacy and dignity was respected and promoted.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed before taking up the service.

People received care that was person centred and met their needs.

Systems were in place to receive and respond to complaints.

Is the service well-led?

Good

The service was well - led.

The service promoted a positive culture.

Safeguarding incidents were appropriately reported and investigated.

Accidents and incidents were recorded and monitored.

Quality assurance systems were used to identify gaps in service delivery and drive continuous improvement.

Westminster Homecare Limited (Milton Keynes)

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 announced inspection took place on 27, 28 July and 2 August 2017 and was completed by one inspector and a second inspector assisted in carrying out telephone interviews with staff. We also used an expert by experience that carried out telephone interviews with people using the service and relatives. We gave the provider 48-hours' notice before we visited the service. This was to ensure that both registered managers would be available to facilitate the inspection and arrange suitable times to carry out telephone interviews and visit people using the service.

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. The provider returned the PIR within the timescale set and as part of the planning for the inspection we reviewed the information within the PIR. We reviewed information from statutory notifications the provider had sent to the Care Quality Commission (CQC). Statutory notifications tell us about important events, that the provider is required to tell us about by law. We also received information about the service from local authority commissioners.

During the inspection we visited four people and carried out telephone interviews with 15 people using the service and their relatives. We spoke with twelve care staff, the deputy manager, the registered managers and the area manager.

We reviewed information within the support plans, risk assessments and medicines records for 18 people using the service. We reviewed three staff recruitment files and records in relation to staff training and

supervision. We also reviewed records in relation to quality monitoring and feedback received from people using the service, including compliments and complaints received at the service.

Requires Improvement

Is the service safe?

Our findings

A focused inspection in January 2017 found the provider had made significant improvements to the management of people's medicines and were meeting the legal requirement. At this inspection we found the provider had maintained consistent good practice in the management of people's medicines.

Systems were in place to ensure people's medicines were consistently managed. One person received their medicines through a flexible feeding tube direct into the stomach, known as a PEG feed. The person gave their consent to us observing the member of staff administering their medicines through the feeding tube. The person told us if the medicines were administered too quickly it made them feel nauseous. We observed the member of staff followed the procedure for administering the medicines; they explained to the person what they were doing and took their time. Staff told us they had received training on medicines administration that included completing knowledge tests and competency assessments, this was also evidenced in the staff training records. We saw that regular medicines audits were carried out, and areas identified for improvement were addressed directly with the staff concerned and discussed at staff meetings.

People living within independent living schemes told us the staff always arrived on time. The staff working within the schemes told us they had sufficient time allocated between calls to enable them to meet people's call times. However people living within the community did not have the same experience. Areas of frustration were around staff not always arriving at their allocated call times, most commonly at weekends. People told us they were not always informed when staff were running late. Several staff told us they felt rushed and under pressure to meet the call times, due to travel time not always being factored into their schedules.

In the providers own annual quality assurance survey a high percentage of people said the care workers arrived at the requested times and stayed the full allocated times. We saw that 'spot check' quality monitoring visits to people also asked whether staff arrived on time. The feedback recorded from these visits showed that several people had said staff did not always arrive on time, especially at weekends, they also said they were not always informed when staff were running late. Records showed the feedback obtained from people during the visits had been brought to the attention of the registered manager, the office staff and individual care staff members concerned, however the situation continued to be an area of frustration for people in the community and for staff working in the community.

One person said, "The staff can sometimes be up to an hour late. They do stay in the mornings, but might do about five minutes less in the afternoon. During the week they're pretty good with the times, but at the weekends it's bad." Another person said, "No travel time is the bug bear, all the carers are very empathetic but the travel time is the problem."

Staff told us they picked up extra shifts, but at weekends there were less staff. Several staff spoke of the call times being scheduled 'back to back' with no travel time factored in.

The following comments were received from staff:

"Last Sunday I had to work from 7am to 3pm with no break, running late is not really an issue in the week, but on a Sunday with 'back to back' calls ' I can be up to 50 minutes late."

"I can be at one end of Milton Keynes, the call finishes at 9am, and I am also expected to be at Bletchley by 9am. I did get some travel time for a short time, but now I'm back to having no travel time again."

"The visits are 'back to back', I'm always running late, to stop this I start early; we have a 15 minute leeway to be early or late, but nothing outside of that."

"I try to start 10 to 15 minutes early to play catch up. If I'm running late I ring the clients. However I do have a regular run (visiting the same people), so there is good continuity."

"Visits can be erratic, I have had 16 visits on my morning round and no travel time which caused an issue, I would end up being late or getting another carer to do the visit. I spoke to the office and they resolved this, I now have 12 to 13 visits and that's okay. It's improving, I don't rush people and I don't leave until everything is done, but I do feel under pressure and rushed."

One member of staff told us they had to make a journey to visit a person that took 25 minutes, with no time allowed for travel. They said in order to do this they had to cut one of their visits short by 15 minutes, which resulted in the previous person not receiving the full allocated time. The member of staff told us they had 15 minutes deducted from their wages. In contrast another member of staff said, "My travel time is paid, no matter how long it takes for me to get to a person, I'm on an old contract, the new staff don't get travel time." This comment indicated an element of disparity amongst staff groups.

All the staff spoken with said that despite the lack of travel time allocated they always ensured people received safe care and completed the tasks required on each visit. One member of staff said, "I would never leave early if everything wasn't done, but you can't spend time with people; to sit and talk to them and offer comfort; you're under too much pressure. A lot of people are very lonely and it's a shame we can't give them their full time."

Staff told us that communication with the office was often problematic. One member of staff said, "The office staff are supportive, it's a very hard job and they do their best for the staff and clients." Another said, "If you bring any problems with the visit times to their attention they will usually try to adjust the times for you." However some staff told us communication with the office based staff was not so good. One member of staff said, "The rotas can be disorganised, the office staff sometimes contact me on days when they know I'm not available." Another said, "The communication with the office staff isn't that good, I recently visited a client that was in hospital, but they (the office staff) hadn't told me."

The registered managers' told us they endeavoured to provide adequate travel time between visits and that August has been challenging due to care staff having reduced availability, staff annual leave, child care issues and the month of Ramadan. They confirmed that despite these challenges they ensured that 'time critical' calls, for example, to administer medicines took place as scheduled.

The registered managers told us that call times were closely monitored. They said the protocol was that staff contact the agency office if they were running late so that people could be informed and an alternative member of staff attend if needed. They said they were continuously recruiting staff and were aware of the challenges in meeting call times especially during peak holiday periods. They told us agreements with some

of the commissioners were to be relaxed and they were hopeful that this would result in the agency having greater flexibility to effectively manage staff schedules to meet people's call times.

Following the inspection the provider informed us they had employed additional care coordinators to support in the maintenance of strict schedules to ensure adequate travel time. That the care coordinators had scheduled specific supervisions with all care staff to work collaboratively to build more efficient runs. People using the service had been invited to coffee mornings to provide a forum to share their views on the service, in addition senior branch employees were to personally visit people, so people could share their views individually. It was anticipated these actions would improve all round communications to quickly identify areas for improvement.

People told us they felt safe with the staff providing their care. One person said, "I feel safe. I can't move myself around so they [staff] do look after me." A second person said, "I feel very safe with the staff, they are all very good, they are the best I could wish for." A third person said, "Yes they [staff] come four times a day, I feel safe."

The staff were knowledgeable about the importance of keeping people safe and their responsibility to protect people from the risk of abuse. They confirmed they completed safeguarding training and refresher training each year and this was also evidenced in the staff training records. Records demonstrated the provider had reported safeguarding concerns to the relevant safeguarding authorities and the Care Quality Commission, and working in collaboration with the safeguarding authorities, carrying out thorough investigations as required.

Risk assessments identified areas of specific risks to people using the service, to guide staff on how the risks were to be managed. For example, assessments for people at risk of developing pressure sores, had details on the pressure relieving equipment and moving and handling equipment required for the person. The staff recorded accidents and incidents and hazards were identified to reduce the risks of repeat incidents.

Robust recruitment procedures reduced the risks of unsuitable people working with people using the service. The staff told us that full employment checks were carried out on them before they started working at the service. Records confirmed the checks included, verifying evidence of eligibility to work in the United Kingdom, obtaining employment references and clearance through the government body Disclosure and Barring Service (DBS).

Good

Is the service effective?

Our findings

A focused inspection in November 2016 found the systems to assess people's capacity to consent to their care had been strengthened and the provider was meeting the legal requirement. At this inspection we found the provider had maintained consistent good practice.

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 the 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. The application procedure for domiciliary care services is called the Court of Protection.

Capacity to consent assessment documentation was in place to ensure where it was in doubt, people's capacity was assessed. All staff had received refresher training on the Mental Capacity Act 2005 to ensure they consistently worked in line with the principles of the act.

People received care from staff that had the knowledge and skills required to carry out their roles and responsibilities. One person said, "The staff are very skilled, they know what to do when they attend to me." Another person said, "Most of the staff are good." The staff were able to describe in detail the needs of the individual people they provided care for and it was evident they knew people well.

The staff told us that after their initial induction training they worked alongside experienced members of staff and then observed on a number of occasions to ensure they were competent to perform their duties. All staff were pleased with the quality of the training provided by the service. One member of staff said, "[Name of trainer] is excellent, the way they present the training makes it really interesting and relevant to the people we provide care for. I actually enjoy attending the training sessions." Another member of staff said, "The training is brilliant, it's made enjoyable. We have a go sitting in the hoist for manual handling training. The dementia training was brilliant, it gave me insight into what people living with dementia experience ."

The staff told us that any gaps in training needs were quickly addressed; one member of staff told us that one person they provided care for used a different type of hoist than the one they had used during their moving and handling training. They said they brought this to the attention of the provider and the training lead for the service went out to the person's home to demonstrate to them how to use that specific hoist. Records of staff training showed that a rolling training programme was provided for staff that consisted of face to face sessions and e-learning. As part of their induction training, staff were enrolled onto the Care Certificate diploma; this is a set of standards that social care and health workers need to follow in their daily working life.

The staff told us they felt supported and that they had regular opportunities to meet with their supervisors

for one to one supervision. We saw that one to one supervision meetings dates were pre-planned and generally took place around the scheduled times. In addition group staff meetings took place to provide the opportunity for staff to meet with their co-workers and management to discuss the needs of the service and receive corporate information relevant to their roles and responsibilities. Long service was recognised. One member of staff said, "I had a meal and presentation."

People using the service told us that the staff sought their consent before carrying out their care and providing support. One person said, "I am fully involved in making decisions about how I want my care to be carried out." Another person said, "The staff do respect my wishes." A relative said, "The carers are very thoughtful, they don't assume anything, [Name of person] can't speak very clearly since their stroke, the staff are very patient and give them time to answer." We saw within the support plans that people using the service or their representatives had signed to give their consent to the care provided and for information about their care to be shared with other health and social care professionals involved in their care and support.

People were supported to eat, drink and maintain a balanced diet. One person said, "I have four meals a day, lunch is delivered and it arrives hot. I have cereals, soup, tea, fish and chips and they [the staff] leave me a drink and a snack." Another person said, "I have microwaved food, they [staff] pop it in the microwave and bring it to me. If I want a drink or something they leave it next to me. They refill my bottles of water as the [Name of medicine] dehydrates me." A third person said, "They [staff] do really nice salads and baked potatoes."

The staff were knowledgeable about the individual dietary support people required. They told us that they encouraged people to make healthy food choices and supported people to eat a balanced diet in keeping with their individual needs. One person said, "In the evenings I might have cheese and pickle sandwiches or crackers. The staff have good cooking skills and they present the food nicely." Daily records showed that staff recorded what people had to eat and drink during the visits and whether they had left food and drinks for later consumption.

People were supported to maintain good health and have access to healthcare services as required. One person told us that due to their health condition it was difficult for them to go to their GP surgery for their flu jab. They said, "I mentioned to [Name of staff] that I couldn't get to the surgery. They asked me if I wanted them to call the surgery on my behalf, I said yes. Thankfully the nurse did a home visit to give me my flu jab; I don't know what I would have done otherwise." Another person said, "There was an emergency, one night when I had a blood clot. The member of staff called an ambulance and stayed with me." A relative said, "There was an emergency when [Name of person] had fallen and the carer found them, they called the paramedics and the situation was resolved very quickly."

The staff said they worked well with community healthcare professionals, such as district nursing and followed the advice of the healthcare professionals in meeting people's needs. We saw that the staff recorded within the daily notes when they had supported people to maintain good health, for example, assisting people to change position in bed to reduce the risks of developing pressure area ulceration.

Good

Is the service caring?

Our findings

Positive caring relationships had been developed with people using the service. On the whole people using the service told us they had good relationships with the staff who attended their care. One person said, "I fully trust the staff, we get on well. They know that my condition can affect my speech, they never rush me, and they take their time. They are very kind and caring; I don't know what I would do without them." The staff spoke about people in a caring way; they said they had built good relationships with the people they provided care for and their families.

We saw written compliments had been received such as, 'Staff go the extra mile', and 'The girls are always on time and go above and beyond their duties.' '[Name of staff] is calm, pleasant, allows space' and 'I get the best possible care there can be.' One relative had sent flowers and a card to thank staff for staying with their relative when their dog was put to sleep. The card read, 'Staff showed compassion, care and sensitivity, their relative was not on their own when their dog had to be put to sleep.'

People's privacy and dignity was respected and promoted. We saw that people were asked if they had a preference as to whether they wanted male or female carers to provide their personal care and their preferences were respected. One person said, "I would find it difficult to have a man providing my care, I prefer females." Another person said, "I have a bed bath and it's done with dignity and respect." A third person said, "Privacy and dignity, [Name of staff] puts the towel over me when I'm getting washed."

Good

Is the service responsive?

Our findings

A focused inspection in November 2016 found the provider had made improvements to the management of complaints and were meeting the legal requirement. At this inspection we found the provider had maintained a consistent approach in managing complaints.

Systems were in place to receive and respond to people's complaints and complaints. Information on how to raise any complaints was available within people's support plans. People and relatives told us they contacted the care agency if they had reason to complain about the service. One person said, "I have complained once or twice, but this is few and far between and they were quickly resolved."

People received care that was person centred and met their needs. Each person had their needs assessed before taking up the service. Based on the information from the assessments a support plan was put in place. People told us they had been involved in putting together their support plans. One person said, "I am very involved in making decisions about how I want the staff to provide my care, I know what is written in my support plan and I am fully involved in my care reviews." Another person said, "My care plan is done the way I want it done, they write down every detail." Some people told us they preferred their family or spouse's to make decisions on their behalf and be involved in their care reviews.

We saw people's support plans included information on the times and frequency of visits, the person's communication needs, their likes and dislikes hobbies and interests. Where possible, people or their representatives had signed the support plans to show their agreement with the content and they were regularly reviewed and updated as people's needs had changed.

Good

Is the service well-led?

Our findings

The service promoted a positive culture. The staff told us the vision and values of the service and the expectations of providing high quality care was explained to them during their induction and they worked to uphold these values. Due to the service providing care for people in the community and within independent living settings, two registered managers were in post. Both demonstrated good management and leadership qualities.

The service involved people by routinely asking for feedback on the quality of the service they received. People and their relatives told us that home visits and telephone interviews were carried out regularly by care supervisors to seek feedback on the care they received. One person said, "They come round every couple of months and ask if everything is okay and look at the books (care records)."

People told us they were asked whether the staff arrived on time and stayed for their allocated time. We saw that feedback received from people that required action to be taken had been escalated to the appropriate person to address. One person said, "They do all sorts of things and are pretty good, if you suggest something, they would do it." Records of the feedback received from people indicated that most people were pleased with the service.

Comments from staff were positive about the support they received from the registered managers and the care supervisors. They found the quality of training they received was very good. Regular staff meetings took place that provided a forum for staff to discuss the service needs and receive communications from the provider.

Accidents and incidents were appropriately recorded. The provider had taken appropriate action to reduce the risks of any repeat accidents. They had also informed the Care Quality Commission (CQC) of reportable events as required by law.

The quality assurance systems were effective and used to drive continuous improvement. They included home visits and telephone interviews with people using the service and their relatives. Spot checks were regularly carried out to observe staff practice and competency. Routine audits were carried out on areas such as the medicines administration records, people's support plans, risk assessments and daily logs and the staff recruitment and training records.