

Westminster Homecare Limited

Westminster Homecare Limited (West London)

Inspection report

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Date of inspection visit:
13 January 2020
14 January 2020

Date of publication:
04 February 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 Limited (West London) is a domiciliary care agency. It provides personal care to mostly older people living in their own homes. It also supports some adults who are living with dementia and adults who have physical or learning disabilities. At the time of our inspection the service was providing care to 108 people.

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

People told us they felt safe. Where there were risks to people's safety and wellbeing, these had been assessed and the provider had done all that was reasonably practicable to lessen those risks. People received their medicines safely and as prescribed.

People's care and risk management plans set out the care tasks they required help with and these contained personalised information about people and their preferences for how they liked to be supported.

There were robust systems in place to monitor the quality of the service and recognise when improvements were required. The provider was transparent and there was clear communication within the team, so they learnt from mistakes and made improvements when things went wrong.

We received positive feedback from people and their relatives about using the service. People said staff were caring and treated them with dignity and respect.

The provider made sure there were enough staff to support people and staff usually arrived on time at people's homes. The provider's monitoring system helped ensure people received all their visits as planned. Staff received induction, training and supervision and felt supported in their roles.

The provider sought feedback from people, relatives and staff and used this to develop the service. People and staff were confident they could raise any concerns they had with the registered manager and felt they would be listened to.

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.

The registered manager and senior staff were responsive to and worked in partnership with other agencies to meet people's needs.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was requires improvement (published 22 January 2019). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made.

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 Limited (West London)

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

The inspection was carried out by one inspector and an Expert by Experience undertook telephone interviews with people who used the service and relatives. 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

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the registered manager would be in the office to support the inspection.

Inspection activity started on 13 January 2020 and ended on 14 January 2020. We visited the office location on 14 January 2020.

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. The provider completed a 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. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with nine people who used the service and three relatives of other people about their experience of the care provided. We received written feedback about the service from six care workers, met the office team and spoke with the director of operations, the registered manager, care manager, a senior care worker and a care worker.

We reviewed a range of records. This included 10 people's care records and multiple medication records. We looked at six staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We contacted three external professionals and received a reply from one.

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 requires improvement. At this inspection this key question has now improved to good.

This meant people were safe and protected from avoidable harm.

Using medicines safely

- At our last inspection, we found that there was a policy and procedures for the management of people's medicines and staff received training in this subject. However, at least one person had not received their medicines as prescribed. At this inspection, we found that improvement had been made and people received their medicines safely and as prescribed.
- Each person who was supported with their medicines had a 'Medication Record Form' in place. This contained details of the person, their GP practice, pharmacist, next of kin and allergy status. This was attached to the person's Medicines Administration Record (MAR) chart. We viewed a sample of these for the last three months and saw they were completed correctly, and there were no gaps in recording.
- Senior staff carried out regular audits of people's medicines and MAR charts, and where concerns were identified, we saw evidence these were addressed without delay. For example, where staff had used incorrect codes on MAR charts, this had been addressed with the relevant staff members.
- Staff received training in the administration of medicines and had their competencies checked regularly to help ensure they were competent, and people received their medicines as prescribed.

Assessing risk, safety monitoring and management

- At our last inspection, we found there were a number of missed visits and discussed the seriousness of this with the provider, who assured us they would address this without delay. At this inspection, we found that improvement had been made.
- The provider had a late and missed visit policy and procedure. We saw evidence that in the last year, there had only been two missed visits. In both cases, a thorough investigation had taken place, and appropriate action had been taken, including an apology to the person, and addressing this with the relevant staff members.
- Where there were risks to people's safety and wellbeing, these had been assessed. Risk assessments were clear and comprehensive. They contained details of the level of risk, how to minimise this, and any action needed. Risks assessed included skin integrity, moving and handling as well as environmental risks.
- Where risks were identified, we saw these were monitored closely. For example, one person was at risk of pressure ulcers. We saw there was a body map in place and staff monitored the person's skin and recorded their findings daily. We saw where staff had identified concerns about the person's skin integrity, they had taken appropriate action, such as informing the office and contacting the district nurse.

Systems and processes to safeguard people from the risk of abuse

- There was a safeguarding policy and procedures in place and staff were aware of these. Staff completed

training on safeguarding adults and demonstrated how they would recognise and respond to safeguarding concerns. The provider had systems in place for noting and responding to safeguarding concerns. We saw these were reported, recorded, shared with the local authority and investigated where appropriate.

- We saw evidence the provider was transparent and ensured all relevant parties were kept informed of all developments where there had been safeguarding concerns. Staff knew their responsibilities in relation to reporting concerns. One staff member told us, "At the weekend, I noticed one of my clients had a bruise but could not explain how it happened. I reported it to the office, we did a chart and monitored it. We sent it to social services."

- The provider worked in line with their disciplinary procedures and we saw evidence they had taken appropriate action in relation to a member of staff when they had not met a person's needs.

Staffing and recruitment

- The provider had appropriate procedures for recruiting staff. These included formal interviews and carrying out checks on their suitability and identity. New staff underwent training and were assessed as part of an induction, before they were able to work independently.

- There were enough staff deployed to meet the needs of the people who used the service. The registered manager told us, "We have really good staff retention and have a reward system for staff who have been with us for five years, or ten years." However, they added that they were always recruiting new staff so they could take on more contracts from the local authority. The care manager told us, "We struggle with recruitment, especially this time of year. We are fully staff but want to expand so we need to recruit more staff."

- Most people told us they received their visits on time, and if their care worker was running late, they were informed of this by the office staff. People's comments included, "As it stands at the moment, I am very happy with them", "Timekeeping has improved" and "If a carer is late, I get a call from the office, or they send another carer."

- The registered manager monitored closely people's daily visits. The electronic monitoring system required staff to log in and out of people's homes, and this was recorded in real time on the system. Any concerns were addressed with individual staff members. Documents we reviewed confirmed this. There was always a senior member of staff on call out of normal office hours. This meant people who used the service and staff were able to call someone anytime.

Preventing and controlling infection

- People's care plans contained instructions to staff around infection control. For example, one person's care plan stated for 'Care workers to ensure they change their gloves when they changed tasks and to dispose of the gloves and aprons in the bin in the kitchen'.

- There was an infection control policy and procedures and staff received training in this. Staff were provided with suitable personal protective equipment such as aprons, shoe covers and gloves, and were able to obtain these when they required.

Learning lessons when things go wrong

- There was an accident and incident reporting policy and procedure in place and staff were aware of these. Accidents and incidents were recorded and kept at the office location. These were detailed and included the date, time and place of the incident, what actions were taken and the outcome. We saw each form included an investigation carried out by the registered manager, and their recommendations to prevent reoccurrence.

- Lessons were learned when things went wrong. The registered manager told us they learned from safeguarding concerns to make improvements in the way they ran the service. For example, where there had been a breach of data management, they had tightened up their processes and provided training for staff to help prevent further incidents from happening. Documents we viewed confirmed this.

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 before they started using the service, and assessments were used to write people's care plans. People were referred by the local authority who provided their own assessment of the person's needs.
- Assessments were detailed and contained the necessary information about the person, such as their healthcare needs, living arrangements, communication needs and mobility. Assessments also included how people wanted their care needs to be met.
- People's choices were considered and recorded. One person told us, "They are good to me. Anything I ask them to do, they do it for me." Where possible, people were matched with care workers who could speak the same language to facilitate conversation and effective communication.

Staff support: induction, training, skills and experience

- Staff received a comprehensive induction before they were able to support people. This included a five-day induction into the principles of the Care Certificate. The Care Certificate is a nationally recognised set of standards that gives new staff to care an introduction to their roles and responsibilities.
- New staff were subject to a probationary period where they were closely monitored and supported. They only passed their probation when senior staff were satisfied they were fully competent to do their job and meet the needs of people who used the service.
- Staff received training in all subjects the provider identified as mandatory. This included medicines administration, moving and handling, safeguarding and infection control. They also received training specific to the needs of the people who used the service such as equality and diversity, dementia awareness and pressure ulcer prevention. Staff were given factsheet information about specific conditions such as diabetes, motor neurone disease and schizophrenia, so they could broaden their knowledge when caring for people.
- Staff told us they received regular supervision and felt supported by the registered manager and senior staff. Supervision included checking on the staff member's wellbeing, duties and responsibilities, work performance, personal development and training and any concerns. A staff member told us, "Our supervision is three-monthly. We have assessors coming to spot check us. If there is anything negative, they also point out the positive. We work together towards a solution."

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

- People's nutritional needs were recorded in their care plan. Staff supported people with already prepared

meals and the preparation of snacks of their choice. People told us staff respected their choices in relation to food and drinks.

- Care plans contained details about people's food and drink preferences. One person's care plan stated they liked their tea black and did not use butter. There were also detailed instructions about the food a person wanted staff to prepare for them, for example, a sandwich to be made and kept in the fridge for later. One person told us, "The carer makes my breakfast every morning, then lunch time, I ask for a sandwich and they prepare it."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The registered manager liaised with healthcare and social care professionals who provided support. They told us, "We work in partnership with other providers in Hounslow. We meet in a group. We discuss the challenges we have. Some guests are pharmacists, GPs etc. We have a good relationship with the council including brokers and social workers. They implement new forms and keep us informed."
- People's healthcare needs were recorded in their care plan. We saw evidence care workers communicated well with the office and reported any concerns promptly. Where people had a specific health condition, such as Alzheimer's disease, Parkinson's disease and diabetes, care plans included details of symptoms to look out for and guidance about how to meet people's needs to avoid them becoming unwell.

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.

- People told us they were consulted about their care, and their choices were respected. Where people lacked the capacity to make certain decisions, they had their capacity assessed, and decisions were made in their best interests. We saw, where possible, people had signed their records to show they had been consulted and agreed with the content of these. When they were unable to sign, the reason for this was recorded on the form. For example, one person was unable to sign due to advanced dementia and frailty.
- Staff received training on the principles of the MCA and demonstrated an awareness of this. One staff member told us, "We have had MCA training. We have to assume people have the capacity to make decisions."

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

- The provider had an equality and diversity policy in place, but this did not include details about how to support people from the Lesbian, gay, bisexual and transsexual (LGBT+) community. Care plans also did not have a section about this. We discussed this with the registered manager and director of operations, who told us they would discuss this with senior colleagues to make the necessary improvements.
- Staff received training in equality and diversity and demonstrated a good understanding of this. People's religious and cultural needs were recorded in their care plan. The registered manager told us, "We have created a religious festivals folder to prepare for people's needs. At the moment, people don't have particular needs in this area, but we would get involved if they wanted us to."
- Staff recorded the support they gave people at each visit on 'visit report sheets'. We viewed a sample of these and saw they were written in a respectful and person-centred way, using people's preferred names. Staff recorded care tasks but also how the person was, and if there were any concerns.

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

- Senior staff conducted regular home visits to people to find out if they were happy with the service they received and if there were any concerns and these were recorded. We viewed a range of home visit monitoring forms and saw evidence that people were happy with the service. Their comments included, "Very happy", "I love my care workers" and "Everything is good."

Respecting and promoting people's privacy, dignity and independence

- People's choices and wishes were recorded in their care plans and respected. People and relatives told us the care workers knew their individual needs and met these.
- Staff we spoke with demonstrated they cared for people and valued and respected them. One staff member told us, "I like visiting a client, nice to leave them clean, with food and their medicines given. It's nice to go home and know you have helped somebody."
- Staff demonstrated they knew how to promote people's dignity and privacy when providing personal care. One staff member told us, "During bathing or bed bath, I ensure the door is closed, curtains are pulled and the person is covered up while washing other parts."
- The registered manager told us they monitored closely how people were supported. They said, "We meet on a one to one basis with staff and ask how they meet people's needs, their privacy and dignity etc. They have training in this. We do memos, we talk about dignity, respect and confidentiality with staff. Care plans

are detailed. It's about communicating with the staff. There is a three-month development programme with new staff so we cover everything. Our carers are good. The director of operations added, "We do competency checks, our spot checks help as well. Our induction training is here, not on line."

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 requires improvement. At this inspection this key question has now improved to good.

This meant people's needs were met through good organisation and delivery.

Improving care quality in response to complaints or concerns

- At our last inspection, some people and relatives told us they did not always feel listened to when they had concerns. At this inspection, we found that improvements had been made.
- People we spoke with told us they had felt listened to when they had made a complaint. Their comments included, "I have made complaints to them. The office has very understanding people", "We have had a concern and rang the office, they did respond", "I have not really had any complaints, never had to contact the office" and "I have not needed to complain. The carers are wonderful people who work very well. I recommend this particular company."
- There were a complaints policy and procedures and people were aware of these. The provider kept a log of all complaints they received, which included the name of the complainant, date received, overview of the complaint and outcome. We saw evidence that complaints were taken seriously and responded to in a timely manner, and in line with the provider's policy and procedures.

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

- People's care plans were developed from the initial assessment. They were detailed, person-centred and written in the person's point of view. Care plans were divided in sections which covered every area of the person's needs, such as mobility, communication, washing and bathing including oral hygiene, dressing and grooming, pressure area care and communication. Each area stated the current situation regarding the person's needs, what assistance was required, and any equipment needed. Care plans also contained details of each visit, how the person wanted their care and important requirements.
- Staff told us the care plans were informative and provided them with all the information they needed to support people. One staff member stated, "I think the care plans are good and give me the information I need. If I found changes had happened, I would speak to the office and we would have a review and update the care plan."
- Care plans contained the person's life history. This recorded their likes and dislikes, former occupation, background and family and hobbies and interests. This helped ensure staff who supported the person knew their preferences and were able to meet these.
- People who used the service had a 'All about me' booklet, to inform emergency services staff and others in the event of a hospital admission. These described basic details about the person, their medical needs, family members contact details, and personal needs such as religion and beliefs, mobility, communication needs and any other requirements.

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 recorded and met. Where possible, people were matched with care workers who spoke the same language, to facilitate communication and rapport. For example, a person was allocated a regular Punjabi speaking care worker and had developed a trusting and pleasant relationship with them.
- Most people lived with relatives who provided information and support to care workers in relation to communicating with their family members.

End of life care and support

- Care plans contained details about people's end of life wishes and how they wanted to be cared for at the end of their life. For example, one person wished to be cared for in their home until the end. At the time of our inspection, the agency supported one person with end of life care.
- The provider had developed an 'end of life team'. This was made up of a group of care workers with an interest in this area of care. They had received end of life care training and were allocated to people when they needed end of life care. The director of operations told us, "We do this to keep continuity throughout as its important to build up trust with the service user and carers at a very critical and vulnerable time."
- Staff were provided with a booklet containing all necessary information about end of life care so they knew how to provide support to people when they reached that stage. This included the end of life policy and procedure, religious practices, grief and loss and support for staff.
- People were provided with a 'service user guide' which contained information about the care of dying people and bereavement services. They were also encouraged to complete a Preferred Priorities for Care (PPC). This was a document whereby a person's preferences and priorities for care at the end of their life were recorded.

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 requires improvement. At this inspection this key question has now improved to 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

- At our last inspection, we found that feedback from people and relatives was not always positive. At this inspection, we found that improvements had been made.
- People and relatives spoke positively about staff and management. They told us the registered manager was approachable and most knew who [they were]. One person stated, "[They are] really nice. Comes now and again" and another said, "I do know the manager. I am impressed on how they have regular training for their staff."
- Staff told us they felt supported by the management and could contact them at any time. Their comments included, "I get a lot of support from the managers. I love it. You can come and talk to them. They will help you progress if you want to", "The manager is the best I have ever worked with. That makes a very big difference" and "I feel more supported now with the new manager. [They] offer more time."
- Staff told us there was good communication and teamwork and this contributed to a happy and good service. One staff member stated, "I think the service is better now, there is less stress because we work better together. It's all about teamwork." A senior staff member agreed and said, "I like to come to work. I like our team. We always communicate. I love this company."

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

- At our last inspection, we found that the provider's systems for monitoring the quality and effectiveness of the service had not always been effective and audits had failed to identify the issues we found during our inspection. At this inspection, we found that improvements had been made.
- The provider had effective monitoring systems in place. We saw that where internal audits identified concerns, prompt action was taken to rectify these. For example, where several issues had been identified in relation to MAR charts and daily logs, staff had been written to, listing the issues, expectation for improvement, and information about disciplinary action to be taken if this did not improve.
- There were regular audits including audits of people's care files, and monitoring forms. We saw that where concerns were identified, prompt action was taken. For example, when it was found that some staff were not always completing a person's skin integrity chart, this was addressed with the relevant staff member and checked frequently to ensure they made the necessary improvements.
- There were regular unannounced spot checks of the care workers in people's homes, to help ensure

people received the support they needed in line with their care plans. Where there were concerns, these were recorded and action was taken with the relevant care worker, for example, additional training and supervision.

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

- The registered manager understood their duty to report any accident or incident, to take appropriate action and to offer an apology if necessary. They demonstrated they knew they had a legal requirement to notify the CQC and did so as necessary. They told us, "We have to act when we realise there is an issue. Such as the data protection breach. We had to tell the family immediately, tell the local authority etc. We are open and transparent. We had to take action straight away."

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

- There were regular staff meetings taking place. Minutes of these were recorded and kept. We saw important subjects were discussed, such as the principles of the MCA, to help remind staff. Other subjects discussed included staff surveys, completing MAR charts, daily logs, identifying potential risks, reporting changes and the importance of visiting people as planned. Staff signed an attendance sheet to indicate they agreed and understood what had been discussed.
- People were consulted via quality questionnaires, to obtain their feedback about the service and the care they received. These were analysed and the outcome was communicated to the people who used the service. Where improvements were needed, the provider had an action plan to help ensure improvements were made. Staff were also consulted. The provider had issued questionnaires in December 2019 and was awaiting the outcome of these.
- The provider kept a log of compliments they received from people and relatives. We viewed a range of these. Comments included, "[Care worker] is a brilliant carer", "[Person] is very happy with [Care worker] and would recommend Westminster Homecare to anyone that needed care services" and "[Care workers] expressed a high level of care that went above and beyond their job role. My [family member] looked forward to their visits very much. They are a credit to your company and valuable staff members."

Continuous learning and improving care; Working in partnership with others

- The registered manager had been in post for one year. They told us they ensured they kept up their knowledge and skills by undertaking relevant training whenever they could. They said, "I attend a lot of events, Hounslow [local authority] invite us to a lot of events, such as safeguarding for providers. They also enrolled me in a management and leadership programme, which I have now completed. It was quite intense. I keep up to date with everything."
- The registered manager met with other providers regularly and attended events organised by the local authority. They kept themselves involved and informed of all developments within the social care sector. They shared relevant information with the care workers, so they felt informed and valued.
- The director of operations ensured they shared important information and developments with managers to help ensure they were kept informed. They told us, "I share information with providers. We do look as a company how to improve stuff all the time. We implement across the company. I cascade information down to the managers."