Care Quality Commission

Westminster Homecare Limited

Westminster Homecare (Cambridge)

Inspection report

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Date of inspection visit: 02 and 04 June 2015
Date of publication: 06/07/2015

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

Overall summary

Westminster Homecare (Cambridge) is registered to provide personal care for people living in their own homes. The service is provided to people in and around the city of Cambridge and towns of Huntingdon, St Ives and surrounding villages. The service provides personal care for approximately 130 people.

This unannounced inspection took place on 02 and 04 June 2015.

This was the first inspection of this service.

The service had a registered manager in post. They had been a registered manager since September 2014. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the

Summary of findings

service. Like registered managers, 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.

The provider ensured that only suitable and qualified staff were offered permanent employment at the service. This was through a robust recruitment process. There were a sufficient number of suitably experienced staff. An induction process was in place to support and develop new staff.

Staff had their competence regularly assessed to ensure they safely administered people's medicines. Staff were trained in medicines administration and protecting people from harm. Staff had a good understanding of what protecting people from harm meant and how to report any safeguarding incidents and concerns.

The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. We found that the registered manager and staff were knowledgeable about when a request through the Court of Protection for a DoLS would be required. We found that no applications to lawfully deprive people of their liberty were required but the registered manager and staff were very knowledgeable about when and what action to take if this was required. People's ability to make decisions based on their best interests had been clearly documented to demonstrate the specific things people could make decisions about.

People's care was provided by staff who always respected their privacy and dignity. People were provided with care that was compassionate, caring and supportive of their choices and preferences. People were informed if there were changes to care staff and visit timings.

People's care records were kept up-to-date, with the information and guidance staff required and were easy to follow. People were involved as much as possible in their care planning and were supported by advocates or relatives when this was necessary.

People were supported to access a range of health care professionals including community nurses or their GP if they wished or if staff identified a need. Prompt action was taken in response to the people's changing health care needs. Risks to people's health were managed in response to each person's assessed risks and needs.

People were supported to have sufficient quantities of the food and drinks they preferred and staff encouraged people to eat healthily. People were supported with a diet which was appropriate for their needs including soft food diets to ensure they remained safe with their eating and drinking. Health care professional advice was followed and adhered to.

Information, guidance and advice was provided to people, family members or their relatives on how to raise a concern or make compliments. Staff knew how to respond to any reported concerns or suggestions. Effective action was taken to address people's concerns and to reduce the risk of any potential recurrence.

The provider and registered manager had audits and quality assurance processes and procedures in place. Staff were supported to develop their skills, increase their knowledge and obtain additional care related qualifications. Information gathered and analysed was used to drive improvement in the service provided.

Summary of findings

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.

A sufficient number of staff were employed to meet people's needs. A thorough recruitment process ensured that only suitable staff were offered employment to work with people using the service.

Staff knew what protecting people from harm meant and how to safeguard them. This included the reporting procedures to follow if any abuse was suspected or identified.

Medicines were administered safely by trained staff whose competency to do so had been regularly assessed.

Good

Is the service effective?
The service was effective.

People were supported to eat and drink sufficient quantities of the choices they preferred.

People were supported by staff who had received training in health care related subjects and whose competency had been assessed.

Staff took prompt action to address changes to people's assessed health conditions. Guidance from health care professionals to meet people's health care needs was followed.

Good

Is the service caring?
The service was caring.

People's care records were detailed and provided staff with the information and guidance to support people.

People's care and support was provided by staff in a compassionate way which people responded well to.

Staff respected people's rights to privacy and dignity.

Good

Is the service responsive?
The service was responsive.

People's concerns were sought before they became a complaint. Any complaints were investigated and action taken to help reduce any potential for recurrence.

People were given opportunities to be involved in their care planning as much as possible.

People were regularly consulted about the quality of their care and prompt action was taken, steps and measures were implemented to help ensure that any changes made were effective.

Good

Is the service well-led?
The service was well-led.

People were involved in developing the service through quality monitoring. This was by the registered manager and other management staff spending time visiting or contacting people in their homes.

Good

Summary of findings

Improvements were made where these were required. Proactive measures were in place to develop good practice and share this with all staff.

The registered manager and staff were supported in a consistent way to maintain an open and honest culture in the service and help drive improvements.

Westminster Homecare (Cambridge)

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 took place on 02 and 04 June 2015 and was completed 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. We gave the provider 48-hours' notice before we visited. This was to ensure that the registered manager and staff were available to facilitate the inspection and to ensure people knew we would be contacting them.

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 also looked at information we held about the service including statutory notifications. A notification is information about important events which the registered manager is required to tell us about by law. We also spoke with, and received information from, the service commissioners and the local safeguarding authority.

We observed how staff interacted with people. During the inspection we visited and spoke with two people in their home and we also spoke with 10 other people by telephone. We spoke with three relatives. We also spoke with the registered manager, five care staff including seniors, care co-ordinators and supervisors.

We looked at seven people's care and medicine administration records. We looked at records in relation to the management of the service such as quality monitoring records and staff meeting minutes. We also looked at staff recruitment documents, supervision and appraisal processes and training records, complaints and quality assurance records.

Good

Is the service safe?

Our findings

People told us they always felt safe with the standard of care provided. One person said, I feel safe because I get regular care staff and they are normally on time, traffic or weather permitting" and "The staff know me well enough now but the [registered] manager lets me know if new staff are going to be starting." Another person said, "I have two carers, always two, and sometimes they say this is a new one and introduce them to me. They have never let me down."

Staff had received regular safeguarding training and demonstrated a thorough understanding of what protecting people from harm meant. This included the signs they needed to be aware of, what harm to people meant and who to report these concerns to. The registered manager had completed management level qualifications in safeguarding. This helped them to support staff improve their understating of what protecting people meant. Information on the contact details for reporting agencies and safeguarding authority was displayed in the office and guidance was provided to people and staff in handbooks. This was to help people or their relatives' access information on what safeguarding people meant. Staff told us that if ever they had to report any poor standards of care (whistle-blowing) they would not hesitate to do this. They also said that they would be fully supported by management from the provider. This showed us that the registered manager and provider had measures in place to support staff and help ensure people were kept as safe as possible.

Where people had been assessed to have risks, such as diabetes, choking risks or a need for feeding through non oral methods we found that appropriate steps had been taken to reduce these risks. These included providing people with soft food diets, staff training on how to support people with non oral eating and drinking and eating a low sugar diet. This was to help reduce any adverse effects of their condition or swallowing and choking risks.

Risk assessments had been completed by staff who knew people and their care needs well. This was to help ensure that the risks to people were safely managed. For example, by ensuring equipment people needed was in place. A record of all accident and incident information, such as falls or missed calls was collated by the registered manager who monitored these for trends. Action had been taken to ensure staff, as far as possible, ensured the risk of falls was managed safely and effectively. For example, by supporting people at a safe pace and ensuring people used the equipment provided correctly. Where staff's performance was not up to standard appropriate action was taken to ensure a safe and reliable standard of care was provided.

Plans were in place to support people in the event of an emergency including loss of power at the service's main office. Environmental risk assessments helped ensure that people's homes were kept as tidy and safe as possible.

Wherever possible people were informed if their call was to be delayed and the reason for this. Examples included inclement weather or staff sicknesses. Staff told us that they had the time for travel between each person and that visits and timings for these were achievable. One person said, "The staff are normally on time and have never forgotten about me." Another person said, "They [office staff] tell me if the staff are ever going to be late and when they are going to arrive.

The registered manager told us that prior to people using the service an assessment of their needs was completed. This was to ensure that a sufficient number of staff, or capacity based on current staffing, could safely meet these people's needs. This included any need for two care staff to assist people safely with their moving and handling. We saw that new staff were being recruited to meet a planned increase in people using the service. There were also new care staff in the process of their induction. The registered manager went on to say that staff were used from their own staff bank and this helped ensure a consistent standard of care.

Staff told us and we saw the checks they had been subjected to in order to confirm their suitability to work for the service. These checks included evidence of satisfactory previous employment and explanations for gaps, photographic identity and a Disclosure and Barring service check for unacceptable criminal offences. Staff told us that their induction was over a number of weeks and that with shadowing they were only allowed to work on their own when they felt confident. Other senior staff confirmed that they were now involved in the interview process to ensure that only the right staff were recruited for each role. This was to ensure that the registered manager and provider only offered staff permanent employment after appropriate checks had been satisfactorily completed.

Good

Is the service safe?

Staff had been trained by the local authority in safe medicines administration. We found that people were safely supported with their prescribed medicines by staff whose competency had been regularly assessed. This was to ensure a consistent and safe standard was adhered to. One person said, “I am always reminded to take my medicines; the staff wait until I have taken them.” We saw that there were procedures in place for the safe administration of people’s medicines. Staff told us that the training was thorough and that it kept their medicines administration skills current and based on good practice. Guidance was provided to staff on people’s allergies and medicines that had to be taken at a particular time of day was clear and available to staff. This showed us that people were safely supported with their prescribed medicines.

Good

Is the service effective?

Our findings

People told us, and we found, that they were supported by experienced care staff who knew them and their support needs well. One person said, "They [staff] tell me when a new carer is starting and that helps me prepare in case they need some guidance." One person was complimentary about how well they had got to know their regular staff. They said, "I really get on with [name of staff] but all the girls are good."

We were told and saw that care staff ensured they always obtained consent from each person before providing any care or support. One person said, "It would be nice to get the [name of staff] all the time but I know I have to have other staff especially at weekends." The registered manager told us, and care staff confirmed, that wherever possible people were matched with staff who had a good understanding of their needs. This helped people with their care and also how effective staff were in the time they had to spend with each person.

Staff told us that the service's training was thorough, that face to face and classroom training helped them gain a better understanding of the subjects covered. The records of staff training and qualifications we looked at showed us that training was planned in advance and for when staff were available. Some staff had been nominated as 'champions' for various subjects and they had an enhanced level of learning. This was to help guide other staff on dignity, dementia care and specialist subjects such as diabetes care. Staff were made aware of changes in care practice and were supported to gain additional health care related qualifications. Some staff had already commenced the new Care Certificate which provided a documented record of training and learning achievements. This showed us that staff were supported with their learning and training.

Training which was considered by the provider to be mandatory for all staff included subjects such as medicines administration, practical moving and handling, safeguarding people and Control of Substances Hazardous to Health. The agency's qualified trainer covered the provider's other services and any changes in care practice was shared quickly. This was through text messages, meetings and a monthly newsletter. One person said, "Yes, their training is very efficient and they know everything [about my needs]."

Staff told us about their induction which lasted several weeks including a probationary period. They said, "It was a really comprehensive induction; I was tested on each part until I fully understood each subject." The registered manager confirmed that staff were supported with regular formal supervision, annual appraisals and any additional mentoring as deemed necessary to develop staff's knowledge. Staff told us that they had regular supervision sessions and that these were an opportunity to put forward their views. One care staff said, "I am a persistent person and I won't let things go until they are resolved." Staff also told us that if people's needs changed and there was a need for additional training, this was provided. One person said, "The staff know what they are doing and although they have a job to do, we also have a laugh." The registered manager and supervisory staff told us that they also regularly provided day to day support and mentoring to staff including working care shifts with them. This was to keep their skills up-to-date whilst ensuring the correct standard of care provision was maintained.

We found that the registered manager and those office staff who managed staff had a sound knowledge and thorough understanding of clarifications in the law regarding the lawful deprivation of people's liberty. They knew when an application may be needed and also where people's capacity to consent to their care needed to be based on what was in their best interests. Staff knew when people were able to make specific decisions about agreeing to their care and when to respect people's wishes. This showed us that staff, appropriate to their role, had a good understanding about what the implications of the MCA and DoLS meant for each person.

Meal and drink options which people preferred and the time of day they preferred these were recorded. We saw that people were offered choice and also reminded to drink sufficient quantities. One person said, "It hasn't been hot [weather] recently but I am always left with a drink I can reach; I don't eat big portions but the staff make sure I eat enough. If I am feeling a bit off they ask how I am and if I want something else." Records showed that people were supported with diets appropriate to their religious beliefs. Another person said, "I never go hungry and they will get me anything I ask for." We saw and people told us that they were supported to eat healthy food options but people's preferences were respected regarding what they wanted to eat.

Good

Is the service effective?

During our visits to people in their homes people told us and we saw that they were supported to eat at a relaxed pace in the place of their choosing. One person said, "I need staff to prepare and serve my meals and they do this exactly as I like." We saw that staff respected people's abilities to be independent with their eating and drinking.

People told us, and we saw, that they were supported to access health care professionals including community nurses or a GP when needed. One person said, "They are doing it very well and last week they said that I should make an appointment with the GP as [my health condition] had worsened and I went to see the GP and he said that it was good that they had told me to go and see him." One relative said, "My [family member] has gained the right amount of weight now they are at home." This was due to the care provided by the agency.

People were kept informed about their health care needs and information was passed to relatives if people wanted this. A relative said, "I have no worries about [family member] they have got so much better since they have been cared for by the agency." People could be confident that staff would identify concerns with their health and make timely referrals for health care assistance.

Good

Is the service caring?

Our findings

People's care and support needs were met by staff who knew them well. Staff were seen to support people in a way that people wanted whilst respecting their independence. One example we observed included staff ensuring people being supported to access their newly acquired walking aid; and that this was done at the person's chosen pace. One person said, "They definitely treat me with respect and are very careful when I am being washed and dressed and they take a great deal of care. They use a towel when I have a wash on my bed – I am well covered." Most people told us that they were informed which care staff they would be supported by each day. However, two people told us that this was not always done in time.

One person told us, "They always knock even though I may have left the door open. All the girls are good. We talk about all sorts as this helps reduce my anxieties during personal care." People confirmed that staff always made every effort to protect their dignity using towels appropriately and closing doors. We found that where people were involved in their moving and handling that this gave the person more dignity at a time they need their own privacy. One person said, "They encourage me when I get out of bed, I can stand and I can move and they encourage me to move."

People's care plans contained detailed guidance and information about what people's preferences and wishes were. We found that staff were knowledgeable about these preferences. For example, how people liked to have their creams applied and where they wanted their personal care to be provided. One person said, "I have regular carers and one that fills in on holiday and they all know me and are extremely good carers and they take great care with me with my creams daily and they are careful and they don't rush me when I am not feeling too good and they take more time – they are brilliant carers." In addition, if a person's relative was involved with the care this was clearly identified. This meant that where new staff used people's care plans, people could be assured that the care plan would assist staff to meet people's needs in the way the person wanted. Independent advocacy arrangements were available through Age UK. This was for those people who could not 'speak up' by, or for, themselves. However, most people's relatives or friends acted on their behalf.

People had provided information about their lives and what they liked or disliked and then signed their care plan to confirm it was acceptable. Where a relative signed for the person this was recorded and also the reason for this. This ensured that people's life histories were used to inform each person's care in an individualised manner. The registered manager told us that people's care plans were kept up to date by senior care staff and those with specific responsibilities for quality monitoring. We found that these had been completed and updated regularly or more urgently where this had been required. This was to ensure that people's care was based upon their most up-to-date care needs.

People told us that staff promoted confidentiality and did not talk about other people, especially where two staff cared for that person. One person said, "I never hear them say anything about other people."

Good

Is the service responsive?

Our findings

As part of people's assessment of their needs the registered manager used the Single Assessment Process (SAP) as provided by the local authority. In addition to the SAP the registered manager completed a full assessment of the person's home and their needs. This was to ensure that the service was able to meet these needs. Relatives who were responsible for acting on people's behalf told us that they were always involved in reviews of their family member's care including the things that were important to them. For example, watching TV, knitting sewing and reading. One person said, "I know who to contact if I ever had an issue which I have never had."

Responses to people's complaints and concerns were acted upon within the timescales determined by the provider. We found that regular contacts with people helped prevent a concern becoming a complaint. This proactive approach helped maintain people's confidence in effective actions being taking and reduced anxieties people may have had. People told us that there concerns had been dealt with and there had been no further occurrences. Actions taken included changing the time of when people's care was provided, reminding staff of their responsibilities and ensuring medicines records were completed accurately. One person told us, "[Name of registered manager] visits when required; We went through the staff we preferred not to have and things are now the way we want."

People's life histories and things that were important to them including responding sensitively to people's religious, spiritual beliefs and values were recorded. People's care records showed that people's preferences were respected. This information was then used by staff to gain an understanding of what was really important to each person as an individual. Examples included, supporting people with a person who spoke their language. Staff told us that if ever there was a need to provide care staff of a particular gender then this was always accommodated. One person said, "[Name of staff] regularly call. I get a visit every three months I think and we talk through my care plan." A relative said, "As [family member] improves the care plan is changed when there is a need to reflect how [family member] is getting on." Another person said, "The support staff have given me has enabled me to maintain family visits. It's never a problem seeing them even if staff are here."

A complaints procedure and policies were in place to support people to raise concerns. People were provided with a service user guide. This gave information and contact organisations people could access if their concerns were not responded to, to their satisfaction. These included the Local Government Ombudsman. One relative said, "I have never needed to complain as such. I just ring the office and they usually get back to me quickly with an answer." People could raise more general concerns during their regular visits by management staff from the service. This was to reduce complaints and address concerns effectively.

Records of concerns and monitoring of these showed us that the provider ensured that an audit trail was available to learn lessons or good practice where each situation was resolved. One person said, "I have spoken to [name of staff] in the office" and "They are both good girls and they said that they would sort out the call for 7.45am and it is better now and they come between 7.30am and 8.00am." This showed us that people's views, compliments, comments and concerns were sought and used as a way to drive improvements.

Good

Is the service well-led?

Our findings

We found and people's views were sought about the quality of care they received. This was by telephone contact or by senior care staff visiting people. This was to obtain people's views and satisfaction of the quality of care they had received. People knew who and how to contact the main office and the provider if required. A relative said, "They [the agency] are only a phone call away; we can and do call about thing as soon as something needs sorting out. One person said, "I don't think they could improve anything" and "I cannot speak too highly of them. "I would recommend them to everyone."

The registered manager attended regional managers' forums from the provider's other agencies. They also attended the local authority's training steering group to help determine the minimum standards of training required in the East of England. The regional managers' meetings were an opportunity to share good ideas and also what worked well and not so well. The registered manager told us as part of this they had plans to provide more management training for those staff in the office who would benefit from this.

Staff confirmed that they were supported with supervision, annual appraisals and also on-going development opportunities such as gaining additional qualifications. The registered manager told us that they had regular visits from their operations' manager who gave advice and support on the areas they had identified a need for improvement. This was to help ensure that staff accurately reported and recorded the expected number of incidents for the number of people that were provided with personal care. This information was then used to put measures in place to help prevent the potential for any recurrence.

People were regularly asked about their views on the quality and standard of care they received.. This was by a variety of methods including visits to the person, telephone monitoring and also on a one to one basis. One person said, "They usually come and go over everything with me and my daughter…a review twice a year." The registered manager told us that this enabled them to fine tune people's care provision and getting feedback from people as soon as possible after any events had occurred. One person said, "I have seen people from the office when they have come out and they are all helpful" and "I am quite happy with them." Audits were used to drive improvement on subjects including medicines administration. For example, ensuring that staff recorded administered medicines correctly. We saw that there had been a reduction in recording errors in the past two months as a result of closer monitoring and staff supervision. This was also to identify if development or further spot checks or more formal actions were required.

We saw and staff told us that they supported people to maintain links with the local community which included supporting people to follow their chosen faith. This also included seeing or being seen by, relatives or friends and going out. One person said, "I do go out whilst I have my independence." This was as a result of the support the agency had provided this person.

Staff told us that the registered manager had an 'open door' policy regarding what and when staff could raise anything that affected or had the potential to affect their work. One care staff said, "I have recently needed a lot of support and the [registered] manager has been there for me. Nothing has been too much to ask." Staff told us that the registered manager was generally good at communication. This included the use of staff rotas, a monthly newsletter, reminder cards and text messages that were related to the values and beliefs of the service and that these were adhered to. One care staff said, "One of the good things about working here is that any concerns are addressed quickly. For example, when I identified a need to change a person's care or increase their care this was acted upon."

Staff told us that the new trainer was very thorough and training was now at a pace they were comfortable with. They also told us that this is one area which has improved significantly. All staff confirmed that they supported each other and that the register manager was good at putting measures in place to improve the quality of service provided.

The registered manager had notified the CQC of all events that they are, by law, required to do so. We found that they had done this correctly. Untoward incidents which affected people's safety such as falls or missed calls had been thoroughly investigated and effective action taken or planned to reduce the potential for further occurrences. This was confirmed by people and staff we spoke with and records we looked at.

Good

Is the service well-led?

The registered manager had introduced additional staff roles to ensure that the quality of care was not just maintained, but constant improvements were strived for. We saw that staff meetings, for all staff groups, were used as an opportunity to remind staff of the standard of care required. Such as, treating people with dignity, supporting their freedom and providing excellent care. And, to help identify any areas for improvement. An example of the issues staff could raise or be reminded of included empowering staff in making decisions about people's care they had responsibilities for. This showed us that the registered manager considered people's and staff's views about improving the service.