Westminster Homecare Limited

Westminster Homecare Limited (Luton)

Inspection report

Suite 105, Plaza 668
Hitchin Road
Luton
Bedfordshire
LU2 7XH

Tel: 01582733102
Website: www.whc.uk.com

Date of inspection visit:
18 January 2021
19 January 2021
20 January 2021
21 January 2021

Date of publication:
05 February 2021

Ratings

Overall rating for this service	Inspected but not rated

Is the service safe?	**Inspected but not rated**
Is the service responsive?	**Inspected but not rated**

Summary of findings

Overall summary

About the service
Westminster Homecare Ltd (Luton) is a domiciliary care agency providing personal care to people in their own home. At the time of the inspection the service was supporting 144 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 said they felt safe. Some found changes to regular staff teams unsettling but understood the registered manager was trying to cover absences due to the impact of the COVID-19 pandemic.

People had detailed risk assessments in place and staff told us that staff understood their needs and how to support them in ways they preferred. Staff had a good knowledge of the risks related to people's health conditions and had received training and support to develop their skills in this area.

People's care plans were person-centred and included information about the person's history, health needs, preferences and social relationships. Staff felt there was enough information in people's care plans to be able to provide safe and personalised care.

The staff team were not currently supporting anyone receiving end of life care, however, there were relevant policies in place and a number of staff trained in this specialism should it be required.

Staff were able to demonstrate a good understanding of the extra care, support and considerations required to support people and their relatives in a dignified and pain-free way at the end of their life.

We made a recommendation about improving how communication needs are supported and recorded.

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

Rating at last inspection and update
The last rating for this service was requires improvement (published 10 October 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 and the provider was no longer in breach of regulations.

Why we inspected
The inspection was prompted in part due to concerns received about the quality of care and safeguarding processes. We also planned to review the outcomes of the concerns identified at the previous inspection in

relation to risk management and person-centred care. A decision was made for us to inspect and examine those risks.

We found no evidence during this inspection that people were at risk of harm from these concerns. Please see the safe and responsive sections of this full report.

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?

Inspected but not rated

At our last inspection we rated this key question requires improvement. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Is the service responsive?

Inspected but not rated

At our last inspection we rated this key question requires improvement. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Westminster Homecare Limited (Luton)

Detailed findings

Background to this inspection

The inspection
This was a targeted inspection to check whether the provider had met the requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 regulation 12, Safe Care and Treatment and to review concerns we had about risk management and the quality of person-centred care.

Inspection team
This inspection was carried out by two inspectors.

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 provider or registered manager would be in the office to support the inspection. Inspection activity started on 18 January 2021 when we visited the office location and ended on 21 January 2021.

What we did before the inspection
The provider was not asked to complete 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 reviewed information received from external sources and notifications sent in to us by the provider. 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 six people who used the service and three relatives about their experience of the care provided. We spoke with six members of staff including the registered manager, field supervisors, senior care staff and care workers. We reviewed a range of records. This included eight people's care records. We looked at a variety of records relating to the management of the service, including policies and procedures. We looked at training data and quality assurance records. We spoke with three professionals who regularly visit the service.

Inspected but not rated

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. We have not changed the rating of this key question, as we have only looked at the part of the key question we had specific concerns about.

The purpose of this inspection was to check if the provider had met the requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 regulation 12, Safe Care and Treatment and to review concerns we had about risk management and safeguarding processes. We will assess all of the key question at the next comprehensive inspection of the service.

Assessing risk, safety monitoring and management;

At our last inspection, systems were either not in place or robust enough to demonstrate risks were effectively managed. Risk assessments were inconsistent or not in place at all. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

● People and relatives told us they had confidence in the skills and training of staff to safely meet the risks related to each individual. Staff told us they felt the risk assessments contained enough information to understand how to manage risks in-line with people's preferences.
● Each person had a detailed risk assessment plan in place incorporated within their main care plan. All risks had been identified and information included details of the type of equipment if required and how to manage the risk in a way that met the person's individual preferences.
● The registered manager took action to refer to a specialist for advice or treatment where this was required. Staff were also supported with specialist training such as Dementia awareness, pressure ulcer care and catheter care. This meant people were supported by staff who had knowledge about the risks related to their health conditions.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong
● Records showed that agreed visit times were not always on time and staff did not always stay for the full amount of time allocated. However, people were happy with the care times and told us staff were mostly on time and always called to tell them if they would be late. They went on to confirm that staff never made them feel rushed and always finished everything they needed.
● We discussed call visit times with the registered manager. COVID-19 has had some impact on call visit times due to the extra time staff require to take on and off PPE. However they will review this to ensure people receive care at the agreed times and for the full length of time allocated.
● People told us they felt safe when supported by the staff and were happy with the care provided. One

person said, "[Staff] make me feel safe because when they come in we get talking…they never make me feel rushed." A relative told us, "[My family member] likes the carers, it is more of an interactive experience, they sit and talk to [My family member] and joke around, they always tell me the staff are so funny and make them laugh."

● This inspection was in part to review safeguarding processes following concerns that had been raised. We found that the provider had appropriate systems and processes in place to safeguard people. The registered manager had implemented policies and processes for identifying and monitoring concerns. Action plans were used and each incident was analysed for patterns and lessons learnt. This information was then shared with the staff team through supervisions, company media and newsletters to ensure they were aware of best practices and to reduce the risk of repeated incidents.

● Staff had a good understanding of how to keep people safe, different forms of abuse and how to report concerns. One professional told us staff did not always complete records consistently when recording incidents. The registered manager was aware of this and had held meetings with the staff involved to address the concerns. The registered manager had arranged for additional training and support to ensure staff were recording incidents and care notes correctly.

● Staff were aware of lessons learnt being shared and told us about examples such as ensuring key safe codes were changed and best practice for manual handling procedures were followed.

Inspected but not rated

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. We have not changed the rating of this key question, as we have only looked at the part of the key question we had specific concerns about.

The purpose of this inspection was to review concerns we had about the quality of person-centred care. We will assess all of the key question at the next comprehensive inspection of the service.

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

- Some aspects for the care plan would benefit from further development, this included expanding on some aspects of personal history and likes and dislikes to enable a fuller picture. This can be helpful when prompting staff to act in a way that values people and promotes dignity in care. This can also support good engagement.
- One other area of the care plans that required reviewing was communication. One person, who did not speak English, had a care plan which stated they used sign language. In discussion with the registered manager, this was actually gesturing and body language. The care plan did not record what gestures were used and what they typically meant. This meant staff did not have clear guidance of how best to communicate directly with this person.
- We discussed this with the registered manager about how further work could be done to have clearer records of the meaning of the person's gestures. This would reduce the need to rely on relatives to translate and ensure the person could be directly included in their care.

We recommended the provider consider current guidance on accessible communication methods and communication care plans and take action to update their practice accordingly.

- People told us staff understood their preferences and knew how to support them. One person said, "[Staff provide everything how we want it, anything we have needed differently we can ask and they will change it." A relative told us, "[Staff] empty the bins for [My family member] anything they ask staff they do it. [Staff] will make them tea and toast and ask what else they want staff to do and do things the way they like it."
- People had individual care plans which were very detailed and broken down into sections to make it easier for staff to find what they needed. The care plans detailed conversations with people about their likes and dislikes such as, "uses a yellow scrunchy in the bath". This also included preferred types of products, interests and routines.
- The registered manager provided evidence of people's involvement in reviews of their care. This had mainly been completed via telephone calls and emails since the COVID-19 pandemic to reduce risks of

infection in people's homes. However, some face to face reviews had taken place. We saw one person had made a suggestion in their review of a change of care visiting times and we observed in subsequent care notes this had been implemented.

End of life care and support

● The registered manager and staff team told us they were not currently supporting anyone receiving end of life care. However, there were policies and procedures in place should this be needed. Staff training records showed that a number of staff had received additional training in end of life care.

● One staff told us how important it was to be aware of the extra care required to ensure care provided was sensitive to people's needs. They said, "We had training for end of life care, I did an NVQ 3 in that. You have to be very patient as it is a lot of emotional support with the family as well. You need to show respect, ensure dignity and support different beliefs."