Westminster Homecare Limited

Westminster Homecare Limited (West London)

Inspection report

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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

This inspection took place on 17 May 2016 and was announced.

We gave the provider 48 hours' notice because the location provides a domiciliary care service and we needed to be sure someone would be available.

The service was last inspected on 1 November 2013 and at the time was found to be meeting the regulations we looked at.

Westminster Homecare Limited (West London) is a domiciliary care agency which provides personal care for people in their own homes. At the time of our inspection, there were 178 people using the service. Most people using the service were receiving funding from their local authority, either Hounslow or Ealing, and a few people were funding their own care.

People who received a service were all older people and included those with physical frailty or memory loss due to the progression of age whilst others were living with the experience of dementia or had mental health needs. The frequency of visits varied from one to four visits per day depending on people's individual needs.

There was a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission 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.

The risks to people's wellbeing and safety had been assessed, and there were detailed plans in place for all the risks identified.

There were procedures for safeguarding adults and the care workers were aware of these. Care workers knew how to respond to any medical emergencies or significant changes in a person's wellbeing.

Feedback from people and their relatives was positive. Most people said they had regular care workers visiting which enabled them to build a rapport and get to know them.

People's needs were assessed by the local authority prior to receiving a service and support plans were developed from the assessments. People had taken part in the planning of their care and received regular visits from the care coordinators or the field supervisor.

People we spoke with and their relatives said that they were happy with the level of care they were receiving from the service.

The registered manager was aware of their responsibilities in line with the requirements of the

Mental Capacity Act (MCA) 2005 and told us that the newer staff had received basic training in this during their induction. They told us they were planning more in-depth refresher training for all staff.

Records showed that people had consented to their care and support and had their capacity assessed prior to receiving a service from Westminster Homecare Limited (West London). The registered manager told us that all the people currently using the service had capacity.

There were systems in place to ensure that people received their medicines safely and the care workers had received training in the management of medicines.

The service employed enough staff to meet people's needs safely and had contingency plans in place in the event of staff absence. Recruitment checks were in place to obtain information about new staff before they supported people unsupervised.

People's health and nutritional needs had been assessed, recorded and were being monitored.

These informed carers about how to support the person safely and in a dignified way.

Carers received an induction and shadowing period before delivering care and support to people.

They received the training and support they needed to care for people.

There was a complaints procedure in place which the provider followed. People felt confident that if they raised a complaint, they would be listened to and their concerns addressed.

There were systems in place to monitor and assess the quality and effectiveness of the service, and the provider ensured that areas for improvement were identified and addressed.

People, staff and relatives told us that the registered manager and senior team were approachable and supportive. There was a clear management structure, and they encouraged an open and transparent culture within the service. People and staff were supported to raise concerns and make suggestions about where improvements could be made.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

The risks to people's safety and wellbeing were assessed there were detailed plans in place for all the risks identified.

There were procedures for safeguarding adults and staff were aware of these.

People were given the support they needed with medicines and there were regular audits by the care coordinators.

The service employed enough staff and contingency plans were in place in the event of staff absence. Recruitment checks were undertaken to obtain information about new staff before they supported people unsupervised.

Is the service effective?

Good

The service was effective.

The registered manager was aware of their responsibilities in line with the requirements of the Mental Capacity Act (MCA) 2005 and understood its principles. People had consented to their care and support.

Staff received the training and support they needed to care for people.

People's health and nutritional needs had been assessed, recorded and were being monitored.

Is the service caring?

Good

The service was caring.

Feedback from people and relatives was positive about both the carers and the provider.

People and relatives said the carers were kind, caring and respectful. Most people received care from regular carers and developed a trusting relationship.

People and their relatives were involved in decisions about their care and support.

Is the service responsive?

Good

The service was responsive.

People's individual needs had been assessed and recorded in their care plans prior to receiving a service, and were regularly reviewed.

There was a complaints policy in place. People knew how to make a complaint, and felt confident that their concerns would be addressed appropriately.

The service regularly conducted satisfaction surveys of people and their relatives. These provided vital information about the quality of the service provided.

Is the service well-led?

Good

The service was well-led.

At the time of our inspection, the service employed a registered manager.

People and their relatives found the management team to be approachable and supportive.

There were systems in place to assess and monitor the quality of the service.

The registered manager organised meetings for staff and people who used the service. This encouraged openness and the sharing of information.

Westminster Homecare Limited (West London)

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.

The inspection took place on 17 May 2016 and was announced.

The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

The inspection was carried out by a single inspector. An expert by experience carried out telephone interviews with people and their 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. The expert on this inspection had personal experience of caring for a family member who used domiciliary care services.

Before we visited the service, we checked the information that we held about it, including notifications sent to us informing us of significant events that occurred at the service.

During the inspection we looked at the care records of six people who used the service, five staff files and a range of records relating to the management of the service. We met with the registered manager, the deputy manager, two care coordinators and six care workers.

Following the inspection, we telephoned 20 people who used the service and six relatives of other people to obtain feedback about their experiences of using the service. We emailed five social care professionals and one healthcare professional to obtain their feedback.

Good

Is the service safe?

Our findings

People and their relatives told us they felt safe with the care workers who visited their home. Some of their comments included, "Yes, I do feel safe, they keep me company", "Yes of course I feel safe" and "Yes I feel safe, I feel comfortable talking to the office as they are very helpful." A family member said, "Yes we do feel safe, and able to call the office when we need to." People we spoke with told us they knew who to contact if they had any concerns, and had the contact numbers in the book given to them by the service. This included the out of hours contact number.

The registered manager raised alerts of incidents of potential abuse to the local authority's safeguarding team as necessary. They also notified the Care Quality Commission (CQC) as required of allegations of abuse or serious incidents. The registered manager worked closely with the local safeguarding team to carry out the necessary investigations and management plans were developed and implemented in response to any concerns identified to support people's safety and wellbeing. A social care professional and records we viewed confirmed this.

Staff told us they received training in safeguarding adults and training records confirmed this. The service had a safeguarding policy and procedure in place and staff were aware of these. They told us they had access to the whistleblowing policy. Staff were able to tell us what they would do if they suspected someone was being abused. They told us they would report any concerns to their manager or the local authority. One care worker told us, "I would know if someone was being abused, and that's because we have our regular clients. We know them well. We have a good relationship. I would notice a change in them, their body language."

We were told that care workers were usually on time and on the rare occasions they were late, they would be notified and the care workers would stay longer to make the time up. One person who used the service told us, "Yes they are on time" and another said, "They are fine with time and always ask if I need anything else." One relative told us, "We have the same carers so we are familiar with them. They can be late especially in the evenings but they do stay the extra time to make it up" and another relative said, "Yes it is fine and they are always keen to do what they can and finish their duties." The registered manager told us that staff were expected to call the office if they were running unexpectedly late, then the care coordinator would immediately inform the person using the service. People confirmed that this was usually the case.

The service used an electronic monitoring system. called CM2000. This required the care worker to log in and out using the telephone of the person who used the service. This was agreed with the person at the point of initial assessment. This was monitored online by the branch in office hours and by the out of hours' duty line. Office staff were able to check when each care worker arrived and left people's homes. The system highlighted if someone was running late which prompted the care coordinators to call the person and inform them. The registered manager told us that any care workers who were persistently late or not attending a visit were dealt with under their disciplinary policies and procedures. On the day of our inspection, one care worker was undergoing an investigatory meeting following a missed visit.

The provider employed enough staff to meet people's needs, and there were contingency plans in place to ensure that staff absences were appropriately covered and people received their care as planned.

There were appropriate procedures in place for recruiting staff. These included checks on people's suitability and character, including reference checks, a Disclosure and Barring Service check (DBS) and proof of identity. Care workers confirmed that they had gone through various recruitment checks prior to starting working for the service.

There were protocols in place to respond to any medical emergencies or significant changes in a person's wellbeing. One care worker told us, "We know our clients well. It's easy for me to notice when they are not well. I called the office when I noticed that my client was ill. They called an ambulance and took them to hospital." This indicated that people received medical attention without delay.

Care workers supported people with either prompting or administering their prescribed medicines. The registered manager told us that most people only needed prompting and only nine people required their medicines to be administered. We saw a range of medicines administration records (MAR) charts which had been completed over several weeks. These showed that the staff had administered all the medicines as prescribed and there were no gaps in signatures. Medicines risk assessments were in place and were reviewed to ensure they were accurate. We saw training records showing that all staff had received training in medicines management and they received yearly refresher training. The care coordinators carried out regular spot checks in people's homes to ensure that people were supported with their medicines. They also carried out thorough audits of the medicines which included checks on the storage, stock, and MAR charts. We viewed a check undertaken on 12 May 2016, and saw that it was thorough and showed no concerns identified. This meant that people were protected from the risk of not receiving their medicines as prescribed.

Where there were risks to people's safety and wellbeing, these had been assessed. These included general risk assessments of the person's home environment to identify if there would be any problems in providing a service and carrying out falls risk assessments. Risks were assessed at the point of initial assessment and regularly reviewed and updated where necessary. Individual risks were assessed and senior staff put measures in place to minimise identified risks and keep people as safe as possible. This included liaising with the relevant healthcare professionals to provide pressure relieving equipment for a person at risk of skin deterioration.

Accidents and incidents were rare, however we saw that when they happened, they were recorded appropriately and included details of actions taken to minimise the risk of reoccurrence. Records showed that the registered manager carried out the necessary investigations and recorded their recommendations. These were used to review and update people's care plans to ensure that staff were able to meet their needs in a safe way.

Good

Is the service effective?

Our findings

People and their relatives spoke positively about the care workers and the service they received. People said that the care workers knew what they were doing and had the skills and knowledge they needed to support them with their needs. One person said, "Yes they are fine. They help me with my breakfast and dinner."

Care workers told us they were able to approach the senior staff to discuss people's needs anytime they wanted. We saw from the daily care records that any changes to people's conditions were recorded and this prompted a review of their needs, or a referral to the relevant professional. This included organising an urgent review with social services when a person's condition deteriorated. Regular reviews of people's needs included discussions about any changes to people's condition or any requirements from the GP to be passed on to care staff.

People said that care workers communicated appropriately with them. One person told us, "They chat and we have a laugh, they get to know me and we talk about our families", and another said, "The carers are lovely. They do what they have to and they chat and take time." A relative told us, "They are very good. They are well trained. They get my [family member] to laugh which I can't even do."

People's nutritional needs were assessed and recorded in their care plans. This included their dietary requirements, likes and dislikes and allergy status. Some people required support at mealtimes such as warming up already prepared food of their choice. Daily care records we viewed described the support given to people, what they ate, and whether there were any concerns.

People were cared for by staff who were appropriately trained and supported. New staff went through a four day induction period where they undertook training in the Care Certificate. The Care Certificate is a nationally recognised set of standards that gives staff an introduction to their roles and responsibilities within a care setting. This was followed by a 12 week development programme which included shadowing an experienced care worker in order for the people who used the service to get used to them and for the carers to learn the job thoroughly before attending to people's care needs. Care workers were assessed throughout the development programme in areas such as safeguarding, health and safety, fluid and nutrition, basic life support and infection control. Assessments carried out included observations of the care worker's practices such as medicines administration competencies. Throughout this period, each care workers received support such as telephone calls, and one to one meetings. This was to make sure they had acquired the necessary skills to support people in their own homes. One newly recruited care worker told us, "I got a really good induction and training. I definitely felt supported. They are always there for us."

Records of staff training showed that they had received training in areas the provider identified as mandatory. This included training in safeguarding adults, moving and handling, health and safety, medicines management, dementia awareness and infection control. They also received yearly refresher courses. The agency offices had a well-equipped training room, which included equipment used for moving people safely so they could practice and be assessed using this.

Care workers told us they were supported through one to one supervision meetings with their line manager. One care worker told us, "I get regular supervision. I can express myself and bring up any issues." When asked if it had helped improve their performance, they added, "Yes, I've had areas of improvements identified and it has helped me get better." We saw evidence in the staff records we checked that issues were raised and discussed. For example we saw that where a care worker had not turned up for a visit, this was dealt with appropriately and professionally. Staff received a yearly appraisal where they were given the opportunity to reflect on their performance and to identify any training needs.

Care workers told us they felt "supported and listened to" by the management team. We saw in the staff files that spot checks were taking place. These included checks on the care workers' punctuality, whether they wore their uniforms and name badges, and if people were happy with the care and support they received.

People's capacity to make decisions had been assessed and they had been asked to consent to their care and treatment. Decisions had been made by the person or in their best interests by people who knew them well. People told us they had been consulted about their care and had agreed to this. 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. We checked whether the service was working within the principles of the MCA. The registered manager told us that all the people who used the service had the capacity to consent to their care and support and that none of the people using the service were being deprived of their liberty. Records we viewed confirmed this. The registered manager was aware of the legal requirements relating to this and knew they would need to identify if people had any restrictions so they could take appropriate action to make sure these were in the person's best interest and were authorised through the Court of Protection.

People told us that care workers gave them the chance to make daily choices. We saw evidence in the care records we checked that people were consulted and consent was obtained. People had signed the records themselves, indicating their consent to the care being provided. Staff told us that as part of their induction training, they were informed of the principles of the MCA but did not receive in depth training. The registered manager told us they planned to deliver more in depth training to all staff in the near future.

Good

Is the service caring?

Our findings

People and their relatives were complimentary about the service and the care they received. Most people we spoke with said they had regular care workers and had built a good rapport with them.
People said the carers were kind, caring and respectful. Some of people's comments included, "They are lovely people", "They are polite and respectful", "I have the same carer and she is very good. She does her job properly and is very caring." A relative said, "The carers are good, respectful and do their job well."
People felt they were treated with respect and dignity. One person said, "They treat me with respect." A relative added, "The carers are fine, kind and ask if anything is needed. I can't fault them really."

Care plans indicated that people were treated with dignity and that staff respected their human rights and diverse needs and people we spoke with confirmed this. Some people told us they were involved in discussions about their care and support, and had signed to give consent for their support. However others did not remember if they had been involved. Relatives we spoke with confirmed that they were consulted and took part in reviews with their family members.

During the initial assessment, people were asked what was important to them. Religious and cultural needs were recorded. We saw one care record where a person had requested a care worker of the same gender as themselves and were receiving this service. The registered manager told us that where possible, based on people's preferences or needs, the most suitable care workers were allocated.

Care workers confirmed that care plans contained relevant and sufficient information to know what the care needs were for each person and how to meet them. The service carried out random spot checks, reviews and telephone calls. They indicated that people and their relatives were happy with the service and the support they received.

Daily records were clearly written using respectful language. Care workers recorded meaningful events using the person's preferred name and reported on their emotional and social wellbeing, not just about the tasks performed. Some comments recorded included, "Made [person] a cup of tea and sat with her for a nice chat" and "All is well with [person]."

Good

Is the service responsive?

Our findings

Care plans we looked at were clear and contained instructions for care workers to follow to ensure people's needs were met. They were developed from the information gathered from the general needs assessments and were based on people's identified needs, the support needed from the care workers and the expected outcomes.

Records we viewed showed that people had taken part in the planning of their care. Most people were unsure but relatives we spoke with confirmed that their family members and they were consulted. Most had met members of the senior team during regular spot checks and reviews.

Support plans were person specific and took into consideration people's choices and what they were able to do for themselves. Care workers we spoke with told us they encouraged people to do things for themselves if they were able to. People described a variety of support they received from the service. Those asked thought that the care and support they received was focussed on their individual needs. One person told us, "They help me with tidying up" and another said, "They make me a sandwich and a cup of tea, that's all I need."

One relative said, "The service is good. The carers are good and the office does listen." All the people we spoke with told us they had a daytime contact number of the office and an out of hours number which they would use if they had concerns or worries.

People's needs were assessed and the support and care provided was all agreed prior to the start of the visits. Relatives confirmed that they were involved in these assessments. Information related to mobility, medicines, care needs and personal preferences was recorded so that comprehensive information was available.

One of the care coordinators told us that review meetings were undertaken every six months unless there were changes to a person's health. This prompted an immediate review to ensure the service could continue to meet people's needs. We saw that the service had increased the level of support offered to a person where concerns about their health had prompted an urgent review. This indicated that the service was responsive to people's changing needs and had systems in place to review and meet these needs.

We looked at a sample of daily care records of support and found that these had been completed at every visit and described a range of tasks undertaken, including information regarding people's wellbeing, social interactions, or anything relevant to the day. We saw that records were written in a person-centred way showing respect and care for the person receiving support.

There were processes in place for people and relatives to feedback their views of the service. Quality questionnaires were regularly sent to people and their relatives. These questionnaires included questions relating to how people were being cared for, if their care needs were being met and if the carers were reliable and punctual. Relatives were also asked if they were happy with the service, and had the

opportunity to add comments in a separate box. We saw that questionnaires returned to the service indicated that people were happy with the service. Comments included, "Very good service" and "I love my carer!" Each person who used the service was sent feedback and outcome of the surveys, where the service did well, where improvements were needed and their action plan. For example, where a few people had raised concerns about carers being late, the registered manager had addressed this through supervision, team meetings, spot checks and ongoing monitoring.

The service also carried out regular telephone monitoring and visits. These were recorded and kept in people's files. We viewed a sample of records. These included questions about the care workers' professionalism and punctuality, whether they were caring and friendly, if people felt safe with the care workers and if they wished to make a complaint. We saw that most people were happy and their comments included, "Lovely", "Everything is good", "No concerns, very happy" and "The service is very good." However, during a monitoring visit, one person had complained that they were not always informed when their care worker was running late. We saw that an action was logged immediately to ensure the office staff improved their communication. This was signed by the person, the assessor and the registered manager.

The service had a complaints policy and procedure in place. This information was supplied to all people using the service. People were encouraged to raise concerns and we saw evidence that these were addressed appropriately and in a timely manner. Most people told us they did not need to make a complaint and they were happy with the service. One person said, "It's a good service, I have no complaints. Westminster is good. I would recommend them" and another told us, "I have made no complaints, the service is fine." However one person did make a complaint in the past and said, "I have complained once. I did not like a carer. She was most unhelpful, she was a joke and she has not come back since. The office was very helpful. It's a very good service. I would recommend it." One relative said, "We have no complaints, we are very satisfied." This indicated that the service was responsive to people's complaints and concerns and put systems in place to rectify areas of concern.

Good

Is the service well-led?

Our findings

People and their relatives thought the service was well-led. They told us they met the field care supervisors regularly, when they carried out spot checks or came to review their care. Some people told us they received telephone calls from the office. One person said, "They call to talk to me and check I am ok."

The field care supervisors were involved in audits taking place in people's homes. They included medicines audits, spot checks about the quality of care people received, environmental checks and health and safety checks. The care coordinators carried out telephone monitoring calls to check if they were happy with the service and if the carers were being punctual. We viewed a sample of audits which indicated they were thorough and regular.

The registered manager had been in post for two years and was supported by a deputy manager, three care coordinators, two field care supervisors and one administrator. Some of the office staff were fairly new. We spoke with three office staff members. They told us that the registered manager was approachable and supportive and they felt encouraged to develop within their new role. One of them told us, "I feel very supported by my manager. 100% support." All of them told us they were very happy in their work and worked well as a team.

The registered manager informed us they organised regular team meetings but attendance to these was poor. However we saw that they issued regular memos to staff which informed them of anything relevant such as safeguarding, whistleblowing, maintaining professional boundaries, communication and confidentiality.

The registered manager organised "service user forums". They told us that unfortunately, only three relatives attended the last one. They were planning to organise others in different areas and were even planning to offer transport for people who used the service to facilitate their attendance.

There were regular branch meetings where the senior team discussed staffing issues, recruitment and training and branch managers meetings where topics such as recruitment, training, quality and compliance and quality surveys were discussed. Records we viewed confirmed that these were regular.

Staff told us they felt supported by the management team and found them supportive and professional. Their comments included, "They are really supportive", "The manager listens", "They are very good with us carers", "They listen to us, anytime we need to discuss something, they are there."

The registered manager told us they attended provider forums and events organised by Skills for Care whenever they could and kept themselves abreast of development within the social care sector by accessing relevant websites such as that of the Care Quality Commission (CQC).

The Local Authority contract manager and supporting officer carried out regular audits of the service. These included the rostering of staff, electronic call monitoring, safeguarding, medicines management and

recruitment.

The registered manager and office team carried out a full quality assurance audit once a year. This included people and care workers' files, documentation, medicines, safeguarding, accidents and incidents and staff monitoring. This identified any areas for improvement and action required. There were audit checklists on each person's file. These included checks of the care plans, monitoring of home visits and telephone monitoring, complaints and safeguarding.

The provider had a business continuity plan in place. This included contingency plans in the event of extreme weather, pandemic and staff shortage.