

Westwood Homecare (North West) Limited

Westwood Homecare (NorthWest) Limited Stockport

Inspection report

258 Finney Lane
Heald Green
Cheadle
SK8 3QD

Tel: 01614133444

Website: www.westwoodhomecare.co.uk

Date of inspection visit:

11 April 2023

12 April 2023

Date of publication:

19 May 2023

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Westwood Homecare is a domiciliary care service providing personal care to people in their own homes. At the time of our inspection there were 250 people receiving personal care. 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

Risk management plans were not always in place to guide staff to provide care to people with specific needs in the safest way possible. Medicines were not always managed safely. People were cared for by staff who understood how to safeguard people and how to report any concerns. Staff had undergone safe recruitment checks prior to working at the service. We were assured the service employed safe and effective infection prevention and control practices.

Staff received a programme of induction, training and supervision. People were supported to access a wide range of health care professionals to ensure they received appropriate and timely support. People were mostly supported to have maximum choice and control of their lives and staff mostly supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. However, we have made a recommendation about capacity assessments and staff training.

People and their loved ones told us staff were caring and kind and mostly treated them with respect. Staff had a good understanding of how to support people in a way that promoted their independence and respected their privacy and dignity. We have made 1 recommendation about staff language barriers and a 1 recommendation about people's gender preferences.

Care plans were person-centred and written with involvement of people and their loved ones. However, the service had suffered a complete failure of the electronic care system for several weeks and staff only had access to people's paper care plans in their homes.

Systems and processes to ensure oversight of the safety and quality of the service were not always effective. Audits completed had not always identified the concerns we found on inspection. We identified 2 continued breaches of regulations. The management team acknowledged our concerns and were quick to take action and provide assurances when we fed back our findings during and after the inspection.

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 29 June 2021) and there were breaches of regulation. 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 the provider remained in breach of regulations. This service has been rated requires improvement for the last 2 consecutive inspections.

At our last inspection we recommended that the provider review the deployment of staff to ensure consistency and timeliness of calls. At this inspection we found some people still had concerns about consistency of staff and timeliness and length of calls.

At our last inspection we recommended that the provider review their recruitment practices. At this inspection we found improvements had been made to safe recruitment procedures.

Why we inspected

The inspection was prompted in part due to concerns received about staffing, call times and safeguarding concerns. A decision was made for us to inspect and examine those risks.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Westwood Homecare (NorthWest) Limited Stockport on our website at www.cqc.org.uk.

Enforcement and Recommendations

We have identified breaches in relation to people's individual risk management, medicines management and governance at this inspection. We have made 1 recommendation about staff language barriers, 1 recommendation about people's gender preferences and 1 recommendation about mental capacity assessments and staff training.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

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 not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Westwood Homecare (NorthWest) Limited Stockport

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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by one inspector. Following the visit to the location office, an Expert by Experience completed telephone calls to 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.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced on the first day. Inspection activity started on 11 April 2023 and ended on 18 April 2023. We visited the location's office on 11 April 2023 and 12 April 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the 2 local authorities, professionals who worked with the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We reviewed a range of records. This included 3 people's care records. We looked at 4 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. We spoke with 6 people who used the service and 8 relatives about their experience of the care provided. We spoke with 13 members of staff including the registered manager, the compliance manager, the deputy manager, the training manager, the operations manager, care co-ordinator, medicines auditor, care staff and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

At our last inspection the provider had failed to ensure the safe management and administration of medicines. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

- Medicines were not always managed and administered safely.
- The provider told us their electronic medicines management system used by staff to record medicines had been inoperable for several weeks and staff were using paper medicines administration records (MARs) in people's homes to record medicines given. However, we found no evidence that people's medicines were being recorded in detail to ensure medicines were given as prescribed. We did not see where additional safe monitoring processes had been put in place to mitigate the risks due to the failure of the electronic system.
- We found 2 people were prescribed time critical medicines and we were not assured these were given on time and within safe time gaps between doses. We requested additional reassurances that steps were taken to ensure people were receiving their medicines as prescribed. We reported our concerns to the local authorities and safeguarding teams.

The provider had not ensured the proper and safe management of medicines. This placed people at risk of harm. This was a continued breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We fed back our concerns during and after the inspection and these were acknowledged by the management team. They told us they had now put measures in place to minimise any further risks and told us staff were now conducting extra checks on medication records and they had purchased a new electronic system. We will review the effectiveness of these measures at our next inspection.

Assessing risk, safety monitoring and management

- People's individual risks were not always managed safely.
- Where people had been identified as having specific risks, we found they did not always have risk management plans to guide staff to provide safe care and treatment.

- We found 1 person had been prescribed a modified diet and fluids by a speech and language therapist to mitigate their identified risk of choking and aspiration. However, there was no risk management plan in this person's care plan to ensure staff understood the risks and guide them to provide safe care. Another person had diabetes; however, there was no risk management plan to guide staff on how to manage the risks associated with this condition.

People had been placed at the risk of harm from a lack of risk management plans. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We fed back our concerns during the inspection and these were acknowledged by the management team. They told us they had reviewed care plans and had now put plans in place to minimise individual risks. We will review the effectiveness of these measures at our next inspection.

Staffing and recruitment

At our last inspection we recommended the provider review their recruitment practices. The provider had made improvements. We also recommended the provider review staff deployment to make calls more consistent for people. We found the provider still needed to make improvements in this area.

- Improvements had been made and the provider now employed safe recruitment practices. The service had safe employment checks in place to ensure suitable staff were employed to care for people using the service.
- People told us they did not always get their calls on time from consistent staff or staff of their preferred gender. We received mixed feedback about carers and people told us they would prefer to have consistent staff visit them. One person told us, "I would like to have regular staff as there is no continuity between them." Whereas another person told us, "The service is very reliable, and they do try to send consistent carers, so we don't have to keep telling staff what they have to do."
- People told us staff did not always stay the full allocated time and did not always have their calls at times to suit them. One person told us, "They [staff] are reliable for arriving on time, except the evening visit, which is supposed to be 8:30pm as the latest they could offer but is often 7:30pm because the staff have finished their other calls. This is really far too early for me, resulting in a very long night in bed."

We make a continued recommendation for the provider to ensure sufficient and suitable staff are deployed to meet people's needs.

Systems and processes to safeguard people from the risk of abuse

- People were supported in a safe way and were protected from avoidable harm and abuse.
- There was a safeguarding policy and procedure in place and the registered manager worked within the local authority protocols for reporting safeguarding concerns.
- Staff had received up-to-date training about how to recognise and protect people from harm and abuse. Staff told us they would report any safeguarding concerns to management and were confident they would be acted upon.

Preventing and controlling infection

- The service had an infection control policy in place and staff had received training in the safe management of infection control.
- Staff were required to continue to wear full PPE during care calls to ensure good infection control practice.

The service had large amounts of PPE stocks and we saw staff attending the office to collect PPE items.

Learning lessons when things go wrong

- Accidents, incidents and concerns were recorded and reviewed by the registered manager.
- Staff told us how they would respond to accidents and incidents and demonstrated their awareness of the process of reporting. Forms were completed that included a 'lessons learned' section and this learning was shared with staff.
- The registered manager gave us an example where they had recognised the need for a crisis pack for people to be in place after a person's main carer had to go into hospital unexpectedly. The crisis pack aimed to ensure the service knew key information about a person in order to take over full care in the event of an emergency.

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 our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- People were supported by staff who had undergone training and competency checks.
- The training manager told us staff received training both through booklets and face to face training in line with The Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme. We were informed staff had received training around people with learning disabilities; however, a small number of staff had undergone specific Oliver McGowan training, and this was to be rolled out to all staff in the next few months. This is mandatory training on learning disability and autism is the government's recommended training for health and social care staff.
- Staff told us they felt they had received enough training to enable them to care for people safely.
- We received mixed feedback from people and their relatives about the competencies of staff. One person told us, "The ones[staff] who come at night are mostly very good. Some of the others are too quick and don't explain or involve me in what they are doing. I think they try to do a good job as they see it, but they don't seem trained properly." Another person told us, "The most regular staff are very competent. Others are, once shown what to do."

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 MCA 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

- We were mostly assured that people were supported to make their own decisions.

- Staff told us they sought consent from people before providing support to them and staff received training in MCA. However, we received mixed feedback from staff as to their understanding of MCA and how to apply it when gaining consent. Some staff we spoke with had limited understanding of MCA and told us they would refer decisions to family members if a person was not able to consent.
- The registered manager demonstrated their knowledge of Power of Attorney (PoA). They told us some people's loved ones had a PoA to make decisions on behalf of the person. However, evidence of the PoA had not always been established.
- We found people did not always have information about their capacity in their care plans to guide staff. The registered manager told us they did not carry out any capacity assessments and did not include information about a person's capacity in care plans unless a formal capacity assessment had been completed by an appropriate professional.

We recommend the provider review staff training in MCA to ensure staff have a good understanding of consent and decision making, and where needed, people have capacity assessments in care plans to guide staff.

We fed back our concerns during the inspection and these were acknowledged by the management team. They told us they would be resourcing additional training for supervisors and care staff. We will review the effectiveness of these measures at our next inspection.

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

- People's needs had been assessed in relation to their eating and drinking.
- We found that some people had a nutrition and hydration care plan in place that reflected their food preferences. However, where someone had specific needs or risks regarding food and drink, this was not always reflected in care plans.
- We received mixed feedback from people and their relatives about food and drink. One person told us "There is written guidance about meals, and they [meals] are done as I like." One relative told us, "We make sure there is always a drink near [Name] and every time we attend, we make sure they take a drink, and replace it if necessary. It should be common sense for the night-time carers to do the same, but they don't."
- Some people, relatives and staff told us they had concerns about some staff members' cultural differences around food and drink. The nominated individual told us they had recognised this concern and would be providing some staff with additional training on food and drink preparation.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed prior to their care and support commencing with the service.
- We found assessments and reviews of people's care needs carried out by staff included the views and wishes of people and their loved ones.
- Care plans were developed from assessments and these included people's physical needs and personal information.

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

- Staff and the management team worked in collaboration with people, their relatives and healthcare professionals involved in people's care. They worked with other agencies, such as GPs and community nurses to ensure people's needs were met.
- Referrals to health and social care professionals had been made when a need had been identified by staff. This included referrals to the local district nursing services and the speech and language therapy teams.

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 our last inspection we rated this key question good. The rating for this key question has remained good. 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

- People received care from kind and caring staff, and we received mostly positive feedback from people and relatives.
- Care records gave staff information about people's preferences and information about their family and background.
- People and relatives told us they felt staff respected them and appreciated it when they received care from consistent staff. One relative told us, "We hear them [staff] greeting her properly and they are chatty and pleasant throughout... they demonstrate empathy...and that has arisen from the use of consistent carers." Another relative told us, "All staff call [relative] by name and talk to her, even though she can't talk back, and I see her smile in response; I see the staff genuinely care."

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

- People and their relatives were supported to be involved in the care and support they received.
- People told us their decisions were respected. One person told us, "I have fun with them [staff]. They come in with a good attitude, and always fit with my choices." Another person told us, "All staff show respect for me and my home. They [staff] explain what they are doing and allow time for me to confirm I'm in agreement."
- Some people, relatives and staff raised concerns with us about language barriers with some care staff and felt that this was a risk to providing safe care.

We recommend the provider ensures people receive care from staff who are able to communicate effectively and fully understand people's needs and preferences.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's dignity and promoted their independence.
- Staff told us they wanted to ensure people felt respected and explained how they would deliver care with dignity and respect. One staff member told us, "I always give reassurance and chat with them [people] whilst providing care."
- People and their relatives confirmed staff provided respectful care. One person told us, "They are all very hot on privacy, like drawing the curtains during personal care." One relative told us, "They [staff] are all respectful, and I hear them talking gently."
- Some people, relatives and staff raised concerns with us about not always receiving care from same

gender carers only, when this is their stated preference.

We recommend the provider ensures people receive gender appropriate care wherever possible and risk assessments to be in place where same gender support is unavailable.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed 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 the provider had failed to respond and investigate complaints. This was a breach of regulation 16 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 16.

- Improvements had been made to how complaints were managed.
- A complaints policy and procedure were in place. Complaints and concerns were recorded and had been responded to.
- One relative told us, "If I've had problems, I've been able to speak to the managers, and they have apologised where appropriate and made the necessary staffing arrangements."

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

- People and their loved ones were involved in planning support and care delivery that was personal to them.
- People had a paper copy of their care plan at their home and staff also had an electronic care application on their mobile phone that held care plan information. However, staff had not had access to the electronic information for several weeks due to their system failure. The care co-ordinator told us they had been emailing information to staff about people's care needs. We spoke to the registered manager about ensuring any personal information that was emailed needed to be in line with GDPR regulations.
- We received mixed feedback from people about staff being aware of their care needs. One person told us, "There are written directions for what to do each visit and each day. For example, today is my shave day and they did that. There is written guidance about meals, and they are done as I like." However, another person told us, "I have to do a lot of explaining about my needs and the help I need. There is some information in the notes, but some staff do not look at them."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in

relation to communication.

- The registered manager was aware of their responsibilities under the AIS.
- Information could be supplied to people in a variety of different ways such as a range of languages, easy read formats and audio guides. One staff member had recently read the guide out to someone with sight problems.

End of life care and support

- The service had an end of life care policy in place.
- Staff receive training on how to support someone at the end of their life in line with the Care Certificate. Some staff had also received more in-depth end of life training as part of a local authority pilot.
- The registered manager told us they hoped to provide more fast-track packages once staff had received enhanced training.

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 our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At our last inspection the provider had failed to operate effective quality assurances systems. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- Systems and processes to check the quality and safety of care delivery were not always completed effectively.
- The provider had not always ensured people had appropriate risk management plans in place or that people were receiving their medicines as prescribed. Accurate, complete and contemporaneous records were not always kept for people. For example, daily notes were not always detailed.
- Some audits were in place; however, they had not identified the concerns found during this inspection. Further audits were required to ensure a full and robust oversight of the service. For example, audits of people's care plans had not identified and addressed the concerns we found with a lack of risk management and poor daily recordings.
- The service has now been rated requires improvement or inadequate for the second consecutive inspection.

The provider had not ensured effective oversight of quality assurance and operations of the service. This was a continued breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We fed back our concerns during and after the inspection and these were acknowledged by the management team. They told us they had now put measures in place to improve the monitoring of the quality of the service. We will review the effectiveness of these measures at our next inspection.

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; Continuous learning and improving care

- The registered manager demonstrated their awareness of their duty of candour and their also their responsibility to act on accidents, incidents and complaints. We saw evidence that these had been responded to appropriately.
- We reviewed the accident and incident records and saw that actions were taken as result to reduce the risk of further incidents. For example, referral to the appropriate teams if someone was having a series of falls.
- Statutory notifications had been received by CQC as required to inform when incidents had occurred.

Working in partnership with others

- The service had good links with other organisations and had built relationships with key people such as the local authority and local healthcare teams.
- The registered manager told us they worked with a national charity to assist them with providing support to people who are at the end of their life. They had also participated in an end of life pilot scheme with local authority teams.
- The service has worked with local charities to assist with food and provisions for vulnerable people and they told us they paid for the refurbishment of a building to provide assistance to homeless people.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Service user feedback was sought on an annual basis in the form of a survey. The management told us they did spot checks on staff to check the quality of care delivery. People told us they had received phone calls from the management team to check they were happy with the service. One person told us, "Sometimes they [management] phone me to check I'm happy with the service and the staff."
- Staff told us they mostly felt supported in their role and most felt they could report concerns to the office, and they would be listened to. One staff member told us, "They [management] are definitely approachable."
- Staff at the service had achieved several care awards at a local and national level. The nominated individual and registered manager told us they were very proud of the service and many of the staff had worked for the company for several years and they were considered family. They told us, "We do our best and always try to get it right. You can't teach someone to be a carer; you have to be born to be a carer."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People's individual risks were not always assessed and managed safely. Regulation 12 (2) (a) (b) Medicines were not always managed and administered safely. Regulation 12 (2) (f) (g)
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems and processes to check the quality and safety of care delivery were not always completed effectively. Regulation 17 (2) (a) (b) (c)