Westminster Homecare Limited

Westminster Homecare Limited (Aylesbury)

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	**Requires Improvement**
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 service is a domiciliary care agency. It provides personal care to people living in their own homes in the Aylesbury area. It is registered to provide a service to older adults, younger disabled adults and children. One hundred and fourteen people were receiving support from the service at the time of the inspection, none of these were children.

This inspection took place on 7 and 8 January 2019. It was an announced visit to the service.

We previously inspected the service in September 2017. The service was not meeting all the requirements of the regulations at that time. Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions 'safe', 'effective', 'responsive' and 'well-led' to at least 'good'. The action plan was completed and sent to us.

There had been changes to management of the service since the last inspection. A registered manager was in post. This 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.

People spoke positively about their care workers. Comments included "Staff are friendly and kind. Some carers are exemplary," "Lovely staff, very charming, friendly," "Good service and very good carers," "I've had nothing but kindness from all of them" and "The carers are always very pleasant and we chat."

Staff described improvements to the culture of the service. They told us they received good support. Improvements had been made to staff training. None of the staff had any concerns about the practices they were asked to undertake as part of their duties. They understood about safeguarding people from abuse and said they would report any concerns. People who were supported by the agency told us they felt safe.

Each person had been assessed before they received a service from Westminster Homecare Limited (Aylesbury). Care plans had improved and recorded people's preferences and support requirements in detail. Risk assessments had been written to assess the likelihood of people experiencing any harm or injury. Measures were put in place where risks were identified, to reduce the likelihood of harm.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Some people were supported with their medicines. These were handled safely and appropriate records were kept.

Staff were recruited using robust procedures to make sure people were supported by care workers with the

right skills and attributes. Staff received appropriate support through a structured induction, which included all the training the provider considered mandatory.

People told us there were inconsistencies in when their care workers arrived to support them. For example, some of the feedback we received included "Arrival times can fluctuate within two hours and they never call to say they're going to be delayed," "Forever late with calls" and "Staff arrive at different times, you never know where you are. Always more than half an hour late." We have made a recommendation to improve this area of practice.

People knew how to make a complaint. Their experiences of doing this varied. We have made a recommendation about monitoring responses to people's complaints and concerns.

There were improvements to monitoring of the service, to ensure people received appropriate care and support. This included spot checks of care workers' practice, care reviews and audits.

Records were maintained to a good standard and staff had access to policies and procedures to guide their practice.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Some people experienced late visits to their homes, which meant there were inconsistencies with when their personal care was provided.

People were protected from harm because staff received training to be able to identify and report abuse. There were procedures for staff to follow in the event of any abuse happening.

People's likelihood of experiencing injury or harm was reduced because risk assessments had been written to identify areas of potential risk.

People were supported by staff with the right skills and attributes because robust recruitment procedures were used by the service.

Is the service effective?

Good

The service was effective.

People received safe and effective care because staff were appropriately supported through a structured induction, supervision and regular training.

People were encouraged to make decisions about their care and day to day lives.

People received the support they needed to keep healthy and well.

Is the service caring?

Good

The service was caring.

People were supported to be independent.

Staff treated people with dignity and respect and protected their privacy.

People were treated with kindness, affection and compassion.

Is the service responsive?

Good

The service was responsive.

People's preferences and wishes were supported by staff and through care planning.

People knew how to make a complaint, if required. Their experiences of raising concerns or complaints varied.

The service responded appropriately if people's needs changed, to help ensure they remained independent.

Is the service well-led?

Good

The service was well-led.

People were cared for in a service which was open and transparent when things went wrong.

The provider monitored the service to make sure it met people's needs safely and effectively.

The registered manager knew how to report any serious occurrences or incidents to the Care Quality Commission. This meant we could see what action they had taken in response to these events, to protect people from the risk of harm.

Westminster Homecare Limited (Aylesbury)

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 checked 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 inspection took place on 7 and 8 January 2019 and was announced. The provider was given short notice because the location provides a domiciliary care service. We needed to be sure someone would be available to assist us with the inspection and provide access to information and records. The inspection was carried out by two inspectors on the first day and one inspector on the second day. Two experts by experience made telephone calls to 32 people who used the service and eight relatives, on 9 and 10 January 2019. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Surveys were also sent to some service users and community professionals prior to the inspection. We have used feedback from these to help inform our judgements about the service. We contacted 18 staff by email, to invite them to provide feedback about the service.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed notifications and any other information we had received since the last inspection. A notification is information about important events which the service is required to send us by law.

We contacted the local authority commissioners of the service, to seek their views about people's care.

During the visit to the office, we spoke with the registered manager and six other staff members. They included the branch trainer, a care co-ordinator, a field care supervisor, an administrator, a care worker and the operations support manager. We shadowed a care worker and visited three people in their homes.

We checked some of the required records. These included ten people's care plans, three people's medicines records, five staff recruitment files, staff training and development records. Other documents included a sample of policies and procedures, monitoring records, the staff handbook and the statement of purpose for the service.

Requires Improvement

Is the service safe?

Our findings

At the last inspection in September 2017, we asked the provider to take action to improve staffing numbers and deployment. They sent us an action plan which outlined the measures they would take and by when. On this occasion, we found it was not so much staff numbers or deployment that affected people's care but general timekeeping issues.

People said care workers were often late. Sixteen of the people we contacted (40%) said they experienced issues of this nature. This was also reflected in 50% of survey responses. Comments included "Arrival times can fluctuate within two hours and they never call to say they're going to be delayed," "Forever late with calls" and "Staff arrive at different times, you never know where you are. Always more than half an hour late." Other comments included "Carers always arrive late. They never tell you, so you are left waiting and wondering. They help with food so it means I can be hungry for some time" and "It causes unnecessary stress and upset as I have to be ready (to go out) and staff lateness means I miss breakfast or I'm not ready in time." Only a few people told us they were contacted if care workers were behind schedule. Whilst people experienced inconsistencies with timekeeping, their feedback was that care workers always arrived, albeit late. As one person said "They don't ring if they are late, but they always turn up eventually."

Staffing rotas were maintained and updated as necessary. Care workers were contacted each weekday to confirm who they had been assigned to support and any changes to their work rotas. The call they received on a Friday confirmed arrangements for the weekend. This was in response to missed visits in the past. Comments from staff included "The rota is now better, so that's a major improvement," "A good improvement is getting weekly rotas" and "The office do keep me informed when rotas change or any changes are made with the service users."

A check was made each day of the computerised staff rota system. This provided a live picture of whether care workers had visited people's homes and the amount of time they spent there. We saw the member of staff who monitored the system contacted care workers where there were potential discrepancies. For example, if the care worker had not logged in or out of the person's home, they checked what had happened and whether the person had received their personal care. Whilst monitoring of visits and verification of staff rotas took place, some people still experienced unreasonable delays in when their care workers arrived.

We recommend the provider further examines the staff rota and monitoring systems, to ensure people receive their visits within reasonable timeframes.

People told us they felt safe from abuse. Comments included "Staff are competent and make me feel safe… (they are) very careful, caring and not rushed" and "Staff are able to do what is asked of them." Other people told us they received good care from staff and felt they respected their home and belongings.

The service had systems and processes for safeguarding people from abuse. These provided guidance for staff on the processes to follow if they suspected or were aware of any incidents of abuse. Staff had also undertaken training to be able to recognise and respond to signs of abuse. Staff told us they did not have

any concerns about the work they were asked to undertake or practices used by the agency. Feedback from staff included "I don't have any concerns how care is delivered, or what I am expected to do in the care plan. I am confident in raising concerns with my manager if needed, or office staff." Other staff told us "If I have any concerns I always call and speak to any member in the office to raise any concerns and this is followed up and dealt with" and "I feel my manager and other staff are approachable and I would feel comfortable bringing up any issues I had or concerns."

The service used robust recruitment processes to ensure people were supported by staff with the right skills and attributes. The recruitment files we checked contained all required documents, such as a check for criminal convictions and written references. Staff only started working with people after all checks and clearances had been received back and were satisfactory.

People were protected from the risk of harm during the delivery of their care. Risk assessments had been written, to reduce the likelihood of injury or harm to people and keep them safe. We read assessments to support people to move position, their home environment was assessed for any hazards, as examples. Where risk assessments identified a need for two staff to support people, the service ensured two were allocated. For example, staff rota planning records showed two staff supported people who needed a hoist to reposition. This ensured they were supported safely.

Staff received training to ensure they followed safe practices when they supported people. This included first aid training, moving and handling and fire safety awareness. Updated courses were attended to keep these skills refreshed.

The registered manager took action where staff had not provided safe care for people. For example, where errors had occurred. A relative told us about one incident. They commented "I think the office dealt with the incident well." Records were kept of discussions with staff following incidents of this nature, to determine what had happened and to prevent recurrence. Disciplinary proceedings were used where necessary.

People were protected from the risk of infection. Staff completed food hygiene training and wore disposable protective items, such as gloves, when personal care was carried out. Cleanliness and use of protective items was checked by senior staff when they carried out spot checks of care workers' practice. During home visits, we saw that a care worker used appropriate personal protective equipment, for example, when they served food.

The service had systems in place to receive information about external safety alerts and investigations so that any changes could be made, if need be.

People's records were accessible in their homes with copies kept securely in the office. These were accurate and had been kept up to date following changes to people's care needs.

People received support with their medicines, where necessary. Care workers had been trained in medicines administration. A care worker told us their training included the 'rights' of safe medicine administration (right person, right medicine, right dosage, right route, right time, right documentation). They added that managers carried out spot checks which included medicines practice.

A care worker told us about the medicines prescribed for a person they supported. They were able to describe medicines administration (MAR) charts, the relevant codes they were required to use and what these meant.

The provider carried out a medicines audit for each person. In care plans, we saw monthly MAR audits which were used to check whether there were any gaps in recording and the reasons for this. For example, we saw an audit for October 2018 where a signature was missing. This was because the person had cancelled the care visit. We mentioned to the registered manager two observations on MAR charts where there were queries with what had been recorded, so they could check whether the medicines were currently being prescribed.

Good

Is the service effective?

Our findings

People received their care from staff who had the appropriate skills and support. New staff undertook an induction to their work, which lead to completion of the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers need to demonstrate in their work. They include privacy and dignity, equality and diversity, duty of care and working in a person-centred way. Training was included as part of staff induction and covered all areas the provider considered mandatory. This included dementia awareness, safeguarding and moving and handling. Staff spoke positively about the training they undertook. Feedback included "I receive good refresher courses. I feel our trainer needs to be rewarded, as she is a great trainer. The refresher courses I undertake are very good. I take my knowledge…into the workplace," "Westminster have provided me with sufficient training to support me in my role as a carer," "Their training is very good" and "All information and training given on these individual courses is used and implemented while out in the community. For example, when on a double handed care call, often equipment is used. Having moving and handling training taught me how to safely use equipment, such as a hoist or rota stand."

There was a programme of on-going staff training to refresh and update skills. Training was monitored to ensure refresher courses were undertaken promptly. Staff were also encouraged to complete higher level training, such as diplomas in health and social care.

Staff received supervision from their line managers. The staff development files we looked at showed staff met with their managers to discuss their work and any training needs. This meant staff received appropriate support for their roles. Appraisals were undertaken annually to assess and monitor staff performance and development needs.

We observed staff communicated effectively about people's needs. Relevant information was documented in daily notes which were maintained in people's homes. These logged any significant events or issues, so that other staff would be aware of these.

People's needs had been thoroughly assessed before they received support. This included assessment of their physical and emotional needs. Assessments took into account equality and diversity needs such as those which related to gender, sexuality, disability and culture.

People were supported with their nutritional needs, where this was part of their care package. Care plans documented people's needs in relation to eating and drinking. We saw that care workers provided support with nutrition and hydration. A care worker who had prepared lunch for a person asked "Can I top up some fresh water?" During the heatwave in 2018, staff purchased and delivered drinking water to people who were affected by a water shut-off in Aylesbury.

People were supported with their healthcare needs, as necessary. Care plans identified any support people needed to keep them healthy and well. Staff maintained records of when they had supported people with any healthcare-related matters.

Staff worked together within the service and with external agencies, such as the local authority, to provide effective care.

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 with appropriate legal authority. In this type of service, applications must be made to the Court of Protection. We checked whether the service was working within the principles of the MCA. The registered manager told us one person had a Lasting Power of Attorney in place. A copy of this had been obtained. At the time of the inspection, the person was still able to make decisions and involved a family member, where necessary.

A care worker we spoke with demonstrated a good understanding of consent in practice. In care plans, we saw that people had consented to care from the provider and to the sharing of information with healthcare professionals. We also noted consent to the use of the 'key safe' system. A key safe enabled care workers to access people's properties by using a key kept in a locked, coded box. Consent had also been sought for the use of people's telephones (this was a free call) for care workers to log in and out during their visits.

Good

Is the service caring?

Our findings

We received positive feedback from people about their care workers. Comments included "Very happy with care, very kind and willing staff," "Good caring staff," "Good service and very good carers," "I like that they have time to chat" and "The care staff are all nice people. The carer we have is excellent, she takes great care in making my husband comfortable and constantly chats to him explaining what she is doing." Other feedback from people included "Staff are friendly and kind. Some carers are exemplary," "(Name of care worker) is so caring and gentle, she is like a mother to me," "Lovely staff, very charming, friendly" and "(Name of care worker) is exceptional, perfect carer in that she has things ready and completed before you ask, along with great sensitivity and caring." Further feedback included "They are really kind and try their best," "Generally, the carers are really good. I have two that are particularly good" and "I would not like to lose them, they make a huge difference to my life."

People told us staff were respectful towards them and treated them with dignity. Comments from people included "I feel they respect me and my home," "Help with personal care is discreet, they make sure doors are closed and curtains when helping me" and "She is very respectful when dealing with my personal care." Other people told us "Staff have a lovely manner. They always talk through what they are doing, explaining etcetera, reassuring" and "They put things back as they were and clean bathroom areas after use." Other people said "Staff take time to explain everything. (They are) patient and take time to work at my pace...they sit and chat with you" and "Very respectful, make me feel comfortable."

People we spoke with during home visits were positive about the service. We observed a good rapport between people and their care worker. A person told us "I've had nothing but kindness from all of them. It's nice to know who you're talking to. They're more like friends. I'm very lucky. I appreciate it. They're so good. I couldn't grumble about anything." Another person told us care workers were "Great, lovely." They added "I've got no problems. They're all so kind. I've got every faith in the girls that come here. I trust them implicitly." A further person told us that their support was "Not too good." However, they added there was "One who's exceptionally good. She knows what she's doing. She's a nice girl."

Staff referred to positive relationships with the people they supported. They told us working regularly with a number of people enabled care workers to know them well. One care worker told us that "trust and mutual respect" were important aspects of a care worker's relationship with a person. During visits to people's homes, we saw the care worker asked "Is there anything else I can do?" before logging out and leaving the person's property.

Staff actively involved people in making decisions and to express their views. For example, people told us "When preparing food they always ask me what I fancy" and "They ask me how I want to be helped…which way I want to have my drinks." Another person told us "They ask how I want care each time they come, they are flexible and check with me that all's done."

Managers checked to see that care workers respected people's beliefs, culture, values and preferences, gave choices and treated them with dignity. This was a standard part of the unannounced spot checks managers

undertook, to ensure care workers carried out their duties in a caring and effective manner.

The service promoted people's independence. Care plans and risk assessments contained information to help people with daily living tasks, for example, moving safely. In one care plan, we read the person did not have good balance. There was information for staff on how to support the person when they stood up and the right equipment to use. We read a compliment from a relative which included "Thank you for all your patience and help in enabling dad to stay independent for as long as he did."

People who used the service or their relatives were able to provide feedback about the quality of care and express their views. This included reviews of care provision and an annual survey organised by the provider. The registered manager informed us surveys had recently been sent out and the results were not yet complied into a report.

Staff showed concern for people's well-being. For example, we saw care workers had reported concern when a person refused to take their medicines, eat and accept personal care. This information was passed to one of the supervisors at the office, who contacted the person's family to make them aware and also alerted the local authority.

Good

Is the service responsive?

Our findings

There were procedures for making compliments and complaints about the service. People told us they knew who to complain to, if necessary. They said this information was included in the care records in their homes. People were not always satisfied with how complaints were managed. We received a mixed response in feedback. For example, nine of the people we telephoned told us they had contacted the office about lateness of care workers or timekeeping issues. One person told us "If we make a complaint, it is ignored". Only two people commented on improvement being made after they had complained to the service. One person told us office staff were "Nice enough when I call them but nothing improves. No one calls me and asks if things are ok, better now etcetera?" However, 83% of people who completed surveys earlier in 2018 told us staff at the care agency responded well to any complaints or concerns they raised.

When we were at the office, we looked at how two written complaints had been responded to. In each case action had been taken to investigate the complaint and where, necessary, prevent a recurrence.

We recommend the service monitors the inconsistency in response to any complaints and follows up with the complainant to see if there are improvements.

At the last inspection in September 2017, we asked the provider to take action to improve care plans, to ensure these reflected people's needs and preferences for their care. They sent us an action plan which outlined the measures they would take and by when. On this occasion, we found improvements had been made.

People received care which was responsive to their needs. A relative commented "The office is very good. They have been to the house and everything is clearly written down what they have to do." Care plans took into account people's preferences for how they wished to be supported. This included the gender of staff who provided their support. People's preferred form of address was noted and referred to by staff. People's wishes of who they would like contacted if they became unwell were also documented. There were sections in care plans about supporting people with areas such as their health, dressing, washing and mobility. Care plans had been kept under review, to make sure they reflected people's current circumstances. This helped ensure staff provided appropriate support to people.

Staff told us how changes to people's needs were communicated. Their comments included "Sometimes you can't fit everything into (the) timescale but (name of senior worker) is always ready if clients need re-assessing." They added "I like the way we are contacted if clients' needs change etc." Other staff told us "When I find changes in clients, I report to the office and this is always looked into" and "I receive an email or phone call about any changes to service users' care plans or medication, also it is changed in the user's personal file." Another care worker told us "The office will always call and explain if there are any changes to the care for a service user I am going to see." Another member of staff told us "I have fed back to the office when two calls needed longer than the assessed time, and these calls have now changed from 30 to 45 minutes, which is much more manageable, and less pressured."

We saw examples of where the service had made contact with other agencies in response to changes in people's needs. This included occupational therapy where there was concern about a person's mobility and alerting the local authority where a person with a visual impairment had been asked to complete a financial form. The service recommended to the local authority referring the person to a financial advocacy service, to ensure the person received appropriate support and advice. A relative told us a care worker recently made a call to the doctor to check something, using their initiative, which they were very pleased about.

No one required support with end of life care at the time of the inspection. The registered manager told us about someone the service had recently supported. We saw their care plan had been kept up to date. The format contained prompts to record the involvement of any healthcare or specialist services and responsibilities towards ordering and administering medicines which may be prescribed for use on an 'as required' basis to manage common symptoms that can occur at the end of life. For example, for management of pain or breathlessness, nausea and sedation. These aspects of the care plan had not been required for the person we discussed but showed the service would be able to assess and record such requirements, if necessary.

We checked to see if the service ensured that people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016, making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. We saw people's communication needs had been assessed. This included their sight and hearing and whether they needed any equipment to assist with communication. People were asked as part of their care assessment if they required information to be provided in large print format. At the time of our inspection, no one required this.

Good

Is the service well-led?

Our findings

We asked people what they thought the service did well. People told us about care workers and described them using words such as 'caring', 'kind', 'capable' and 'confident.' When asked what the service could improve, people commented on communication from the office and timekeeping.

At the last inspection in September 2017, we asked the provider to take action to improve systems, to ensure the service operated effectively. They sent us an action plan which outlined the measures they would take and by when. On this occasion, we found improvements had been made.

There had been changes to management since the last inspection. The service had a registered manager in post. 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 registered manager kept their learning and development up to date. They had completed a level 5 diploma in leadership and management in health and social care. They attended local and provider forums to discuss and share good practice.

Staff described a positive working culture at the service now. Comments included "I think all in all it's a good company to work for. I really enjoy my job...no concerns," "If I need advice or help with anything they are very helpful in getting me this" and "If I am concerned about a service user or carer, I can feedback to (the registered manager) at any time. I appreciate that she is empathetic and takes anything I raise with her seriously."

Staff were supported through supervision and received appropriate training to meet the needs of people they cared for. One member of staff said "We are 100% supported by (name of registered manager) and team. (Name of staff) is an amazing trainer, she goes out of her way to explain things to you, management are always available by phone or text if we need to contact them." Other staff told us "Office staff and (the) manager are very approachable and I feel I can always call for advice when needed," "The manager is always very helpful" and "I always feel supported with my job role." Staff could contact managers for advice out of office hours. One care worker said "In emergencies, the on call staff have been amazing, depending on the emergency they have either come out to the situation or have been very helpful at supporting me during the emergency over the phone." Other care workers spoke similarly, one commented "There is always someone on the end of the phone to help, or in any emergency a member of the office staff would come out to the property."

Any mistakes or errors were reported and looked into. We saw these were dealt with constructively, to look at what had happened and to prevent recurrence. Staff were advised of how to raise whistleblowing concerns. Whistleblowing is raising concerns about wrong-doing in the workplace. This showed the service had created an atmosphere where staff could report issues they were concerned about, to protect people from harm.

People's views were sought about the service through surveys, care reviews and telephone calls. The service had completed an action plan following last year's surveys. This was kept under review and showed work had been carried out to make improvements.

The provider regularly monitored the quality of care at the service. Further work was needed to how complaints were dealt with and to reduce the issues with care workers' timekeeping. Managers made unannounced visits to people's homes whilst they received care, with their permission, to check care workers' performance. Internal audits were undertaken to check the service was performing to a satisfactory level. This included checking for missed visits, care plan documentation, staff supervision and training.

People were kept updated about the service through newsletters. Recent newsletters contained information about influenza vaccination, staff rotas and our forthcoming inspection. People were also invited to coffee mornings held at the office, to raise money for charity.

Records were well maintained at the service and those we asked to see were located promptly. There was secure storage for personal and confidential records such as staff files and care plans. Staff had access to general operating policies and procedures on areas of practice such as safeguarding, restraint, whistle blowing and safe handling of medicines. These provided staff with up to date guidance.

Providers and registered managers are required to notify us of certain incidents which have occurred during, or as a result of, the provision of care and support to people. There are required timescales for making these notifications. The registered manager had informed us about relevant incidents and from these we were able to see appropriate actions had been taken.

Staff and managers shared information in a variety of ways, such as face to face, in newsletters, through telephone calls and in team meetings.

The service worked with other organisations to ensure people received effective and continuous care. For example, healthcare professionals and the local authority.