

Westminster Homecare Limited

Westminster Homecare Limited (Forest Hill)

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 of Westminster Homecare Limited (Forest Hill) took place on 28 March and 5 April 2018 and was announced. This service is a domiciliary care agency.

It provides personal care to people living in their own homes. It provides a service to older and younger disabled adults. Not everyone using Westminster Homecare Limited (Forest Hill) receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

At the time of the inspection 611 people were using the service. This included people living in Bromley and Croydon, Lambeth, Lewisham and Southwark. At the time of writing this report the registered provider had made changes in the service provision with the relocation of services for people who lived in the London boroughs of Croydon and Lambeth. The service was now providing services to 449 people who live in the London Boroughs of Bromley, Lewisham and Southwark.

Westminster Homecare Limited (Forest Hill) 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.

This is the first inspection at this service since their registration on 18 January 2017 with the Care Quality Commission.

The registered manager and staff understood the principles of safeguarding people from abuse. There were safeguarding policies and procedures that staff used to keep people safe from harm and abuse. Staff understood the reporting process and reported allegations of abuse to the registered manager and local authority team.

Staff completed risk assessments for people. Risk management plans were developed from the risk assessments and used by staff to reduce risks to their health and well being. Systems in place were used to log and monitor accidents and incidents with actions staff took to reduce the risk of this recurring.

Assessments were person centred and included information people provided. Care plans included information about people's health and care needs, histories including their backgrounds and the care required to meet those needs. People had their care and support provided flexibly which took into account people's choices and care decisions. People received care and support that met their needs at the end of their lives.

Staff administered people's medicines as required. Staff had their medicine administration competency

assessed to ensure they were safe to do this task.

There was sufficient staff to provide care and support for people. People who required two members of staff to support them had this available so they had their care safely. The registered provider used safer recruitment processes to recruit suitable skilful staff to work with people using the service.

Staff had support through induction, training, supervision and appraisal. Staff explored their training, professional and personal development needs and The provider took action to resolve any concerns with staff performance

The registered manager and staff understood the Mental Capacity Act 2005 (MCA). Staff had insight into the MCA through training they completed. MCA training was made available for all staff. People were supported to have maximum choice and control of their lives and staff provided care in the least restrictive way possible for people. The policies and systems in the service supported this practice. People gave their consent to staff before staff provided care and support

People had meals they enjoyed and which met their individual preferences. Shopping tasks were completed by staff when this was required.

People's care needs were met by health care services. Staff made referrals for health care advice to health care professionals when people's care needs changed.

People said staff were kind and helpful to them and provided care in a dignified manner. Staff demonstrated respect for people while protecting their privacy when providing personal care.

Staff followed infection control procedures and had access to personal protective equipment to use to reduce the risk of infection.

People contributed to their assessment of their needs. Their care and support were reviewed on a regular basis to ensure people's needs continued to be met by staff.

A complaints system was available for people to make a complaint about the care they received. The registered manager followed a process for the investigation and responding to a complaint.

There was an organisational system that identified staff roles and leadership structures. Staff understood their role within the service so they were able to carry out their jobs effectively.

Staff had developed partnership working with health care professionals who helped improve the outcomes of people's health and well being.

The registered manager monitored and reviewed the quality of the service. People and staff provided their feedback and made suggestions to the service. A plan of action was developed to improve quality.

The registered manager was able to fulfil the requirements of their registration with Care Quality Commission (CQC). The service informed CQC of concerns as required by law.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe. People were protected from the risk of harm and abuse. Staff understood what abuse was and how to report an allegation of abuse.

There were methods to review and monitor accidents and incidents. Action was taken to learn from these and reduce their recurrence.

Staff identified risks associated with people's health and care needs. Risk management plans contained sufficient information for staff to mitigate those risks.

There was enough staff that were suitably recruited and deployed to support people.

The management of medicines was safe and people were supported by staff when needed to have their medicines.

Good 

Is the service effective?

The service was effective. People had their needs and choices assessed by staff.

Staff had an induction, training, supervision and appraisal to support them in their role.

Staff provided people with enough to eat and drink to meet their needs.

The service worked in partnership to improve people's outcomes.

The registered manager understood the requirements of the Mental Capacity Act (MCA). Staff obtained consent from people receiving care and support.

Good 

Is the service caring?

The service was caring. Staff showed respect, care, compassion and provided dignified care for people.

Good 

People and their relatives made decisions about their care and support.

Is the service responsive?

Good ●

The service was responsive. People had person centred assessments that identified their care needs.

People were familiar with complaints process so they could make a complaint about aspects of the service.

People received appropriate end of life care when required.

Is the service well-led?

Good ●

The service was well led. The registered manager completed reviews of the quality of care. An improvement plan was developed that recorded actions to be taken.

The registered manager notified the Care Quality Commission of incidents at the service.

The service was managed effectively in teams and the registered management had overall leadership of the service. People and staff provided their feedback about the service.

Westminster Homecare Limited (Forest Hill)

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 28 March and 5 April 2018. We gave the service 48 hours' notice of the inspection visit because it is a domiciliary care agency and the manager is often out of the office supporting staff or providing care. The manager knew we would be returning for the second day. We visited the office location to see the registered manager and to review people's care records and the key policies and procedures.

Two inspectors and three experts by experience carried out this inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we looked at information we held about the service. We reviewed notifications sent to us by the service. A notification is information about important events that occur in the service, which the provider is required to send us by law. 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.

At the time of the inspection, we spoke with the registered manager, deputy manager, training manager and five care workers. We reviewed care records for 10 people, their medicines records and 10 staff files. We looked at other records relating to the management, leadership and monitoring of the service.

After the inspection, we spoke with 20 people using the service and five relatives. We asked for feedback from representatives of local health and social care service teams for their feedback.

Is the service safe?

Our findings

People shared their comments about how safe they felt receiving care from the service. People said, "They wear a uniform so I know where they are from," "Having a regular [care worker] makes me feel safe as I've got to know her well" and "I open the door and let them in. They show me their I.D and they are wearing uniform," and "Of course I feel safe, they are lovely people - like family. They are really good." We received positive feedback from all people we spoke with who told us they felt safe with the care workers that supported them.

The registered provider had a safeguarding policy in place. The policy provided staff with information in the types of abuse and what actions they should take to protect people from harm and abuse. Safeguarding prevention methods also included guidance for staff to reduce the risks of financial abuse. We saw staff recorded and kept receipts of people's money spent for shopping. The registered manager checked these records to ensure their accuracy. The records showed there were no concerns with the management of people's money. Staff completed training in safeguarding procedures which improved their knowledge and skills in protecting people from harm and abuse. All care workers told us they had completed training in safeguarding adults that helped them to identify types of and how to report an allegation of abuse. Staff told us that if they had noticed abuse they would report it to their manager or the local authority for investigation. Care workers were familiar with whistleblowing procedures and were confident in its use.

People had individual risk assessments completed by staff. The risk assessment identified risks in relation to people's health and well-being needs. From these assessments, risk management plans were developed and made available to staff to enable them to minimise those risks. Staff routinely reviewed people's risk assessments to ensure these held up to date information and staff had the most accurate information available. We noted risk assessments detailed the support people needed with managing their personal care needs, eating and drinking and with walking. Risk assessments included details on the equipment people needed to complete tasks and clear details were provided in its use. For example, for a person with sight impairments the risk assessment detailed that care workers must ensure items such as a drink or meal is kept close by the person and within their reach to reduce the risk from a spillage. Another person had a risk assessment that focussed on their medicine management. It detailed that staff must watch the person take and swallow their medicine to ensure they had their medicines as prescribed.

The registered manager recorded accidents and incidents. These records showed that staff had taken actions to reduce the risk of the accident recurring. Information about accidents and incidents were shared with staff. This enabled them to learn from these and increase the awareness amongst staff. There was an out of hours' system that was handled by a member of the management team. Staff and people had access to a 24 hour telephone number to speak to a senior member of staff for advice or guidance. Staff told us the management team were supportive if they needed to make contact with them using the out of hour's system.

Missed visits and late calls were recorded and managed in an effective way. When missed and late visits occurred the registered manager contacted the person concerned to provide them with an explanation in

how the missed visit occurred. People we spoke with said that they did not experience missed visits and staff based at the office or care workers informed them when they were going to be late. They shared comments with us such as, "They are reasonable with their timekeeping but if they are held up because of traffic they phone and let me know. They've never missed a call," "When [care worker] can't come they send someone else." People shared their comments with us such as "They are not often late," "They do and they stay for [the required time]," and "They never used to come on time but they do now and I get the same regular carer." Records showed that missed and late visits were reviewed and any concerns were discussed with the member of staff concerned. Incidents were recorded in a way that trends or patterns could be identified and dealt with appropriately. Supervision records showed that where a concern about an accident or incident they were involved were discussed and a plan developed with the member of staff to reduce the risk of recurrence.

People had their medicines as prescribed. Staff ordered, administered and stored people's medicines safely. People told us that staff supported them with their medicines when required. People commented, "They [care workers] do put my medicines out for me and prompt me to take them because otherwise I'd forget" "They are most helpful and give me my medication" and "This is one of the first things the carer does for me; she makes sure I take my medicines." There were records in place that recorded when people had their medicines. Each person had a medication administration record (MARs). The MARs recorded each time staff supported a person with their medicine. The MARs we reviewed were completed accurately. Senior members of staff carried out monthly medicines audits. We looked at a summary of audits completed and we saw when gaps were present these were discussed with the member of staff concerned and addressed in supervision with their manager. Records showed that staff completed mandatory medicine management training and had their competency assessed. Staff had access to additional training in the management of medicines if the line manager assessed this was needed to improve their skills.

The registered manager employed staff once they completed the service's robust recruitment process. Potential staff completed an application process. Staff completed an application form and attended a face to face interview. This enabled the registered manager to assess staff's suitability for the role. Following this staff completed various pre-employment checks. Staff confirmed their identity as well as their right to work in the UK. Staff had a criminal records check by the Disclosure and Barring Service (DBS). DBS helps employers to carry out checks to avoid the recruitment of unsuitable. Employment was confirmed once all checks and employment references were returned.

Staff were available to meet people's needs and at the correct levels. People said staff arrived to support them as required. People also said when their regular care worker was on leave and not available, an alternative care worker was provided.

People were protected from the risk of infection. The registered manager had infection control procedures in place at the service. Staff had access to personal protective equipment that helped them reduce the risk of infection. Arm coverings, gloves and aprons were used by staff which helped them to follow good infection control procedures.

Is the service effective?

Our findings

People said they felt staff were well trained and good at their jobs. People's comments included, "I think my regular [care worker] is very well trained" and "They [care workers] all seem to know how to use the hoist I don't think there is a problem with the training."

The registered manager supported staff through an induction, a programme of training, supervision and appraisal. Staff completed an induction programme when they began working at the service. The training manager spoke with us about the training that was provided to staff. This included medicine management, infection control and safeguarding adults from abuse. Staff had their level of numeracy and literacy assessed. Staff completed competency assessments to ensure they had gained the appropriate skills and knowledge to do their jobs. The training equipped newly employed staff to effectively care for people. During an induction staff had support to complete the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors

Staff completed training during their employment. Training for staff included safeguarding adults, medicine management and infection control, basic life support, Mental Capacity Act, end of life and dementia care. Staff comments about training included, "The training is good and really helpful," "The training is really good and my manager always reminds me about training coming up," "I have completed safeguarding this year and it was really interesting." Staff had refresher training in line with the registered provider's requirements to ensure staff had up to date knowledge.

Each member of staff had supervision with their line manager. Supervision meetings occurred every six weeks and was arranged to support staff in their roles. Staff discussed any difficulties they had in their job. Staff were able to get advice and to resolve any concerns they had in their caring role. These were recorded and any action for follow up was recorded and reviewed at the next supervision.

Staff had an appraisal to assess their performance. Staff and their manager had discussions about their role. Each member of staff had their practice and performance reviewed in addition to looking at challenges and positive experiences they had. Any areas for improvement were discussed with planned actions to resolve them. Staff said the appraisal process helped them to review and gain insight into their practice so they looked forward to attending their appraisal meetings.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was providing care and support in line the guidance of the MCA. Staff had completed the Mental Capacity Act 2005 (MCA) training

which supported them with the skills and knowledge to effectively care for people subjected to the MCA. People were cared for in appropriately and within the framework of the MCA. 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.

Staff ensured appropriate consent from people was obtained before receiving care. People said that staff would ask their permission before carrying out care. One person said, "Yes, [care worker] always asks me what I want to do; such as do I want to have a shower or a wash." Relatives supported their family members to make care and support decisions when there were unable to.

People were supported with meals that met their preferences. Where people had help with meals they said that staff offered them choice. Where people cooked for themselves they said staff prompted them to make sure that they did eat. People commented, "They make me my breakfast" "They ask me what I want and they will make me a sandwich" "They will microwave what is in the fridge" and "I get all his food and they will heat it up, they do [my family member] porridge in the morning if I've not done it for him already." People were supported with shopping and meals to those who required this support.

People were supported with their health needs when they changed. Staff assessed when people's health changed and this was reported to the office. A care worker gave us an example of when they contacted the office when they had concerns about people, including problems with eating and drinking and the deterioration a person's eyesight. People said staff responded when they needed emergency support. One relative said, "When he had been ill the staff had called the ambulance and got [my relative] into hospital." A person said, "I was poorly a while back and they realised how unwell I was when they came and called the ambulance and got me into hospital. Brilliant carers."

Staff contacted health care services for advice and support when people's needs changed. One member of staff said they "discussed care needs with the physiotherapist and social worker" We saw records that demonstrated when a person's level of mobility reduced staff completed a referral to an occupational therapist for advice, an assessment and equipment. Outcomes from health and social care assessments were included in people's care records. Staff and health care professionals worked together to ensure staff implemented their professional guidance to maintain their health care needs. A relative said, "Every now and again [my relative] will get an allergy to the pads so [care workers and district nurse] found new ones." People were supported to attend health care appointments with a care worker if this was needed.

Is the service caring?

Our findings

People received a service from caring staff and described staff as being kind, caring and compassionate. People said, "Staff are now very patient and kind, but this was not always the case in the past. Service has improved a lot though" "The staff member who helps me is very kind, and I appreciate having her" and "They always ask if it done right for me and is there anything else I need. They are all very kind."

People had kindness and compassion from staff. People said care workers who supported them understood their needs and how they liked care. People comments included, "[Care worker] she will take her time and make sure everything is tidy when [care worker] leaves" "They are very polite, they come on time, we have a little chat and then they go. They look in the fridge and see if I need any shopping" and a relative said "I'm not in there but I hear them chatting to [each other] about football and stuff even though [family member] can't respond."

People contributed to making decisions about their care and support. People planned their care and support so it met their needs. Relatives would support people to make decisions on their behalf if they were unable. People were able to decide on the time of their visits and whether a care worker who provided their care was male or female. People said, "I've had them [care worker] such a long time now, most of them have visited me at some time or another so I know them all. They're all nice, they ask me what I want done and then do it. "I think they are very good at their job. The [care worker] who comes to me certainly is. [Care worker] is attentive not in a fussy way, just careful. I don't always remember and [care worker] offers to get things ready for me."

People had support from staff to maintain their independence as able. Staff encouraged people to do as much as they could for themselves. While carrying out personal care tasks staff encouraged people to carry out some of this. Staff encouragement helped people maintain some level of control in their lives. People comments included, "Staff help me with the walking frame, and are very supportive" "When I'm walking around the staff member makes sure she is just behind me so I feel very well supported. She is always nearby" and "My regular carer is very good. We hit it off straight away and get on really well. [Care worker] listens to me if I have anything bothering me and I find her attitude very reassuring."

Staff delivered care and support that showed dignity and privacy. People were complimentary and said that staff showed them a respectful attitude and carried out their care in privacy. People commented, "By closing the door when giving personal care, and speaking to us with respect" "The staff member always makes sure that the door is closed when I'm having a wash, and makes sure my front door is locked." People could be assured that staff treated them in a way which valued and appreciated them.

Is the service responsive?

Our findings

Staff responded to people's needs in an effective way. People had the care and support to meet those needs. For example, if a person had mobility needs these were records detailing the support they needed to meet that need including equipment. This information allowed staff to develop a plan of care so that people could have the care and support they needed.

Staff assessed people's needs and used the guidance in the new Accessible Information Standard. Care records were available in large print documents for people with visual impairments. The Accessible Information Standard makes sure that people with a disability or sensory loss are given information in a way they could understand.

People had a care plan following their assessment. The care plan was used to provide staff with information on the person's care needs and the support needed to meet their assessed needs. People said they had a copy of their plan of care. People comments included, "Yes they do, it was updated a few months ago" "Yes they do. A lovely girl [member of staff] came in to check on us. [Member of staff] has been in quite a number of times" "I received a copy of the care plan at home" "I got a copy of my care plan a while ago" and "Yes [my family member] has a care plan and the senior comes out and reviews it every now and again." We found that care plans contained sufficient guidance so staff provided effective care. For example when a person needed support with eating, drinking, positioning in bed or support while out in their local community this was documented with any identifies risks. When a change in care occurred people's care plan and staff were updated.

Care plans included information about people's history. This included their religion, disability, gender, sexuality and ethnicity. Staff supported people to maintain these in line with their needs and choices. Staff told us they supported people to eat meals that met their cultural needs. One member of staff said they provided care for a person who shared the same cultural heritage. They said they were familiar how to prepare particular meals that met their needs. The also said, "[person] enjoys my company because we can chat about familiar things related to where we were born. It helps them reminisce and remember fond memories."

People were supported with care they needed at the end of their life. Joint working occurred with staff from palliative care needs as required. Staff followed the specific guidance of palliative care professionals to ensure people received appropriate care and their wishes respected. Staff had training in end of life care to enable them to deliver sensitive care. Staff had an understanding of people's religious and cultural needs and how they should be cared for at the end of their life.

People could complain about the service because there was a process in place. The registered manager provided people with the complaints process when they began using the service. People we spoke with said they knew how to make a complaint and felt confident to do so. People comments included, "We haven't needed to make a complaint," "I have complained before by ringing the office, as I was unhappy when a staff member didn't show up on time or a new staff member was provided that we didn't know. I was happy with

the way the office staff dealt with my complaints. " Other people commented, "I've not needed to complain before, but if I was unhappy with anything I'd ring the office staff" and "I've never felt I had to complain about anything but I would phone the office if there was a problem" and "We've never complained." The registered manager investigated complaints and responded to the complainant once the investigation was concluded.

Is the service well-led?

Our findings

People received care and support from a service that was well led. People we spoke with said they felt the agency was well run. People said they knew or had met the manager and staff were friendly and helpful. People shared their views about the management of the service. "It's consistently good care I can't think of anything they need to do to improve it. I would recommend them to others," "They are good at what they do and that comes from good management" and "The manager is very nice and the help they give me is just right. I think they are a good company and I would recommend them."

The registered manager understood their responsibilities regarding their registration with the Care Quality Commission (CQC). The registered manager kept records of all incidents that were notified to the CQC. We checked our records and saw these corresponded as expected with the incident notifications at the service. All safeguarding records were updated and we could look at safeguarding outcomes when they had concluded.

Staff reviewed the quality of care records and these were of good quality. The registered manager made arrangements for the review and audit of medicine administration records, risks assessments and care records. We found these were completed accurately, were updated and contained relevant details for people.

The registered provider had a process in place to monitor and review the quality of care. Managers carried out regular spot checks on staff. Spot checks were used to assess and monitor staff practice while they were providing care to people. Any areas of concern found were discussed with the member of staff concerned.

The registered provider had encouraged teamwork so people were able to receive co-ordinated care. Staff attended team meetings which helped them to receive information from the provider to share good news and challenges with colleagues. Staff we spoke with said the registered and deputy managers were very supportive to them. Staff comments included, "There is always someone to talk to," "[there are] good care co-ordinators, attentive and takes concerns seriously," "Amazing relationship with management" and "I was employee of the month and was thanked for my hard work." Staff were happy in their jobs and enjoyed working with the people and at the service. One care worker described their job as "Being happy and satisfied when people are satisfied with the service."

Staff were supported with an initiative where they had the opportunity to improve their skills. Care workers were promoted within the service to the role of a senior care worker. Senior care workers were supported with additional training that helped them to improve and gain new skills in completing assessments, care plans and risk assessments for people. Senior care workers also mentored newer members of staff.

People provided their feedback to the registered manager about their experiences using the service. People had regular telephone conversations with staff to discuss the quality of care they received. Where people provided less positive comments these were followed up with the member of staff concerned. We saw records of meetings occurred with staff when concerns arose, for example concerns with lateness were

discussed and an outcome achieved between the member of staff and their manager. Each year people were provided a survey to complete and return to the service.

The registered manager had developed working relationships with external organisations. Health and social care service professionals met with each other on a regular basis. They attended meetings to discuss developments within adult social care, and health care services. Partnership working with the service and health and social care services helped to co-ordinate care and support for people. This enabled people to have the care and support they needed.