Westminster Homecare Limited

Westminster Homecare Limited (Luton)

Inspection report

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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**

Overall summary

We carried out an announced inspection on 19 November 2015. The service provides care and support to people in their own homes in the community and to those living within two local extra care housing schemes. At the time of the inspection, 209 people were being supported by the service, some of whom may be living with chronic health conditions, physical disabilities and dementia.

During our inspection in March 2015, the provider had not met five regulations. This was because people's medicines had not always been administered at the right times. The provider's recruitment processes were not always robust. Staff did not receive regular supervision and had not been positively supported and encouraged to develop their skills. Also, staff did not have good understanding of the requirements of the Mental

Summary of findings

Capacity Act 2005 (MCA). Late visits by staff often meant that people were not supported at times of their choosing. Action had not been promptly taken to make the required improvements because the service had not been well managed. Following the inspection, the provider had sent us an action plan telling us that they would make the required improvements by 30 September 2015.

The service did not have a registered manager following their resignation. A new manager had recently been employed, but had left within a few days of our inspection. The area manager who had been based at the service since May 2015 in order to drive the required improvements assured us that they would recruit a new manager as soon as possible. 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.

People felt safe and there were systems in place to safeguard them from risk of possible harm.

Some of the people's risk assessments had been updated so that staff had the information they needed to support people safely and minimise the identified risks. There had been significant improvements in how people's medicines were being managed and this was a result of a reduction in late or missed visits.

There had been improvements in how staff were recruited and there was sufficient numbers of staff to support people safely. There were plans in place to ensure that staff received regular supervision and effective support. Staff said that the quality of training had improved and there were plans to update each member of staff's training in the next few weeks.

Staff understood their roles and responsibilities to seek people's consent prior to care being provided. However, further training was required in order for them to understand the requirements of the Mental Capacity Act 2005 (MCA).

People said that staff were caring and respectful, and they were supported well to maintain their health and wellbeing.

People's needs had been assessed, and care plans took account of their individual needs, preferences, and choices. The provider had improved how they dealt with people's concerns and an increase in office staff meant that telephone calls were answered more quickly.

The provider had a formal process for handling complaints. They regularly sought people's feedback in order to improve the quality of the service.

There was improvement in how the service assessed and monitored the quality of the service they provided. However, changes in managers meant that they had not fully made all the improvements required to ensure that they provided good quality care to people who used the service. It was for this reason that we were not able to change some of their ratings as we judged that they needed a longer period to fully embed their improved processes.

Summary of findings

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.

People felt safe and staff knew how to safeguard them from the risk of harm.

There was sufficient staff to support people safely, but people were not always confident that they would get support when they required it.

There were improvements in how people's medicines were being managed, but further work was necessary to ensure that everyone was always given their medicines on time.

Requires improvement

Is the service effective?
The service was not always effective.

People's consent was sought before any care or support was provided. However, further training was needed to ensure that staff understood the requirements of the Mental Capacity Act 2005 (MCA).

People were supported by staff who had been trained to meet their individual needs. The service needed to further improve how they trained and supported staff.

People were supported to maintain their health and wellbeing.

Requires improvement

Is the service caring?
The service was caring.

People said that staff were kind and caring towards them.

Staff understood people's individual needs and they respected their choices.

Staff respected and protected people's privacy and dignity.

Good

Is the service responsive?
The service was responsive.

People's needs had been assessed and appropriate care plans were in place to meet their individual needs. The majority of these were now up to date.

The provider had a system to handle complaints and people had seen improvements in how their concerns were responded to.

Good

Is the service well-led?
The service was not always well-led.

Changes in managers meant that the progress to improve the quality of the service provided had been slow and action plans had not been fully met.

People had been enabled to routinely share their experiences of the service.

Requires improvement

Summary of findings

Quality monitoring audits were now being completed regularly and the findings from these were used to drive improvements.

Westminster Homecare Limited (Luton)

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 19 November 2015. We gave 48 hours' notice of the inspection because we needed to be sure that there would be someone in the office. The inspection was carried out by two inspectors and an expert by experience. 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 reviewed information we held about the service, including the report of our previous inspection and the related action plans. We reviewed minutes of the meetings about the service we had attended in the last few months. These had been arranged by the local authority to check how the service was going to make the required improvements identified during our previous inspection and the local authority's own reviews of the service. We also looked at notifications they had sent us. A notification is information about important events which the provider is required to send to us.

During the office visit we spoke with six care staff, an administrator, the training coordinator, the manager and the area manager. An inspector visited and spoke with one person in their home. Following the office visit, an inspector spoke with a further 11 staff by telephone and an expert by experience spoke with nine people who used the service and the relatives of two others.

We looked at the care records for 16 people who used the service, the recruitment and supervision records for eight care staff and the training records for all the staff employed by the service. We saw the report and action plan of the last review carried out by the local authority. We reviewed information on how medicines and complaints were being managed, and how the provider assessed and monitored the quality of the service provided.

Requires improvement

Is the service safe?

Our findings

During our inspection in March 2015, we had found that people's medicines had not always been managed safely. Missed visits meant that some people had not been given their medicines as prescribed by their GP. Also, the care records did not always reflect the support people needed to take their medicines because they had not been updated when their needs had changed.

During this inspection, we found that significant improvements had been made to how people's medicines were being managed. Although we had received concerns about missed visits resulting in people not being given their medicines in the months following our previous inspection, we had noted that there had been a reduction in these incidents from August 2015. This evidence was supported by people who told us that they were happy with how their medicines were being managed. A person whose medicine was being kept in a locked box said, "I don't mind that at all, just as long as the carer comes because I would have to miss my pain medicine and then I can't sleep." However, they told us that this had not happened in recent months.

People's medicines were administered by staff who had been trained so that they had the right skills and knowledge to manage people's medicines safely. Staff confirmed that they had either recently completed refresher training on how to manage medicines or they had been booked to do so before the end of December 2015. One member of staff said, "We had some good training around medicines." Another member of staff told us that the new medicine management system was much clearer adding, "It has been a good change." We saw that medicine administration records (MAR) had been mainly completed correctly, with no unexplained gaps. These were being returned to the office as soon as possible when the booklet was full so that a percentage of them could be audited to check if they were being completed in accordance with the provider's guidance. Any failures to complete MAR properly had been addressed through staff meetings and supervision.

During our inspection in March 2015, safe staff recruitment practices had not always been followed. We looked at the recruitment records for eight staff and found that staff recruitment systems had improved to ensure that all relevant pre-employment checks had been completed. These included obtaining references from previous employers, checking each applicant's employment history and identity, and requesting Disclosure and Barring Service (DBS) reports for all the staff. DBS helps employers make safer recruitment decisions and prevents unsuitable people from being employed. Additionally, the provider now had a member of staff responsible for recruiting care staff, who also ensured that the staff records were accurate and up to date. The manager was also in the process of auditing all staff files to ensure that safe recruitment processes had been followed. They assured us that this would be completed in the next few weeks.

There had been a high turnover of staff that meant that people had not always been supported by staff who knew them well. However, we noted that the provider had an ongoing recruitment programme so that they covered any vacancies as they occurred. At the time of this inspection, 80 staff were employed by the service. Also, three new 'field supervisors' now provided day to day leadership and practical support to care staff, to enable them to support people safely and effectively. Staff confirmed that they had been recent recruitment of new care staff so that they could provide appropriate care to everyone who used the service. A member of staff said that this had improved their working conditions, as they had reduced the number of people allocated to them. They also said, "We have time to get from one visit to the next without taking time off each visit so that we catch up. This is how it should be."

People told us that they felt safe when they were supported by their regular care staff because they knew their support needs well. Although some people spoke about the impact of missed or late visits on their care and others also said that care staff were changed too often. They mainly said that these issues were caused by the office staff who did not manage the rotas well. One person said, "They are often late, but it isn't the carers' fault. The office gives them extra visits, how are they supposed to fit them in?" Another person said, "They've come on time in the last two weeks, but before that it varied. I hope it lasts." A third person told us that they had recently complained that the care staff were always very late adding, "I haven't noticed any difference yet." A relative of one person also found the service unreliable due to missed or late visits. However, the notifications we received showed that improvements were being made with a significant reduction in these incidents. The provider now also had a dedicated member of staff to ensure that the system used to plan staff rotas was being

Requires improvement

Is the service safe?

used effectively. They had also improved how staff allocation was being managed out of normal office hours so that any staff absences could be covered quickly in order to cause the least disruption to people's care routines.

The provider had up to date safeguarding and whistleblowing policies that gave guidance to staff on how to report concerns they might have about people's safety. Whistleblowing is a way in which staff can report concerns within their workplace. Information about safeguarding people was displayed in the office and this included the contact details of the relevant local agencies that staff could report concerns to. Staff had received training in safeguarding people so that they knew how to identify when people were at risk of harm. Staff we spoke with demonstrated good understanding of safeguarding processes. Most staff told us that they would report any concerns to the manager first and would check to ensure that appropriate action had been taken. Although staff had previously felt that their concerns or requests for support had not been responded to quickly or acted on, they said that this had now improved. One member of staff said, "Communication is much better now. When you ring the office for advice someone answers or gets back to you quickly."

We saw that an environmental risk assessment had been completed for each person as part of the service's initial assessment process. This helped staff to identify and minimise any potential risks in people's home. The provider also ensured that staff had been trained to use equipment safely before supporting people. Some of the staff's training in the use of equipment to help people move safely was out date and the new training coordinator showed us that priority was being given to ensuring that all staff updated their training when due. This confirmed that the provider was committed to providing a consistent standard of care and ensuring that all staff worked according to the same procedures. The manager kept a record of all accidents and incidents, with evidence that action had been taken to reduce the risk of recurrence.

Each person had personalised risk assessments so that staff had the information they needed to manage specific risks to people they supported. The assessments included those for risks associated with people being supported to move, developing pressure area damage to the skin, not eating and drinking enough, and injuries from falling so that any action taken by staff maintained a balance between minimising risks to people and promoting their independence. We noted that the manager and area manager had been working steadily to ensure that people's risk assessments were up to date and that they had prioritised those for people with high care needs. This was to ensure that they accurately reflected people's current support needs.

Requires improvement

Is the service effective?

Our findings

During our inspection in March 2015, we had found that people were not always supported by a consistent group of staff. People were not confident that all the staff had the right skills to support them appropriately. Staff's training was not up to date and the majority of them did not feel well supported by the manager. We had noted that formal supervision had not always used constructively to encourage staff to develop their skills. Staff did not have good understanding of the requirements of the Mental Capacity Act 2005 (MCA) and they did not all support people well with their meals.

During this inspection, we found that improvements had been made to ensure that people were supported by a consistent group of staff. This had been the reason for the provider to employ a member of staff to manage the computerised system used to plan staff rotas. Staff had also been allocated to support people within a defined geographical area in order to reduce travel time and therefore minimise the risk of them arriving late to support people. A member of staff said, "Our rotas are much thought out now. We don't have to travel half way across town for one visit and then back for another." However, people's comments varied about whether they had regular care staff. Although the majority of people told us that they did, others said that the frequent changes meant that they were not always provided with consistently good care. One person said, "I think the key to the whole care business is having the same carers. They know you and you know them." Another person said, "Things have improved and now I've got just one main carer." A third person said, "I have a lot of change. They only come once a day for seven days, but I've had five different carers. Some come and I never see them again."

Most people told us that staff were trained well enough to carry out the tasks needed to support them with their care. One person said, "My carers are great. If there was a problem with them, I would feel able to say something." Another person said, "I have a pain problem and my regular carer is good. She knows I need to take it slowly when helping me." However, others felt that there were areas that could be improved. Their comments mainly related to some of the staff's attitude rather than their skills or knowledge. For example, one person told us that some staff arrived with earphones on and they did not take them off for the duration of their time with them. They added, "They then don't talk much."

Staff told us that the quality of the training had improved and in their short time at the service, the training coordinator had made an effort to ensure that staff updated their training. A member of staff said, "The training is good and the trainer makes it fun." A new member of staff was also complimentary about the quality of the induction programme. They said, "Even though I have worked in care for 10 years, I still had to do a thorough induction." Another new member of staff told us that their induction had included working alongside experienced staff until they had been assessed as being competent to support people on their own. Other staff comments about training indicated that they could use what they learnt when supporting people. These included, "The training is based on real people so it makes sense"; "As part of our training to support people to move safely, we were hoisted and put on continence aids. It helped to make it real". We saw that the majority of staff's training was now up to date and the training coordinator had a plan in place to ensure that the rest of the staff's training would be updated in the next few weeks.

Staff were aware that the manager was working towards eliminating poor performance and that those staff who did not provide the quality of care expected of them had been leaving the service. They were also required to follow the provider's expected behaviours as set out for all staff. A member of staff said, "The manager checks if we are wearing the correct uniform and name badges when we go into the office." Staff told us that there had been improvements in how they were supported since the area manager and the new manager started managing the service. They also said that the new 'field supervisors' could give them practical support when required. A member of staff said, "I think the manager has made an effort to speak to all of us." We noted that some staff had received supervision since the new manager started. A member of staff said, "I have had one supervision meeting with the manager and another is booked." Also, some supervision meetings had been arranged to address specific concerns about a staff member's performance. For example, there was a meeting with a member of staff to address their failure to log in and out at each visit to people's homes as this meant that they could not keep accurate records of

Requires improvement

Is the service effective?

how long they supported people for. There was a plan in place to ensure that all staff would receive regular supervision in the future, in accordance with the provider's plan that required each member of staff to have four supervision meetings and an appraisal each year. There was a plan to complete the outstanding staff appraisals in January 2016 and some staff had completed forms in preparation for this.

People said that they were asked for their consent before any care or support was provided. We saw that a 'service user agreement' for each person included people signing that they consented to staff having access to their personal records, sharing of care information with other professionals, taking part in review meetings, key safe information being used by staff to gain entry to their home, electronic visit monitoring and photographs required for identification purposes. One person said, "I have a choice about how they help me and they respect this." Staff understood their roles and responsibilities in ensuring that people consented to their care and support. A member of staff said, "I always like to ask someone if they want to do something before I do it." In some records, there was evidence that where a person did not have capacity to make decisions about some aspects of their care, mental capacity assessments had been completed and decisions made to provide care in the person's best interest. Although staff who had recent training had some understanding of the requirements of the Mental Capacity Act 2015 (MCA), others were not so clear about their roles and responsibilities in relation to Act. There was clearly a need for further training so that all staff had a good understanding of this legislation.

Some people were being supported to prepare their meals. Most people or their relatives organised their own food shopping and staff were mainly required to warm and serve already cooked meals, and prepare drinks for people. People told us that this was done with care and staff respected their choices. One person said, "I have eating problems and the carer does notice. She gets onto me to get a doctor's appointment, she does think about me." However, some people were not happy that some staff did not always clear away and wash up used plates one they had eaten. A member of staff who was concerned that visiting people for 15 minutes was not enough to ensure that they ate well said, "It is important to spend time to ensure someone eats the meal I have prepared for them."

People told us that their family members normally supported them to access other health and social care services, such as GPs, dietitians, community nurses, and to attend hospital appointments. They told us that the care staff did so if urgent care was required. Staff told us that they would normally report any concerns about people's health to the supervisors in the first instance and where necessary, but they would support a person to contact their GP if they felt that their care needs were urgent. A member of staff said, "I know if someone is ill, I can stay with them until help arrives."

Good

Is the service caring?

Our findings

During our inspection in March 2015, people had told us that the office staff were not always caring and respectful because they showed lack of concern for the issues they had raised.

During this inspection, we found that more office staff had been employed and there was improvement in how quickly they answered the phone and dealt with people's concerns. The manager told us that their ethos was to deal with people's concerns quickly and effectively so that they were not escalated to complaints. They gave us examples of recent visits to people's homes to discuss concerns they had raised about the quality of the care provided.

People made positive comments about their regular care staff. They told us that these members of staff were friendly and provided care in a compassionate manner. One person said, "I have a couple of regular carers who are kind, friendly and they look after me well." Another person said, "I have a good relationship with my carer. I know about her and she knows about me ." A third person said, "I have the same carer every day. She's kind, caring and I like her." Although people told us that they found it difficult to develop relationships with irregular staff, none of them raised any concerns about how they supported them. One person said, "I could tell my regular carer anything. The others are cheerful, but I don't know them."

People told us that they were involved in making decisions about their care and support needs. Some of them told us that they had been involved in planning their care and that staff took account of their individual choices and preferences. They also said that staff supported them to remain as independent as possible. During a visit to a person's home, we observed a good relationship between the member of staff and the person who used the service, as well as, their family members. The nature of the service meant that staff were not always able to stay long enough to have meaningful conversations with people they supported. A member of staff said, "It would be nice if we could spend more time talking with people, but some care packages do not allow for this."

A relative of one person had told us that staff did not always protect people's privacy and dignity because on one occasion, a member of staff had removed their relative's clothing while other family members were in the room. However, the majority of people told us that staff treated them with respect, and promoted their privacy and dignity. One person said, "They are always respectful." Staff demonstrated that they understood the importance of respecting people's dignity, privacy and independence by supporting them in a way that promoted their human rights. A member of staff said, "We try to make sure that people continue to do as much as possible for themselves. It gives them satisfaction that they are not entirely reliant on us to meet all their care needs." Staff were also able to tell us how they maintained confidentiality by not discussing about people outside of work or with agencies not directly involved in their care. We also saw that the copies of people's care records were held securely within the provider's office.

People had been given information about the service when they first started using it. Staff who completed people's initial assessments had explained the relevant information they needed to enable them to make informed choices and decisions. Some of the people's relatives or social workers acted as their advocates to ensure that they understood the information given to them and that they received the care they needed.

Good

Is the service responsive?

Our findings

During our inspection in March 2015, people said that late visits often meant that they were not supported at times of their choosing. Also, people who did not have regular care staff did not always receive information about staff who would be supporting them in advance so that they knew who to expect. People's care plans had not been reviewed in a timely manner and that meant that they were not always reflective of their current needs.

During this inspection, people told us that the service had made improvements in relation to the above issues. A number of people told us that they now received staff rotas in advance, although some said that they were not always accurate. However, they accepted that some changes were unavoidable as staff absence had to be covered at short notice. One person said, "I get the rota, but they don't stick to it. Anyone comes." Another person said, "The rotas are not always correct, but at least I get it now." Although some people said that they sometimes found it difficult to communicate with staff for whom English was not their first language, none of them were unhappy with how they were supported. However, a number of people said that they preferred to be supported by staff they knew well and had developed good relationships with. One person said, "They don't match carers with people, they are only interested in covering calls." People said that the main improvement was that they were now being supported as close as possible to their preferred times. One person said, "The times are fine as long as they are not late." Another person said, "I had a choice of times and the times they come suit me."

We noted that everyone had been assessed prior to them being supported by the service and personalised care plans were in place so that they received the care they required and that appropriately met their individual needs. People's preferences, wishes and choices had been taken into account in planning their care and they confirmed this when we spoke with them. We noted that the service had made significant improvements in ensuring that people's care records were up to date. The manager had prioritised the review of the records for people with high care needs first and they had a plan in place to complete the rest of the reviews. However, only two people could recall being involved in reviewing their care plans. One person said, "I did have a review about six months ago and they asked me what the service was like." The other person said, "I had a review sometime last year. They do it occasionally and I can always ask if I want something done or changed." One of the people felt that they did not need regular reviews because they had minimal care needs. They said, "They don't review my care plan, I am very straightforward."

The nature of the service meant that their responsibilities did not extend to providing support for people to pursue their hobbies and interests. This was normally organised by other professionals or people's relatives. Some people regularly attended local day centres to ensure that they were not socially isolated. For people living in one of the extra care schemes, a day centre within the site meant that they did not have far to travel.

The provider had a complaints policy and procedure in place and people told us that they had copies of it in their care files. Most people told us that they had never had any reason to raise a complaint about the care provided by the service. One person said, "I've never complained. I would do so if I wasn't happy." However, some people said that they had moments when they were unhappy about something and the majority of care staff normally resolved the issues quickly. People had seen some improvements in how quickly their concerns were responded to if they telephoned the office, but they felt that further improvements were required as the response they received was not always consistently good. An example of this was from a person who told us that they had rang the office a few times about care staff leaving their back door unlocked, but this had not made a difference. Their view was that the office staff had clearly not spoken with the care staff about it. We noted that any recorded complaints had been investigated within the provider's timescales and responses sent to the complainants.

Requires improvement

Is the service well-led?

Our findings

During our inspection in March 2015, the registered manager did not show good leadership and had not been able to answer the questions we had without the support of the area manager. People said that the service was not well managed and most had never had visits from the registered manager to review their care. The provider's quality monitoring systems had not been used effectively to drive improvements.

During this inspection, we noted that the service no longer had a registered manager because they had resigned in September 2015. A new manager had started in early October 2015, but they left the service within a couple of weeks of our inspection. However, they had contributed to some of the improvements in their short time at the service. The provider's area manager had been based at the service since May 2015 and we found that they had been instrumental in driving the improvements we saw. They assured us that they would be looking for a new manager and they were hoping to do so as soon as a suitable person had been found.

Some of the people we spoke with had met the new manager, with one person telling us that they normally got issues resolved if they managed to speak with the manager. Another person said, "[Manager] is new. She's trying her best, but she's still got old staff who are set in their ways." Another person said, [Manager] the new manager is trying to improve, but the service isn't very good."

Staff had positive comments about how the service was now being managed. A member of staff said, "I have met the new manager and I found her to be nice and reliable. She cares about people and wants them to get good care. There have been a lot of positive changes since your last inspection and I am really happy about that." An example of the changes they told us about included that their rotas were more organised now and not as 'chaotic' as they were previously. They were also happy that the service now had 'field supervisors' to provide quicker practical support to care workers. Since our previous inspection, they had been a series of staff meetings to discuss with them the managers' plans to improve the service.

There was evidence that people's feedback about the quality of the service was regularly sought. Information was collected from people either by telephone or during home visits when a short questionnaire was completed. A person who had been telephoned to share their feedback on 10 November 2015 suggested one improvement which was for the rotas to be sent to them weekly. They also complimented the service because communication with the office had got better. We saw that another person who had a telephone survey in June 2015 and a home visit in November 2015 had made positive comments on both occasions. The manager told us that they aimed to contact each person quarterly in order to capture their views and use any comments made to improve the service. Additionally, the provider completed an annual survey, but we did not look at the report of this year's survey as this had been reviewed during our previous inspection.

A number of quality audits had been completed in the months following our previous inspection. These included checking people's care records to ensure that they contained the information necessary to provide safe and effective care. Also, a percentage medicine administration records (MAR) and staff files had been checked. We noted that records of the findings from the audits had been kept and these included information about the actions to make the required improvements. For example, issues in relation to how MAR were completed were either addressed through staff supervision or disciplinary action. Also, an audit of daily reports had highlighted some record keeping issues such as, staff not always signing their entries. The records were not always detailed and they were not always person centred. The manager's comments indicated that 'report writing' training was required. They had not yet arranged this at the time of our inspection, but the issues had been discussed with staff at the most recent staff meeting. The provider's quality monitoring team also completed six-monthly reviews of the service and were told that the last one had been completed in August 2015. However, we did not see the report as a copy was not available at the time.

Although there was significant improvement in how the quality of the service provided was being assessed and monitored, changes in managers had meant that they had not fully made all the required improvements as identified in our previous inspection. This meant that were still not providing good quality care to everyone who used the service. It was for this reason that we were not able to change some of their ratings as we judged that they needed a longer period to fully embed their improved processes.