

Westminster Homecare Limited

Westminster Homecare Limited (Milton Keynes)

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

Westminster Homecare Limited (Milton Keynes) is a domiciliary care service. It is registered to provide personal care to people living in their own homes in the community. The service operates in Milton Keynes, Buckinghamshire and Bedfordshire.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of our inspection, 131 people were receiving personal care from the service.

People's experience of using this service and what we found

People received safe care and were protected against avoidable harm, neglect and discrimination. Risks to people's safety were assessed and strategies were put in place to reduce the risks.

People received support from staff who had undergone a robust recruitment process. They were supported by regular, consistent staff who knew them and their needs well.

Where the provider took on the responsibility, people's medicines were safely managed. Systems were in place to control and prevent the spread of infection. The provider ensured that lessons were learned when things went wrong, so that improvements could be made to the service and the care people received.

People's needs, and choices were fully assessed before they received a care package. Staff received an induction and ongoing training that enabled them to have the skills and knowledge to provide effective care.

People were supported to eat and drink enough to maintain their health and well-being.

Staff supported people to live healthier lives and access healthcare services. People could be supported to attend healthcare appointments if it was required.

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

Staff had built up good relationships with the people they provided care to. People and relatives, where appropriate, were involved in the planning of their care and support. People using the service, relatives and staff were encouraged to provide feedback which was analysed and acted upon. People's privacy and dignity was always maintained.

Care plans were detailed and supported staff to provide personalised care. There was a complaints procedure in place and systems to deal with complaints effectively. The service was able to offer care to

people at the end of their lives, although at the time of inspection no people required end of life care and support.

The service was well managed. There were systems in place to monitor the quality of the service and actions were taken, and improvements were made when required. People said the two registered managers and senior staff team were approachable and provided strong leadership. The service worked in partnership with outside agencies.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (published 16 September 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

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.
Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.
Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.
Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.
Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.
Details are in our well-led findings below.

Good ●

Westminster Homecare Limited (Milton Keynes)

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector, one assistant inspector and two Experts by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone using this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats and specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is bought or rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

The service had two managers registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

We gave the service 24 hours' notice of the inspection. This was because we needed to obtain the consent

from selected people receiving personal care and their relatives to be interviewed by the experts by experience. We also needed to be sure the provider or registered manager would be in the office to support the inspection.

The inspection activity started on 26 February 2020 and ended on 6 March 2020. We visited the office location on the 4 and 6 March 2020.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used all of this information to plan our inspection.

During the inspection-

We spoke with 19 people who used the service and six relatives about their experience of the care provided. We spoke with 16 members of staff including, care workers, field care workers, senior care workers, care co-ordinators, one of the registered managers and the operations manager.

We reviewed a range of records. This included six people's care records, including risk assessments and medication records. We looked at three staff files in relation to recruitment, staff supervision and training. We also reviewed a variety of records relating to the oversight and management of the service, including policies and procedures.

Is the service safe?

Our findings

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

At the last inspection this key question was rated Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People said they felt safe with the staff who visit them, and most people had regular care staff visit them. One person said, "I have four calls a day and I feel quite safe with all the carers. They make sure I take my tablets correctly, so I feel quite safe in knowing they are looking after me well." Another person said, "The carers call twice a week to give me a shower. They make sure I am safe getting in and out of it, so I don't fall." A relative said, "[Name] has a brilliant carer who safely escorts [name] into the shower or gives [name] a full body wash and ensures [name] is safely seated."
- Staff told us, and records showed they received safeguarding training. They understood how to keep people safe and how to report any safeguarding concerns. One staff member said, "The safeguarding training is about learning how to protect vulnerable people in the community and how to provide for their needs, to put them at the centre of everything, as they are the priority. If you see abuse going on, this should be reported. For example, changes in the person, their behaviour. If I saw anything that raised concerns I would report it to the manager."
- The registered managers and provider understood their responsibilities to keep people safe. Records showed safeguarding concerns were raised as required with the local authority and the Care Quality Commission.

Assessing risk, safety monitoring and management

- Risk assessments in people's care and support plans documented risks that were present in their lives, and supported staff to work safely with people. One staff member said, "The care plans are sectioned out and tell you what's required at the morning, evening and night calls." Another said, "Sometimes people's risks do change. Everyone is different, if something happens the risk assessments are reviewed. We also have a handover every day to keep us up to date with any changes."

Staffing and recruitment

- Staffing levels were suitable to keep people safe. People that required two staff to move safely had additional staff assigned at various times, to ensure they received the required level of care. One person said, "I have two calls, morning and evening. I need help to have a shower and get dressed in the morning and help to get into bed as I cannot lift my left leg. They [staff] carefully support me and settle me and gently move my leg up and into bed."
- People said the staff usually arrived on or around the agreed call times. One person said, "They are mostly on time, but will call if they are held up. I have not had any missed calls and although the staff are very busy they always stay for the full time." A relative said, "The call should be 10am, sometimes I call them to see what's happening, but they always get to [name] to provide their care. Weekends are usually the worst for keeping to times, but [name] has never had any missed calls." This comment was brought to the attention of

the registered manager for their information for monitoring purposes.

- The provider ensured staff were safely recruited by undertaking pre-employment and identity and character checks. These included obtaining references and carrying out a Disclosure and Barring Service check, which helps to support safer recruitment decisions.

Using medicines safely

- Where the provider took on the responsibility to support people to take their medicines, this was provided safely in line with people's individual needs and preferences. One person said, "The carers always do my medicines, as I can't do this at all. They [staff] get them out of the packs and hand them to me to have with a drink." Another said, "I have four tablets in the morning and then one at tea time. They [staff] give them to me with a drink." Another said, "I always get my pills when I should each day."
- Staff told us, and records showed, staff received training in the safe handling of medicines and maintained records of medicines they had administered. The medicines records were routinely audited to ensure they were correctly completed by staff. When errors had been identified these had been addressed with the specific staff members and update medicines training and support was made mandatory to improve practice.

Preventing and controlling infection

- Staff received training in health and safety infection controls, food hygiene and good hand hygiene practice. One person said, "The staff wear uniforms and the company provides plenty of gloves and aprons for them to wear while they help me wash." Staff told us the provider ensured they always had plenty of personal protective equipment (PPE) available. For example, disposable gloves, aprons, arm and shoe protectors and hand sanitiser.
- Policies and procedures were in place for reporting infectious illness and staff told us they followed the advice, to minimise the risk of spreading infectious illnesses to the vulnerable adults in their care.

Learning lessons when things go wrong

- The registered managers had an open and reflective leadership style and reviewed incidents to help reduce future risks to people's safety and welfare. For example, in response to medicines errors identified during internal audits, all staff had been provided with refresher medicines training. This initiative resulted in staff having greater confidence in administering medicines and a reduction in the number of medicines errors. Comments from staff on evaluation of the training included, 'It was nice to have it all explained to me, I found it enlightening.' And 'I have learnt additional policies in relation to the administration of medicines.'

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs, and choices were assessed before taking up a care package with the service. This ensured people's protected characteristics under the Equality Act were considered. For example, meeting their lifestyle, religious and cultural needs and choices, to ensure care could be personalised to suit their needs and preferences.

Staff support: induction, training, skills and experience

- People told us they felt staff had the right knowledge and skills to meet their needs effectively. For example, one person said, "I have nothing but praise for them all [staff], I can't find any fault with their training and skills in my book. My regular carer [Name] is exceptional and deserves recognition." Another person said, "I have a very good carer who is very well trained and has lots of knowledge."
- Records showed the provider maintained a programme of regular face to face staff training that followed the Skills for Care, 'Care Certificate', which sets out common induction standards for social care staff. One staff member said, "We cover the Care Certificate training modules on induction training." Another staff member said, "We have classroom, practical training, for example, moving and handling using a hoist, I had a go in the hoist and felt sick and went all dizzy." This demonstrated staff had empathy with how some people could feel when having to use a hoist.
- Staff told us that they felt well supported by the registered manager and senior staff and they received one to one supervision. For instance, one staff member said, "I had a supervision meeting yesterday, with my line manager [senior staff name], she is supportive. I get the chance to talk about how I feel." However, some staff said they felt their supervision meetings were not as supportive and this was shared with the registered manager for their attention going forward.

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

- Staff understood people's food preferences and assisted them to enjoy food and drink of their choice. One person said, "At breakfast time the carers give me my cereal or toast with a cup of tea, at lunch time I normally have a light lunch, a sandwich or something with a cup of tea. At tea time the carers cook me one of my frozen meals, and on the last call they make me a cup of tea again and put some water on the bedside table for me."
- Staff were aware of people's food and drink choices and cultural needs. One staff member said, "[Name] is a vegetarian, and needs a soft diet. They [relatives] buy special food for [name] and we prepare them, the care plan is very specific regarding the person's food and drinks."
- Staff encouraged and promoted people to maintain as much independence as possible to eat and drink sufficient amounts. One staff member said, "We read the care plan and encourage people to make choices, I

ask 'what you would like me to do?', and 'would like to do it yourself', it's all about encouragement."

- Staff told us, and records showed they received training in meeting the needs of people with specific eating and drinking difficulties. For example, swallowing difficulties, at risk of choking, and people that received nutrition and hydration through a Percutaneous Endoscopic Gastrostomy (PEG) tube. This is a specialist piece of equipment used when people are unable to take food and drink by mouth.

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

- Staff told us, and records showed they worked with other health and social care professionals to ensure people had prompt access to healthcare support as and when required. One person said, "Any problems or appointments I need to attend, I tell the carer and they will sort it for me. They do all my appointments for me. I find this a great help, so I don't miss anything."

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff told us, and records showed they received MCA training and understood the principles of supporting people to make decisions. One staff member said, "I have had training on the MCA, some people have fluctuating capacity and we work with their GP, social workers, the memory clinic and mental health team. The principle is to assume a person has capacity and making unwise choices, is their choice, you have to let them have a choice."

- Some people had family members that took on the role of Lasting Power of Attorney (LPA) and meetings took place with the LPA to make choices in the person's best interests, for example when a person was at risk of self-neglect.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were well cared for by the staff. People commented the staff were, friendly, caring, courteous and caring. One person said, "The care I receive is exemplary." Another said, "I have nothing but praise for them [staff] and my care, can't find any fault." A relative said, "The carer for [name] is brilliant. The majority of the carers are all good and caring to be fair." Another relative said, "We are very happy with the care [name] receives, the staff have good skills and are very caring and considerate." Staff members said they took pride in working at the service. One staff member said, "All the carers I know work very hard and we give our best, all the carers are fantastic." Another said, "I like talking to people, I ask them about the things they like doing and, I find it interesting."
- Staff used innovative ways to provide reassurance to alleviate anxiety. For example, one staff member told us a person was becoming increasingly anxious about an article of clothing they thought needed collecting from the dry cleaners, (even though it was not there). The staff member took the item of clothing to the dry cleaners and explained the situation with staff. They then went with the person to collect the item of clothing. The staff member said, "Oh my god, [name] was so happy when they collected the [clothing], it is hanging in their wardrobe in the dry-cleaning packaging and [name] has not mentioned it since. Their daughter said I was a genius for coming up with the idea. [Name] is much more relaxed now."

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

- People and relatives said they felt the provider listened to them, and they were able to make decisions about their care and support needs. One person said, "They know I am very fussy, they [the provider] listens to what I say and do what I ask of them." Another said, "They know I forget a lot and need to have things written down. They listen to what I say and see in my book what I need and write it all down for the day for me."
- People's views and feedback on the service was sought. One person said, "I have just done a survey recently that asked me about lots of things. I am happy with everything they [staff] do for me, I have done a couple of surveys." Another person said, "I get a call every couple of months to check everything is ok with my care. It's nice of them to do this as I feel they genuinely care about me."

Respecting and promoting people's privacy, dignity and independence

- People and relatives told us their privacy and dignity were always respected. For example, people commented the staff always ensured they closed the curtains and the door when carrying out personal care. One person said, "The carers always keep me covered and warm when having a wash or shower and getting me dressed." A relative said, "I know my wife is encouraged to do what she can for herself when her

condition allows. The care staff really know her well, as we have had the same group of carers for ages." A member of staff said, "I talk to people and encourage them to do as much for themselves, so they maintain their independence as much as possible. For example, to help wash themselves, brush their hair and for the ladies to put their makeup on. We work together, as I would not want to do everything for them." One relative said, "They [staff] are always respectful towards [name]. I would certainly speak up if they weren't."

- Personal information was securely stored and protected in line with the General Data Protection Regulation (GDPR).

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People received care that was personalised to them. The care and support plans outlined their needs and preferences and staff had good knowledge of each individual and how best to support them. One person said, "My care plan was reviewed two weeks ago with me, I have it here." Another person said, "Yes I do that [the care plan] with them [staff] and it is kept in order." A relative said, "[Name's] care plan is all up to date and the staff call to review it regularly and note down any changes."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider was aware of the need to provide people with information in different formats. For example, with pictorial information when required. Staff understood each person's individual communication needs.

Improving care quality in response to complaints or concerns

- A complaints policy and procedure was in place. One person said, "I made a complaint a while ago, I phoned the office and they sent someone around to see to it for me, they handled it well." Another person said, "I made a complaint and had a meeting with the manager and the issue is now sorted."
- People commented they were given the management contact details and a copy of the providers complaint's procedure. They also said the management details were updated when there were any changes of management. Records showed complaints were recorded and responded to promptly.

End of life care and support

- The service was able to offer care to people at the end of their lives. Although at the time of the inspection no people required any specific end of life care or support.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated Good. At this inspection this key question has remained the same.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care

- People said they would recommend the service to others. They said they felt at ease raising any concerns with the registered managers. One person said, "I would recommend this service, its well run and managed well, there are no improvements needed to be made for me." Another person said, "I'm all good, I am very happy with them [staff] and I would definitely recommend this service." A relative said, "The care is good, but sometimes call times are changed at short notice, so I will withhold on recommending at this stage." Other people also commented on call times being changed at short notice. This issue was brought to the attention of the registered manager for their attention going forward.
- Systems and processes were in place to regularly check quality in all areas of the service, and management staff took prompt action as required.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood the regulatory requirements. Notifications of 'events' were submitted to CQC and the current CQC ratings were on display within the service and on the provider website, as required by law.
- Accidents and incidents were recorded and analysed for themes and trends. Actions were put in place to mitigate the risk of repeats. Information and learning from incidents were shared with staff to reduce the likelihood of recurrences. For example, prompt action was taken in response to medicines errors.
- Safeguarding concerns were raised with the local safeguarding authority and CQC. Staff said they were confident that any concerns brought to the attention of the registered managers would be appropriately responded to. One staff member said, "[Registered manager] is very good at listening to people, if I have any concern they will always listen and take action."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff team meetings were well attended and used as opportunities to cascade information and consult with staff about the service. They were also used as forums to discuss how the service could get involved in community fundraising events. This initiative gave staff the opportunity to network and share ideas to

improve the service and raise the profile of the service within the local community.

- Staff told us they felt comfortable to share ideas to further improve the service and address any issues within this forum. The meeting minutes showed topics such as, training and the outcomes of internal audits were discussed.
- Feedback was regularly sought from people using the service and their representatives. This was obtained during spot check visits and formal survey questionnaires. One person said, "After making a complaint, I now realise just how busy the office is, they can sometimes get overwhelmed, but they always try to quickly respond to individual needs." Another person said, "I was given a feedback survey, but I was unable to complete it (due to physical disability) so I did it verbally with the staff."
- Staff said they felt well supported by the registered managers and senior team.

Working in partnership with others

- The registered manager and staff team worked in partnership with outside health and social care professionals to make sure people got the support they needed.
- People accessed their local community with staff support and staff had a good knowledge of places in the community that were of benefit to people.