

Westminster Homecare Limited

Westminster Homecare Limited (Wandsworth)

Inspection report

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Date of inspection visit:
28 February 2019
21 March 2019

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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

About the service:

Westminster Homecare (Wandsworth) is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community in the London Boroughs of Wandsworth and Lambeth. At the time of our inspection approximately 100 people were using the service.

People's experience of using this service:

- Most people were happy with the care they received and said it met their needs. They said they had support from a consistent group of care staff who knew them.
- People and their relatives said staff were polite, kind and caring towards them. Staff respected people's dignity and privacy. They listened to people and supported their independence where possible.
- People were kept safe from the risk of harm. Potential risks to people and staff were assessed and managed appropriately.
- Staff were safely recruited to ensure they were suitable to work in a care service. People received support from trained and supervised staff who had the right skills and knowledge.
- 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.
- People's needs and individual preferences were documented in support plans that were comprehensive and kept up to date.
- People, their relatives and staff said they could approach the registered manager if they had any issues or concerns. There was a procedure in place which explained how people could raise concerns or complaints.

Rating at last inspection:

At our last inspection, the service was rated Good. The report was published on 15 August 2017.

Why we inspected:

This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

Follow up:

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

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

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 (Wandsworth)

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

This inspection was carried out by one adult social care inspector.

Service and service type:

Westminster Homecare (Wandsworth) is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager 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:

Our first day of inspection was announced. We told the service two days before our visit that we would be coming. We did this because the registered manager is sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that they would be in.

Inspection activity started on 28 February 2019 and ended on 21 March 2019. We visited the office location on the first day to see the manager and office staff; and to review care records and policies and procedures. We then phoned people using the service and their relatives to ask about their experience of the care provided.

What we did:

We spoke with 11 people using the service and three relatives. Written feedback was received from one care professional following our visit.

We spoke with the operational manager, the operational support manager, registered manager and five staff members. We looked at five people's care records, four staff files and other records relating to the management of the service.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with the staff who supported them. One person commented, "I trust them." Another person said, "It's fine. They know what they are doing."
- People were supported by staff who had received safeguarding training. Care staff were trained to recognise the signs and symptoms of abuse and to report any concerns to senior staff. One staff member told us, "I am always vigilant." Another staff member said, "We are told to whistle blow if we have concerns and are not being listened to."
- Any safeguarding concerns were investigated with outcomes and lessons learnt documented.

Assessing risk, safety monitoring and management

- People's assessments addressed any risks to their health and safety including their mobility, risk of falls and taking medicines.
- Senior staff completed comprehensive assessments of specific risks within people's homes and staff were provided with guidance on how to manage these risks.
- A section titled 'Any risks to be aware of' was at the front of the support plan to inform staff. Staff rotas also flagged any important 'need to know' information.

Staffing and recruitment

- Recruitment practices were safe. Systems were in place to ensure suitable staff were employed and relevant checks completed. Staff files included proof of the person's identity, references and Disclosure and Barring Service (DBS) checks to ensure staff were suitable for employment in the care sector. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.
- Nine of the 11 people we spoke with said they were provided with consistent staff who got to know them and their needs well. One person said, "I have the same lady." Another person said, "I have regular carers." A third person commented, "I have the same lady every day who is excellent." A relative told us, "We have the most wonderful carer consistently from Monday to Friday. Weekends are a little more dodgy." Two people using the service told us they would like more regular staff.
- Most people told us staff generally arrived on time and that they stayed the correct amount of time. Staff told us that they had enough time for travel and could raise it with their line manager if there were any difficulties. One staff member said, "My clients are all in one area. I ring the office if I am delayed." Another staff member told us, "We get enough travel time. It's for us to tell the managers if not."

Using medicines safely

- Staff were trained and their practice monitored to ensure it was safe. Competency assessments took place to help make sure that their medicine administration practice was safe.
- Care staff administering people's medicines were required to fill in a Medicine Administration Record (MAR). These records were audited to make sure they were fully completed.
- Spot checks on staff included observation of their practice when giving medicines.

Preventing and controlling infection

- Staff were trained in infection control and food hygiene. They told us they were provided with personal protective equipment (PPE) such as gloves and aprons to use when supporting people.
- Practice around infection control and use of PPE was checked by senior staff when they carried out spot checks of care staff.

Learning lessons when things go wrong

- Accidents and incidents were reported and monitored by the registered manager and the organisation to identify any trends. The registered manager discussed accidents/incidents with staff as learning opportunities.

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

Good: People's outcomes were consistently good, and people's feedback confirmed this.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible".

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority.

We checked whether the service was working within the principles of the MCA.

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

- People were supported by care staff who received training around the Mental Capacity Act 2005.
- People told us that staff involved them in making decisions around their care. One person said, "They do anything you want them to." Another person told us, "They fit in with you." A staff member told us, "We must always assume they have capacity."
- The assessment process addressed any specific issues around capacity and recording any other individuals with Lasting Powers of Attorney (LPA) for the person's finances or welfare.
- People's consent was obtained for the use of key safes and electronic call monitoring.

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

- People's needs were assessed before they received support. This included an assessment of their physical and emotional needs. Expected outcomes for each person were identified and their individual care and support needs regularly reviewed.
- Equality and diversity needs including those around the person's gender, spirituality, disability and culture were also addressed.

Staff support: induction, training, skills and experience

- People received their care from staff who had the appropriate skills and support.
- One relative told us, "They seem well trained." Another relative commented, "Yes they are well trained."
- The staff induction was a five-day training programme mapped to the Care Certificate, addressing areas such as safeguarding, moving and handling and giving medicines. The Care Certificate is a nationally recognised set of standards which provides new staff with the expected level of knowledge to be able to do their jobs well. The induction was followed by a period of shadowing with experienced care staff.

- Mandatory training was provided annually refreshing the skills and knowledge of care staff. The qualifications of each staff member were monitored electronically so each remained up to date.

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

- People were supported with their nutritional needs as required. Support plans documented people's needs and preferences in relation to eating and drinking.

Supporting people to live healthier lives, access healthcare services and support

- Appropriate referrals were made to social workers and other care professionals to help ensure people received the support they required. They alerted commissioners when people's needs changed, requiring them to have additional support.
- Records showed that staff contacted emergency services or other healthcare professionals when they were concerned about people's health.

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

Good: 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 told us were treated with kindness and compassion by care staff. Comments included, "Very very kind" and "They are all very nice." A relative told us, "They're amazing. Wonderful people."
- Some people and staff told us how they knew each other well and had built a good rapport. One person said, "I've got to know her [staff member] very well." Another person commented, "They [staff] are almost part of the family." A staff member told us, "I've got to know all my clients well." Another staff member said, "We talk. I try to bring the outside in. Talk about the weather and what is on TV."
- People's protected characteristics under the Equality Act were respected and promoted. Staff received equality and diversity training and were respectful of people's cultural and spiritual needs. People's preferences for gender of carer, their cultural background and language spoken were obtained during their initial assessment. The service used this information to match people with care staff.

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

- Some care staff told us about the people they supported. They said working regularly with a number of people enabled them to get to know each person and their needs well. One staff member said, "I've got to know them all well." Another staff member commented, "I have regular clients." A third staff member told us, "Some clients are very particular. We try to provide a good service to them."
- People told us that the care staff listened to them and acted on what they said. A relative commented, "They listen to him [family member]. He is able to ask them to do things."
- Support plans documented people views about the care they wanted and the outcomes they wanted to achieve. People had signed the plan where able. Each support plan was personalised and contained information about the person beyond their assessed health and personal care needs. For example, about their life history, previous occupations, interests and hobbies.

Respecting and promoting people's privacy, dignity and independence

- People told us staff were respectful towards them and treated them with dignity. Comments from people included "Always respectful", "definitely polite" and, "I'm polite and respectful to them. They are to me. Works both ways."
- Staff gave us examples of how they respected people's privacy and dignity and offered people choice. One staff member told us, "They've [people using the service] got to come first."

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Most people told us that the service met their needs and that staff provided personalised care. One person said, "My carer does what I want." Another person told us, "They do extra things for me." A third person commented, "They do what I want and more besides. Very good indeed."
- Support plans were comprehensive and people told us that they were consulted as part of the care planning process.
- Each plan covered all aspects of the persons support with their desired outcomes from the support documented. Support plans outlined people's routines and addressed the specific assistance required, for example, around preparing meals, personal care and being helped to remain as independent as possible.
- It was noted that the support plan document was large and we discussed having a 'at a glance' summary for staff to get important information about people more easily with the registered manager. We saw that some newer support plans already had summary information added which could be developed further.
- The service identified people's information and communication needs by assessing them. Guidance for staff was provided in support plans to help ensure they could understand people and be understood. The service could provide information in different formats, such as large print, and were aware of their responsibility to meet the Accessible Information Standard. The Accessible Information Standard makes sure that people with a disability or sensory loss are given information in a way they can understand.

Improving care quality in response to complaints or concerns

- People were told how to make a complaint when they first started to use the service. A written service guide included the process to follow if they were not happy with the response and wished to escalate their concerns.
- Comments from people using the service included, "I put in a complaint about a carer. They took action and did change them", "If I did have a complaint, I would ring the office", "Complaints? None at all" and, "No complaints, only praises."
- Any complaints or concerns were logged and responded to in a timely manner. Lessons learnt and any changes required were documented.

End of life care and support

- There were policies and procedures in place around end of life care. The service liaised with other health professionals and additional training was provided for staff for any specialist care required.

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

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

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The service had a registered manager in place. 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.
- There was an effective management structure in place to promote quality person-centred care. The registered manager was supported by a team leader, a care co-ordinator, senior care workers and an administrator. The registered manager was also supported by an operations manager and the operational support manager who were present during our inspection.
- There was a positive culture within the staff team. One staff member commented, "Good support and team spirit." Another staff member said, "The team works well. The manager is very good." Care staff told us, "They [senior staff] are friendly and supportive" and "They [office staff] are open and welcoming." A care professional commented, "There are well established lines of communication; the managers are very cooperative, responsive and informative."
- Good practice was celebrated by a 'care worker of the month' award where staff were presented with a certificate and voucher.
- The registered manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent and it sets out specific guidelines providers must follow if things go wrong with care and treatment.

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

- There were effective systems and processes in place to monitor the quality of the service.
- Regular audits took place to check the quality and safety of the service. A senior manager carried out a monthly operations audit making sure that the registered manager and her team were monitoring the service effectively. The registered manager also had to submit weekly quality reports to the organisation.
- Field care supervisors monitored the quality of the service provided by undertaking regular spot checks on staff to help ensure the quality of care. These checks looked at areas such as timekeeping, infection control procedures, care and medicine records.
- The registered manager understood regulatory requirements and knew to submit notifications for

notifiable incidents in accordance with the regulations.

- Records were up to date and securely stored. Staff had access to organisational policies and procedures such as safeguarding, restraint, whistle blowing and safe handling of medicines, providing staff with up to date guidance.
- Regular staff meetings took place.

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

- Nine of the 11 people we spoke with said they would recommend the service to others. One relative told us, "I have recommended it." Two people said they felt the service they received could be improved.
- Staff were also confident about the quality of care provided. One staff member told us, "It all works really well. I would recommend it."
- A satisfaction survey was sent out in November 2018 to obtain feedback on the homecare service provided. High satisfaction levels were reported by people and their relatives. Any areas for improvement had been noted and action plans put in place.
- The results of the survey and action being taken were communicated to people using the service in February 2019. Room for improvement was noted around communication when a staff member was running late.
- Over 85% of survey respondents said that staff respected their religious and cultural needs. Over 89% said that staff respected their choices and preferences with 83% also agreeing that they had control over the care and support they received.

Working in partnership with others

- Local authority commissioners told us they were satisfied with the quality of care provided by Westminster Homecare at the time of our inspection. They had no concerns and stated that all contractual requirements were being met.