

Westminster Homecare Limited

# Westminster Homecare Ltd (Nottingham)

## 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

### About the service

Westminster Homecare is a domiciliary care agency, providing personal care to people in their homes. 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 the inspection there were 90 people receiving care regulated by CQC. There were 14 other people receiving help that was not regulated.

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

People received safe care. People told us they felt safe and thought staff were trustworthy. People told us they were happy with the service and staff were caring and respectful. One person told us the service was a, "lifeline for them", to support them living on their own. Risks were assessed and managed to reflect people's current needs. Environmental safety checks were performed to keep people safe from risk of harm.

Staffing levels were adequate. Safe recruitment was followed to ensure suitable staff were employed. People told us they felt staff were well trained, with the skills to provide care for their needs.

People were supported to take their medicines in a timely and safe way.

Staff were caring, and care was tailored to meet individual needs. Technology was used to improve the service for people. People's healthcare needs were well-managed, and staff sought support from healthcare professionals as required.

People's nutritional needs were supported.

People's plans of care and support were personalised, staff had the information to provide care in an individualised way. People have the opportunity to give regular feedback and make suggestions to improve the service.

The service was well led. Staff felt well supported by the registered manager and thought she was fair, open and receptive to change. Systems were in place to monitor accidents and incidents, to learn lessons and make improvements.

The service was working within the principles of the Mental Capacity Act. 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.

### Rating at last inspection

The last rating for this service was Good (published 10 August 2016).

### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to review information we receive about the service until the next scheduled inspection. If we receive any information of concern, we may inspect sooner than scheduled.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://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 Ltd (Nottingham)

## **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 conducted 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.

#### Service and service type

Westminster Homecare is a domiciliary care agency. It provides personal care to people living in their own houses and flats. CQC regulates the care provided which was looked at during this inspection.

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

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

#### What we did before the inspection

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 and Healthwatch. Healthwatch is an

independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with 19 people who used the service and one relative about their experience of the care provided. We spoke with seven members of staff including the, registered manager, quality manager, senior care workers, and care-workers.

We reviewed a range of records. This included six people's care records and multiple medication records. We looked at six staff files in relation to recruitment files and supervision performed. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

# Is the service safe?

## Our findings

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same, Good: This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The service was safe. People told us they felt safe and secure with carers. Staff had received safeguarding training and could describe different types of abuse to us. Staff knew who to report concerns to, within or outside the organisations. One person told us, "I would recommend the service to anyone, the staff are very trustworthy."
- The management team understood their responsibilities and reported concerns to the local safeguarding team to protect people from the risk of abuse.

Assessing risk, safety monitoring and management

- There was good risk assessment and monitoring of safety issues. Staff told us they assessed risk, for example risk of falls, using various tools and recorded this in the care plan. This meant people at risk of falls had measures in place to minimise the risk.
- Each care plan contained an environmental risk assessment to ensure people and staff were safe in people's homes. Staff told us, "Even though it is their home, we have to make sure they are safe."
- People had personal evacuation plans in place, so staff could assist them in an emergency.
- Staff told us how they managed falls, what records they kept and other health professionals they would involve in order to prevent further falls.

Staffing and recruitment

- The service had sufficient staff. Staff told us if it was short the management team covered shifts. Staff told us as a result of the management teams involvement in the service, they felt well supported.
- The registered manager told us they had a bank of part-time staff they could use to cover shifts rather than use agency to ensure standards of care were maintained.
- Appropriate pre-employment checks had been carried out on new members of staff to ensure they were suitable to work at the service.

Using medicines safely

- Medicines were administered safely. People told us staff administered medicines safely. Staff told us they received good training and had their competency assessed by the company trainer. Staff told us they had access to a 24-hour pharmacy if they needed advice.
- Medication audits picked up errors which were investigated, and staff were offered further training or supervision if required.
- Staff supported people to manage their own medicines, policies and procedures were in place for staff to follow to ensure safety.

Preventing and controlling infection

- Staff received appropriate training in infection control and could tell us how they kept people safe from the risk of infection.
- Staff received training in food hygiene to ensure food was prepared for people safely.

#### Learning lessons when things go wrong

- Staff knew how to report incidents and accidents and were confident that they would be actioned.
- The registered manager had a system to analyse accidents and incidents to pick up themes and to identify issues where staff needed support or extra training.
- Lessons learned were shared through emails, meetings and memos depending on their urgency. The registered manager shared examples of when lessons had been learnt and the changes that had been implemented as a result, such as introducing different ways to communicate with staff to ensure visits were not missed.

# Is the service effective?

## Our findings

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. Good: 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 were well supported. People told us their needs were assessed when they joined the service and recorded in a care and support plan which covered physical, mental and social needs. Care plans were reviewed and updated when required.
- People told us staff talked through any issues with them on a daily basis to support them to make choices and decisions. A member of the management team visited them every three months to review care, with a formal yearly review.
- Staff provided support in line with national guidance and best practice guidance, for example National Institute of Clinical Excellence guidelines for oral care.

Staff support: induction, training, skills and experience

- Staff told us there was an extensive training provided when they started to ensure they had the right skills to support people. Staff told us they had time allocated to shadow experienced staff and received regular supervision from the trainer. This identified any problems and ensured they were competent in all aspects of care. The management team told us they did spot checks on staff, to ensure that care plans and risk assessments were updated and correct to ensure people received safe care.
- People told us staff were experienced up to date and knew what they were doing.
- The service had recently implemented further specialist training on dementia and the mental capacity act to improve staff knowledge when caring for people.

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

- Staff knew how to support people with nutritional needs. People told us staff supported them to prepare and cook their own meals. Staff told us they monitored people's weight regularly if they were concerned and monitored their food intake.

Staff working with other agencies to provide consistent, effective, timely care

- People were supported to access a range of healthcare services. The service had processes in place to ensure that people received the correct healthcare in a timely manner with effective communication to relevant carers.
- Care plans we saw contained a grab sheet to ensure if people were admitted to hospital, there was up to date information to pass on, which highlighted risks such as allergies.

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

- People were supported to receive medical treatment and attend appointments when required. We were told by staff of an occasion where a person needed some help with a health-related issue they were reluctant to discuss. The member of staff had gone out of their way to deal with the problem, which resulted in the person feeling much better.

- Staff told us if people were not well, they, or the office, would contact families to arrange a GP appointment.

#### 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.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

- We checked whether the service was working within the principles of the MCA. Staff had training on MCA and told us, "It helps us to find ways to work with people, especially those with dementia, to find out what they would want". Staff told us how they asked people for consent prior to providing care.

# Is the service caring?

## Our findings

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same add rating. Good: 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

- Staff had the information they required to support people in the way they wanted. Care records were accessible in their homes and had been developed with people and relative's involvement. Staff were knowledgeable about people's needs. One person told us, "Staff do an an amazing job helping me."
- People told us staff were respectful and caring. Staff told us they had set rounds of people to see so they got to know people well. Staff told us that the registered manager had tried to match staff to people's diverse needs. We saw people's choices were respected. People were asked what staff they preferred to look after them and the majority of people reported they got the regular staff they wanted.
- The majority of people told us staff arrived on time. People said staff were flexible about how they supported their changing needs. One person said, "I think the quality of the service is very good, even if I know someone new is coming, I don't have to worry about what they will be like as they are all really nice".

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

- Staff supported people to express their views and make choices about what care they received on a daily basis.
- We saw care plans contained detailed requests from people about how they liked their care and how they liked staff to behave in their homes. Staff told us people were involved in making decisions about their care and needs on a daily basis, which was recorded in their records.
- People were asked their opinion on the service in different ways. Through informal reviews by the management team and through formal surveys every three months.
- For people who could not make day to day decisions, there were advocacy services available. This meant that people had someone who could speak up on their behalf.

Respecting and promoting people's privacy, dignity and independence

- People told us staff treated them with dignity and respect and maintained their privacy. One person told us privacy and dignity was, "Spot on." Staff told us they only did what people wanted them to. Staff told us they did not discuss peoples care outside their homes to maintain confidentiality.
- Staff told us about one person who had wanted to return to respite care as they had previously been lonely and bored at home. With support from Westminster Homecare carers visiting three times a day, staff told us the person was no longer feeling isolated and had decided to stay at home.
- People told us that staff supported them to maintain their independence, supporting them to prepare food and managed their medications themselves. Other people told us, that following major surgery, staff had supported them to get their mobility and independence back. One person said, "Staff are good, they are very patient and help me to be as independent as possible".

# Is the service responsive?

## Our findings

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. Good: This meant people's needs were met through good organisation and delivery.

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

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

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.

- We saw information was available in accessible formats to support people's understanding. For example, easy read, braille and audio. People's communication needs were identified in care plans. There was a fair access, diversity and inclusion policy to ensure staff knew how to avoid people being discriminated against.
- The service supported people to maintain links with friends and family. Social activities were supported by staff and people were supported to access the community.
- Staff told us about one person who was always asleep when they visited at lunch time, after discussion with other staff they arranged a GP review and one of their medicines was changed to evenings. This resulted in the person being able to stay awake and active during the day.
- Care plans were discussed with people and were personalised, with individual preferences. There was a front page of important information, so staff could easily identify essential information about the person's needs and wishes.

Improving care quality in response to complaints or concerns

- There was a system in place to deal with complaints. People told us they felt comfortable to raise a complaint or concern. Relatives said they would contact the office if they had a problem.
- People were given a handbook which contained the complaints policy. We saw evidence that this was available in a variety of different accessible formats for people. Staff told us if they received a complaint, they would listen, record details and then pass it on to the manager if they could not deal with it.
- We saw evidence of recent complaints and a complaints process that had been followed.

End of life care and support

- End of life wishes were discussed with people and recorded in their care plans. People's plans included Do Not Attempt Resuscitation (DNAR) when appropriate. Staff told us they involved a number of other organisations if people were at end of life, to ensure appropriate care was given.

# Is the service well-led?

## Our findings

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same Good. This meant the service was consistently managed and well-led.

Leaders and the culture they created promoted high-quality, person-centred care.

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.

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

- There was good leadership and oversight of the service. Staff told us the management team were very good. "The registered manager is really easy to talk to and the trainer makes courses really interesting". Staff told us they had regular meetings and could discuss anything, which they knew would be followed up by the registered manager. Staff told us it was a happy place of work. "It is the first place I have enjoyed working at."
- Staff told us high quality care was rewarded by a staff award each month. Staff were given positive performance feedback in their payslips.
- Staff told us communication was good, any issues reported to the office were logged in an electronic journal and carers in the team would receive a message about any change in care so they all knew what was happening with each person.
- There was good quality analysis and feedback was sought from people.

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 service had a registered manager in post. People and staff spoke positively about the management team.
- The management team and were clear about their roles and the role of others in the team. Staff received regular supervision and knew the leadership structure. The registered manager was aware of their regulatory requirements and what they needed to report to CQC. There was a quality manager who oversaw quality assurance monitoring systems, completing audits and taking action when appropriate.
- The management team covered shifts when required to give oversight of staff routines. Quality spot checks were performed on staff to ensure the care given was at the expected level.

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

- The management team engaged the views of people using the service. The service performed three monthly satisfaction surveys where people could make comments on various aspects of the service. People had commented that they wanted to know who was coming to deliver care. The registered manager had reorganised the teams, so they were smaller and covered a regular area to deliver consistent care to people. People and relatives could have the rota of staff attending them, emailed or sent to their phone. We could

see from feedback that these issues had improved. Staff told us the registered manager did what she said she would and followed things through.

- Staff told us one person had maintained links with their local church, attending every day, which was important to them.
- Staff had regular meetings to share information and update practice.

Continuous learning and improving care. Working in partnership with others

- Staff told us the registered manager encouraged learning and was supportive. The registered manager told us about current improvement she was making around ensuring there was more detailed information in people's records about their medical conditions, so carers had a good understanding of people's complex health needs.
- The registered manager told us they had picked up a problem with administration of medication at different times, when prescribed every four hours. By introducing times onto the medication charts, carers could ensure there was an appropriate gap between doses.
- The registered manager attended provider forums and networking meetings to keep up to date with national guidelines. The management team worked in partnership with health care professionals, commissioners and the local safeguarding team and other organisations, to ensure people received the care and support they required.