

Westminster Homecare Limited

Westminster Homecare Limited (Norwich)

Inspection report

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20 July 2023

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Westminster Homecare Limited (Norwich) is a domiciliary care service providing personal care to people living in their own 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 our inspection there were 68 people receiving the regulated activity of personal care.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

At the time of the inspection, the location did not provide care or support to autistic people or anybody with a learning disability. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

Right Support: Model of Care and setting that maximises people's choice, control, and independence Systems were in place to collate people's feedback on the service they received. Some people felt communication needed to improve around changes to their care calls and the provision of a rota for their calls. We have recommended the provider review this area. The provider had implemented a system to ensure calls were monitored live. This system supported calls being on time and ensured no missed calls occurred.

Right Care: Care is person-centred and promotes people's dignity, privacy, and human rights People were supported to stay safe. Safeguarding concerns were identified and acted on. People received their medicines as prescribed. Infection control risks were responded to appropriately and staff were provided with personal protective equipment.

Right Culture: The ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive, and empowered lives. Some people felt newer staff did not always understand how to support them. We have recommended the provider review this area further. The management team had good oversight of quality and risks within the service. Effective governance systems were in place. The management team were keen to develop and improve the service. They engaged effectively with external resources to help support this.

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 requires improvement (published 11 June 2021).

Why we inspected

We received information that indicated improvements had been made in relation to safe and well-led. As a result, we undertook a focused inspection to review the key questions in these areas only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

Recommendations

We have made two recommendations regarding the communication of call times and reviewing the competency of new staff.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

This was an 'inspection using remote technology'. This means we did not visit the office location and instead used technology such as electronic file sharing to gather information, and video and phone calls to engage with people using the service as part of this performance review and assessment.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good 

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good 

The service was well-led.

Details are in our well-led findings below.

Westminster Homecare Limited (Norwich)

Detailed findings

Background to this inspection

The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

Inspection team

The inspection was carried out by 3 inspectors and two Experts 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

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave a period of notice for the inspection. This was because it was a large service and consent from people and relatives for us to speak with them needed to be sought.

Inspection activity started on 29 June 2023 and ended on 20 July 2023.

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 who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. During the inspection the provider completed the PIR and this was reviewed as part of the inspection process.

During the inspection

This performance review and assessment was carried out without a visit to the location's office. We used technology such as video calls to enable us to engage with people using the service and staff, and electronic file sharing to enable us to review documentation. Inspection activity began on the 26 June and finished on the 20 July 2023. During the inspection we spoke with 19 people who used the service and 12 relatives of people using the service. We spoke with 13 staff, this included the registered manager, the regional manager, 10 care staff and an administrator. We received written feedback from 4 care staff. We reviewed 7 care plans and 12 medicine records. We analysed data from call records and a variety of records relating to the management of the service were reviewed.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- The registered manager and area manager told us new staff receive a comprehensive induction and spend 3 weeks shadowing staff. Spot checks were also carried out following the induction. However, people, relatives, and some staff told us they felt newer staff did not always understand how to support them.

We recommend the provider reviews induction, shadowing and spot check arrangements to ensure staff have the right skills, competence and experience to support people.

- The provider had introduced a "live" electronic call monitoring system. This gave alerts in real time should calls be at risk of being missed or significantly late. Our own analysis of calls taken place between 8 May and 18 June 2023 showed 70% of calls occurred within 15 minutes of the time scheduled. A further 21% of calls were within 15 to 45 minutes of the time scheduled.
- Records showed travel time was provided to staff however staff felt this was not always sufficient. Staff told us they often felt rushed however only one person we spoke with felt this was the case. We did not identify any significant impact from this feedback.
- We discussed this feedback with the registered manager. They advised us their electronic system calculated travel time based on the distance inputted and mode of transport. They reviewed the travel times following our discussions and told us they felt they were sufficient.
- Staff had been recruited safely. This included completing Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse

- Information on how to identify and raise safeguarding concerns was provided to people using the service and staff. Staff members told us the safeguarding policy was easily accessible to them via an electronic system they could access on their phones.
- Staff had identified potential safeguarding concerns appropriately and responded accordingly. This included sharing information and making safeguarding referrals to the local authority.

Assessing risk, safety monitoring and management

- In some areas written risk assessments were not detailed enough. This included in relation to fire safety and pressure care. However, we found in practice staff had taken actions to manage identified risks.
- We discussed the risk assessments with the registered manager. They told us they were in the process of changing their risk assessments and these would provide better guidance for staff on what information to include. We were satisfied from discussing the changes to the risk assessment forms that this area would be

addressed in the near future.

- People and relatives told us they felt the support was provided safely and risks managed. One person said, "The carers are kind, respectful and always asking permission. They check me all over too (for pressure sores) and put cream on when I need it."

Using medicines safely

- Guidance for staff on how to administer as required medicines was not detailed enough. We discussed this with the registered manager who advised they would review these and ensure further information was added.
- People received their medicines as required. Medicine records showed people were receiving these as required.
- Staff had received training in medicine administration and their competency in this area was checked.
- Regular audits on medicines were carried out. This helped identify any issues and ensure action was taken to address them.

Preventing and controlling infection

- People and relatives told us staff managed infection control well. One person told us, ""The carers have very good hygiene standards."
- Staff had received training in infection control and were supplied with personal protective equipment (PPE).

Learning lessons when things go wrong

- A system was in place to report incidents and for these to be reviewed. Any learning outcomes or additional actions were considered.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. 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; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There was variable feedback from people and relatives about how the timing of their calls was communicated. Some people said they did not always receive a rota and did not always know when staff were arriving. Others said changes to their calls were not always effectively communicated.

We recommend the provider reviews how people are informed of the times of their care calls and any changes made, to ensure effective communication.

- The provider had recently introduced a new electronic care system and were in the process of embedding it within the service. People and relatives would be able to access their care plans and records via the system. Some people and relatives raised concerns about the lack of written records in their home and issues with accessing the electronic system.
- The registered manager told us these changes had been communicated to people using the service. They told us they were happy to work with people to provide support and look at additional measures if needed. They confirmed they had only recently implemented this system and would discuss any access issues with people.
- Systems to seek feedback from people, relatives, and staff were in place. Regular telephone reviews with people occurred as well as quality assurance surveys.
- Staff were also supported via regular staff meetings, spot checks and supervisions.

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 had a good oversight of the service and understood regulatory requirements.
- The provider had reviewed the systems used and made significant changes since the last inspection. The new systems better supported the monitoring and oversight of risk and quality within the service.
- Regular and effective audits on the service took place at both manager and provider level.
- Incidents had been reported and appropriate parties notified as required.

Continuous learning and improving care; Working in partnership with others

- The management team had worked hard to improve the quality of the service following their previous

inspections.

- A service development plan was in place and regularly reviewed. Issues identified within the service were added to it so that improvements could be made and monitored.
- The management team engaged with stakeholders to help develop their service. At the time of the inspection, they were involved in a pilot on using assistive technology to better support people in their own homes.