

Westward Consultants Limited

# Westward Consultants Limited Trading as Draycott Nursing and Care

## 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

Westward Consultant Ltd is a domiciliary care agency and is registered to provide personal care to people living in their own homes. At the time of our inspection, the agency was providing a service of personal care to 55 people. 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.

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

People were safe and protected from avoidable harm. There were process and procedures to safeguard people from abuse. Staff knew how to report any concerns in relation to the risk of abuse. Risks to people's health and safety and wellbeing were assessed and reviewed. People received their medicines as prescribed. Staff wore appropriate personal protective equipment (PPE) such as face masks, disposable gloves, and aprons.

People's care needs were assessed and reviewed. Staff completed training to know how to care for people effectively. 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.

The provider had a culture that was open, responsive, and positive. The management structure was clearly set out. The quality of the service was regularly reviewed, and relevant changes were made to improve the care and support people received. The provider had established effective professional working relationships that promoted the needs of people outside its remit.

### Rating at last inspection

The last rating for this service was good (published 6 June 2018).

### Why we inspected

This inspection was prompted by a review of the information we held about this service.

### Follow up

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

<b>Is the service safe?</b> The service was safe	<b>Good</b> ●
<b>Is the service effective?</b> The service was effective.	<b>Good</b> ●
<b>Is the service caring?</b> The service was caring.	<b>Good</b> ●
<b>Is the service responsive?</b> The service was responsive	<b>Good</b> ●
<b>Is the service well-led?</b> The service was well led.	<b>Good</b> ●

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## **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 Health and Social Care Act 2008.

#### Inspection team

The inspection was carried out by 1 inspector 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

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 not a registered manager in post. A new manager had been in post for 3 months and had submitted an application to register with the CQC. We are currently assessing this application.

### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because we needed to be sure the provider or registered manager would be in the office to support the inspection.

Inspection activity started on September 26, 2023, and ended on 2 October 2023. We visited the location on September 26, 2023.

### What we did before the inspection

We reviewed information we had received about the service since they registered. 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.

We used all this information to plan our inspection.

### During the inspection

We spoke in person with the nominated individual and the manager. We contacted 7 people using the service, 2 of their relatives, 8 staff and 2 healthcare professionals to get their experience and views about the care provided. We reviewed a range of records. This included 6 people's care and risk assessment records. We looked at 6 staff files in relation to recruitment, training, and staff supervision. We checked a variety of records relating to the management of the service, including audits, policies and procedures. We continued to seek clarification from the provider to validate evidence found. We requested additional evidence to be sent to us after our inspection. We received the information which was used as part of our inspection.

# 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 good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems and processes in place to safeguard people from the risk of abuse.
- Staff received training that enabled them to identify possible abuse towards people and any required action was taken. Staff knew how and when to raise a safeguarding alert. They were provided with safeguarding, whistle-blowing policies and procedures.
- Staff were confident the management team would take appropriate action if they raised a safeguarding concern. Staff also knew how to report to other agencies if needed. A staff member said, "I know once I let the office know they will listen to my concerns and act immediately."
- At the time of our inspection there were no safeguarding incidents recorded. A safeguarding policy was in place. This meant staff had guidance should they need it.

Assessing risk, safety monitoring and management

- Risks to people were assessed, monitored and managed.
- Staff completed relevant training to make sure they could support people safely and in line with best practice.
- People's risk assessments were integrated in their care plans and covered areas relevant to them such as health, activities, and daily living. Risk assessments were regularly reviewed and updated as people's needs changed. Staff understood people's support needs and preferences.
- People told us staff were well trained at keeping them safe during their support times. One person said, "When they support me outside, I can tell they are checking my walk to ensure I am safe."

Staffing and recruitment

- The provider employed appropriate numbers of suitably qualified staff.
- Robust recruitment procedures were in place. Recruitment records included application forms with full employment histories, employment references, proof of identification and evidence that a Disclosure and Barring Service (DBS) check had been carried out. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Staff files demonstrated that the recruitment process, probationary period, and training were completed.
- Staff were given information that explained the provider's expectations of them and their responsibilities.

Using medicines safely

- There were clear procedures in place to ensure people received their medicines safely and on time. Staff had information about people's medicines and the level of support required, which was discussed during an

initial assessment.

- Staff were trained to administer and prompt and support people to self-administer their medicines and this training was regularly updated.
- The provider had a dedicated medicines officer in place. This meant that there was a clear focus on medicines and training and related incidents were dealt with efficiently. We saw evidence of this where errors were discussed with staff including lessons learnt.
- Medicine records were regularly audited and checked by the medicines lead and the manager to make sure people had received their medicines as prescribed and to identify where any improvements could be made.

#### Preventing and controlling infection

- We were assured that the provider's infection prevention and control policy was up to date. The policy included specific expectations from staff and guidelines regarding areas such as hand washing, food hygiene and safe waste disposal.
- The provider had clear protocols in place for preventing the spread of infections. Staff had training in the control and prevention of infection. This meant people were protected from the risk of the spread of infection.
- People and their relatives confirmed staff had a good understanding of their responsibilities and wore PPE when in their home. Staff also said they were well supported in this area and had access to sufficient supplies of PPE.

#### Learning lessons when things go wrong

- The provider had a system in place to learn lessons when things went wrong.
- We saw samples of incident reports had been completed, and where appropriate, the relevant health and social care professionals were informed.
- The manager and the relevant audit team members investigated all incidents, accidents, and complaints. They shared learning from these with the team through meetings and daily debriefs.

# 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 our last inspection we rated this key question good. The rating for this key question has remained 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

- The provider carried out care needs assessments, prior to people using the service. The assessments considered a range of areas of people's needs such as people's physical health as well as their language, religion, and culture.
- Care plans reviewed showed a detailed holistic description of people's needs and how to meet them. All areas of support were covered. This meant people could be confident the provider was able to meet their needs.
- We asked people and relatives if they were involved in their care plans. One person told us, "My carer cooks 2 meals with me, we have formed a system that works." One relative told us, "They know [person's] likes and dislikes in all areas of their support."

Staff support: induction, training, skills and experience

- Staff received an induction and training relevant to their role to provide them with the skills needed. The provider had a robust system in place for all induction and training. This meant that staff were up to date in the knowledge they required for the role.
- The care staff induction included working towards the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of 15 minimum standards that should form part of a robust induction plan.
- People received a service from care staff who were supported to undertake their roles effectively. Comments included, "They [staff] are really well trained with lots of hands-on experience."
- Staff received regular supervision and appraisals and records seen confirmed this. Staff felt supported and said support was always available when needed. A staff member said, "I know I can call the office at any time including the weekend when staff are on call, this helps me in my role."

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

- People were supported to receive enough to eat and drink when this was part of the person's care plan.
- People and their relatives confirmed they were asked what they like to eat and drink, and staff respected this. One person told us, "My biggest treat is breakfast in bed on the day the carer comes."
- Care plans set out the nutritional support people required. For example, if a person needed prompting with their fluid intake.
- Care plans also included people's allergies and dietary requirements as well as their likes and dislikes. This meant staff knew what to make for people and how they liked their food and drinks to be presented.

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



- The provider worked closely with a range of health and social care professionals to ensure people accessed the right care to meet their health and wellbeing needs. . We saw the management team worked closely with district nurses, people's GP's, and occupational therapists.
- Staff had a good understanding of how to respond to people's health needs if they became unwell. The care coordinators were well trained to support any concerns staff had around people's needs. A staff member said, "If I have any concerns, I call the care coordinators for advice., They are very supportive and guide me in the right direction."
- Care plans detailed information from other agencies and health professionals, and this was used to build the care plans. This ensured care provided by the carer, staff and professionals was consistent.

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

- Records confirmed people's health needs were being met and recorded in their care plan.
- Staff reported changes in people's health needs directly to the office, and care coordinators supported the staff with guidance and information to ensure concerns were dealt with in a timely and effective manner. A staff member said, "If I have any concerns around [person's] health needs, I know when I call the office it will be dealt with."
- Records confirmed people were accessing community support including GPs, nurses and social workers where required.

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 MCA 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

- The provider was aware of their responsibilities around the MCA and ensured people had consented to their care. People's capacity was assessed as part of the initial assessment process and where appropriate, relatives with the legal authority had consented to care and support for their family member.
- People who were able to consent to their care arrangements had signed their care plans to indicate this.
- The provider had assessed people's mental capacity when they were not able to understand and consent to their care and this was arranged in their best interests.
- Staff completed MCA training as part of their induction programme and understood the importance of gaining consent and involving people in their care.

# 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 our last inspection we rated this key question good. The rating for this key question has remained 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

- People received care from staff and a provider who were kind, compassionate and understanding.
- People and relatives all spoke highly of the care workers, saying they were caring, thoughtful and supportive.
- People's care plans documented personalised information such as their religion, gender and important relationships in their life.
- A person receiving support told us, "[Staff member] is not my carer she is my friend."

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

- People were supported to be fully involved in decisions about their care. The management team had regular contact with people, and where appropriate, their relatives, to discuss information about the care they received and if any changes were required.
- People were able to make decisions about their care. Care plans described people's likes and dislikes and the way they wanted to be supported to maintain their independence as much as possible.
- People confirmed this. One person said, "My carer and I discuss what meals we are going to cook and also what clothes I want laid out for the next day. We work together on everything." A relative said, "They will always contact me to keep me updated which is great."

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence was respected and promoted.
- People were supported to be independent and care plans recorded what they could do for themselves, for example, cooking and personal care.
- Staff described how their care promoted people's privacy and dignity. For example, by respecting a person's personal space and possessions, addressing people appropriately and making sure curtains and doors are closed when providing personal care. One staff member said, "I always ensure doors are closed and curtains to ensure the person's dignity is respected."

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. 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

- People received person centred care that met their needs and preferences.
- Assessments collected information about people's needs in a person-centred way. Relatives and health and social care professionals were involved or contributed to each assessment.
- People's care plans had detailed personalised information on all aspects of their care including people's likes and dislikes.
- Plans included positive person-centred language about their needs and support required. For example, one person did not like staff who spoke loudly during their support time. This was detailed in their care plan how best to support the person.
- Plans were written using positive language, they provided clear guidance on how to meet people's needs and staff found them helpful. Care workers told us, "We always have time read people's care plans and any updates on the system, this helps us complete our role in an efficient and supportive way."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The service supported people to meet their communication needs.
- Communication needs had been well detailed in people's care plans. People supported had a "This is me booklet". This was person centred and detailed what people liked during their support time.
- People and their relatives said staff communicated well with them. One person said, "Staff listen to me and always have time to talk to me."

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure and systems in place to respond to any complaints received.
- There had not been any complaints in the last 12 months, but people and their relatives confirmed they knew how to make a complaint if necessary.

End of life care and support

- The provider had an end of life policy in place.

- At the time of our inspection the service was not providing end of life care to anyone. However, we met with the lead person who had clear knowledge and experience in this area. They discussed how supporting people at their end of life was a passion for the provider.
- The provider had a one-page end of life information sheet for carers. This included information around signs and symptoms that a person may show when they are coming to end of life. This meant that carers had an awareness of people's deterioration and could seek support from the lead person in this area.
- The provider had an end of life checklist. This meant that planning at this difficult time was approached holistically and effectively.
- We saw feedback from families who were supported at their relative's end of life. Comments included, "[Staff] was such an asset and has given us such comfort and reassurance at such an unpredictable time."

# 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 good. The rating for this key question has remained 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

- The management team had developed a positive culture, people supported were at the centre of their care.
- Systems were in place to ensure people's care was regularly reviewed and changes or improvements were acted on in a timely manner.
- The manager worked to ensure a culture of care in which staff felt valued and promoted people's individuality, protected their rights and enabled them to develop their individual needs.
- The provider had systems in place that showed they valued staff. Nominations for staff employee of the month took place and drop ins on a regular basis for all staff. Staff were recognised for their work, in meeting people's needs and by going over and above their role.

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 manager was aware of their registration requirements with CQC and of their duty of candour to notify CQC of specific events. The manager had applied to become the registered manager with CQC (Care Quality Commission).
- There was an organisational structure in place and staff understood their roles, responsibilities, and contributions to the service.

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

- The manager had the skills, knowledge, and experience to perform their role and a clear understanding of people's needs and oversight of the services they managed.
- The provider had a good oversight and governance processes in place. This meant that people supported received good quality care and support.
- There were systems in place to monitor and review people's care and support plans. There were regular audits of the service to ensure the care met the provider's standards.
- The provider had a robust system of regularly monitoring the quality of the service to help drive improvements, these included medicines, support plans and health and safety audits.
- The manager understood their legal responsibilities to inform the Care Quality Commission of incidents and events that occurred at the service.

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

- The provider had systems in place to gather feedback from people and their relatives about the service. People told us they were contacted regularly for feedback on how their support time was. One person said, "They call me a lot asking if everything is good, communication is good."
- The manager and the team were passionate about the support they provided across their service.
- The manager was aware of their responsibility to notify other organisations, including local authorities and CQC of events that affected people using the service.

Continuous learning and improving care

- The registered manager kept up to date with national policy to inform improvements to the service.
- The registered manager had a clear vision for the service which would enable people to achieve the best outcomes possible. There was a service improvement plan in place.
- There were effective systems for monitoring and improving the quality of the service. The management team carried out a range of audits to make sure people were receiving good quality care. These included asking people using the service and others for their feedback and auditing the feedback to identify any trends. Spot checks and observations of staff were done on a regular basis. Medicine and care records were audited.

Working in partnership with others

- The provider, manager and office team worked well with other professionals to ensure the best joined-up approach was available when needed. This meant that people using the service has the good quality outcomes. A professional said, "They have been especially helpful to patients at my surgery who are supported by them. This is quite a specialist service who provide an unusually high quality of nursing care."
- The provider had built up a professional relationship with a local hospice. This meant that there was a joined-up approach and support network in place if people needed end of life support.