Westminster Homecare Limited

Westminster Homecare Limited (Wallington)

Inspection report

Suite 3A, Mezzanine BTS House
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15 February 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 (Wallington) 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 Croydon, Sutton and Merton. At the time of our inspection 137 people were using the service.

People's experience of using this service:
People and their family members felt safe with the staff at Westminster Homecare (Wallington). There were systems in place to help make sure people were protected from the risk of abuse. Staff were aware of safeguarding procedures and understood how to protect the people they supported.

Staff helped make sure people were safe and knew the risks people faced each day. For example, risks to people's health or mobility in their home. Staff took steps to reduce those risks while still making sure people had their independence and were able to do as much for themselves as they could.

There was a 24-hour call system in place, this made sure management support and advice was always available for people and staff when they needed it.

People were cared for by staff who received the right training and support to do their job well. The provider and registered manager made sure only suitable staff were employed to work at the service.

Staff felt supported by their managers and felt they could talk to them about any concerns and they would be acted on. Staff and their managers met regularly to discuss what was going well and what needed to be improved.

People and their family members were involved in making decisions about their care, treatment and support and care records reflected this. 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 and their family members liked their regular care staff and thought they were caring. Staff knew people well and people's care records told staff how best to support them. People told us staff respected their privacy and dignity.

People were asked about their food and drink choices and staff assisted them with their meals when needed.

People and their family members said they would complain if they needed to and knew who to complain to. When a complaint was made the registered manager acted on the complaint and wrote to people to let them know what was happening and how they would put things right.

People were given the information they needed, in a way they needed it, so they could understand the care they received and support provided. People were contacted regularly to people's homes helped staff review the quality of the care provided.

The registered manager and the provider made regular checks to make sure the care people received was good. When things went wrong they looked at the reasons why and how they could make things better for people.

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

Rating at last inspection:
This was the first inspection for this service.

Why we inspected:
This was a planned inspection.

Follow up:
We will continue to monitor the service through the information we receive. We will inspect in line with our inspection programme or sooner if required.

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 (Wallington)

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:
One inspector carried out this inspection and an expert by experienced made telephone calls to people using the service after our inspection. 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 (Wallington) is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older adults, younger disabled adults and children.

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:
The inspection took place on 15 February 2019 and was announced. We visited the office location to see the manager and office staff and to review care records and policies and procedures.

We told the provider 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.

What we did:
Before our inspection we reviewed information we held about the service. This included notifications the provider is required by law to send us about events that happen within the service. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we spoke with the operational manager, the operational support manager, the registered manager, two members of office staff and one member of care staff. We looked at four people's care records, four staff files as well as a range of other records about people's care, staff and how the service was managed.

After our inspection an expert by experience carried out the telephone calls to people or their relatives. They spoke with 12 people and five family members of people who used the service. We spoke to three members of care staff and we were sent additional information such as quality assurance records, service user guides and information about staff training and staff meetings.

Good

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 they received care and support from.
• Staff knew what to do if safeguarding concerns were raised. It was clear from discussions we had with staff that they understood what abuse was, and what they needed to do if they suspected abuse had taken place. This included reporting their concerns to managers, the local authority's safeguarding team and the Care Quality Commission.
• Systems and processes were in place for managers to report, investigate and review safeguarding concerns. The registered manager understood their responsibility to report any allegations of safeguarding to the local authority and the CQC.
• Staff had received training in safeguarding and this was renewed regularly to keep their knowledge current.

Assessing risk, safety monitoring and management
• Staff knew about the risks people faced and supported people to be as independent as they could be while remaining safe. Staff gave us detailed examples of how they managed risk. For example, one staff member told us of the information available to them about one person who was at risk of seizures. They said, "Everything is there, so I know what to look out for and what to do if [the person] suffers a seizure."
• Risk assessments were in place and these were regularly reviewed as people's needs changed. These covered risks to the person, to the staff member and any environmental risks.
• Emergency 24-hour on call numbers were given to people when they first started using the service and to staff when they were first employed. This meant they could contact the service out of hours if there was an emergency or if they needed support.
• Systems were in place to make sure those people most at risk were able to be prioritised in an emergency. This meant that those people who depended on staff for their basic needs would receive the care they needed to keep them safe.

Staffing and recruitment
• There were enough staff to care for people and the service was always recruiting to make sure there were sufficient staff numbers to meet people's needs.
• People told us staff mostly arrived on time and staff always stayed the correct amount of time. One family member told us they had concerns about staff timekeeping and would like a rota so they knew which staff were due and when. We spoke with the provider about these concerns and they told us they would send rotas out to anyone that requested them. They said they would ask people this question during their next telephone monitoring exercise so everyone had the chance to receive this information if they wanted to.
• Office staff told us they tried to keep the same staff with the same people and worked with the local authority to 'patch' calls together so there was less travel time for staff and less risk of staff delays.

• The service followed appropriate recruitment practices. Staff files contained a checklist which clearly identified all the pre-employment checks the provider had obtained in respect of each staff member. This included up to date criminal records checks, at least two satisfactory references from their previous employers, photographic proof of their identity, a completed job application form, their full employment history, interview questions and answers, and proof of their eligibility to work in the UK.

Using medicines safely
• People told us staff supported them to take their medicines safely. They told us care staff always explained what the medicine was and why they were receiving it.
• Medicines were managed safely. People's care records specified the level of support they required with their medicines and how they liked to take their medicines. For example, with a glass of water.
• Staff received training in medicine management and were assessed for their competence before they were able to administer people's medicines. Regular training and competency assessments were provided for all staff.
• When care staff were responsible for administering people's medicines, they were required to fill in MAR (Medicine Administration Record) to document that this had happened. These records were checked regularly to make sure they were completed properly and care staff were administering people's medicines safely. People's medicines were also checked during spot check visits to people's homes.
• If concerns were raised through these checks then appropriate action was taken to ensure staff were refreshed with the appropriate skills, knowledge and given additional support to administer people's medicines.

Preventing and controlling infection
• People's care plans contained information and risk assessments relating to infection control procedures in people's homes.
• Staff had access to and followed policy and procedures on infection control. Staff confirmed they were provided with personal protective equipment such as gloves and aprons to use when supporting people.
• Records confirmed staff had been trained in infection control and food hygiene.

Learning lessons when things go wrong
• The service focused on learning from accidents, incidents and safeguarding concerns.
• Systems were in place to record, review and analyse incidents at the service. These were monitored by the registered manager and the operations manager so any trends or risks to people could be identified quickly and acted upon.
• When there was learning from events these were circulated to each of the provider's locations so action could be taken to reduce any risk that people could face and lessons learned to reduce the risk of future occurrences.

Good

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.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
• People's needs were assessed when they first started to use the service.
• People were asked about the support they needed and any information concerning their physical, mental health and social needs. People were also asked about their spiritual and cultural needs and information was updated regularly.
• Staff applied their learning to improve the outcomes for people and helped to support a good quality of life.

Staff support: induction, training, skills and experience
• Care staff were provided with an appropriate induction, training and ongoing supervisions and appraisals to perform their roles.
• The induction consisted of a five-day training programme which followed the principals of the Care Certificate as well as practical training with moving and handling and medicines. Followed by a period of shadowing with experienced care staff. (The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of job roles in the health and social care sectors).
• Care staff confirmed they had received an induction prior to starting work and that they found this useful. One care worker told us, "I have completed 40 hours of shadowing and I am very confident…the training really helped me."
• The service had a fully equipped training room with hoists, a hospital bed and various forms of equipment and aids that people might use in their homes. There was a dedicated trainer based at the service and staff were able to contact them if they had any questions.
• A programme of refresher training was provided so staff could maintain their skills and experience. This was monitored centrally by the provider and the system identified those staff due for refresher training. This meant all staff received the training they needed when they needed it.
• Staff received regular supervisions and the appraisal system was in place for when staff had been in post for a year.

Supporting people to eat and drink enough to maintain a balanced diet
• People's nutritional needs were recorded in their care plans. When required, staff supported people with their meal times. Everyone we spoke with who required assistance at mealtimes told us staff gave them choice and they were happy with the support they received.
• When people needed additional support with their eating or drinking or where risks had been identified details were recorded in their care records so staff were able to support them appropriately.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support
• People told us they were supported to maintain good health. One person told us staff had called the Doctor when there were problems with their health. Another person told us staff had called their GP surgery when they were in a lot of pain.
• Where people required support from healthcare professionals, this was arranged and staff followed the guidance given. For example, there was guidance from occupational health on how to use one person's ceiling hoist and staff told us how they worked with district nurses to make sure another person's health condition was managed appropriately.
• The provider had introduced an "All about me" booklet to give emergency services important information about the person, should they need to attend hospital. This meant ambulance and hospital staff would have the basic information they needed to look after the person, this included listing any family and GP contact details, mobility requirements, medical conditions, religion and beliefs and the care of pets should the person be admitted to hospital.

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 with appropriate legal authority. We checked whether the service was working within the principles of the MCA.
• The registered manager and the staff we spoke with were aware of their responsibilities under the MCA.
• People gave their consent to care when they first started to use the service and staff gave us examples of how they made sure people were involved in decisions about their day to day care.
• When people lacked the capacity to make certain decisions MCA assessments were completed decisions were made in people's best interests.

Good

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
• People and their families were happy with the care and support they received. Comments included, "They [the staff] are very sweet, all very good", "My carers are absolutely superb" and "My regular carer is great, friendly and helpful…really good."
• Staff spoke about people with kindness and compassion. Comments included, "I enjoy seeing people and they are happy to see me", "My job is very rewarding, every day is different. I am doing something worthwhile and that means a lot to me" and "Knowing you have done something to make [people's] life a little easier… there are lots of lonely people out there, walking out and feeling fab that you have done something really nice for them…putting a smile on their face".

Supporting people to express their views and be involved in making decisions about their care; equality and diversity
• People were involved in decisions about their care and family members were consulted, when appropriate, regarding care and support of their family member. Care records provided detailed information to help staff understand the best way to support each person. This included people's spiritual and cultural beliefs. Records included the best methods of communication, people's backgrounds and history and how people would like to be cared for. For example, care records explained the type of products one person liked to use for personal care. Another person's records detailed their history, there likes and dislikes and areas of interests such as their love of knitting or the television programs they enjoyed.
• When required information was provided in accessible formats, such as large print and Brail. The service had access to a translation service when English was not a person's first language. Staff were respectful of people's cultural and spiritual needs.

Respecting and promoting people's privacy, dignity and independence
• People told us staff encouraged them to be as independent as they were able to. One person told us, "I try to do as much as possible". Another said, "It varies from day to day, I do what I feel able to do." Staff gave examples of how they encouraged people to take control. For example, allowing people control when using a hoist, or encouraging them to be involved more with their mobility or personal care.
• People told us staff respected their privacy and dignity and family members agreed. Staff gave examples of how they respected people's privacy and dignity and offered people choice.

Good

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
• People and their family members felt they were involved in decisions about their care. People received personalised care that was responsive to their needs. People were involved in the care planning process and records confirmed people's views were recoded. Detailed plans were in place for people's routines so staff knew how they wanted to be supported.
• Staff worked to improve their person-centred approach to care. For example, good practice was shared across the organisation and new training had just been introduced for senior care staff to help them write detailed, more person centred, care and support plans. We spoke with the deputy manager providing the training in this area. They told us this training was important for continuity across the service to understand how to meet people's individual needs by recording the details and responding to changes in people's care. They said, "I remind staff, its people's lives on that paper, we need all the detail, it is their choice."
• Care records were personalised and gave information about how staff could support people while still giving them control. For example, one person's care records detailed how the person was able to assist during moving and handling making them feel more involved. Another person needed additional support with regard to their diet and staff were guided to prompt and encourage healthy eating choices when shopping with them.
• The service identified people's information and communication needs when they first started to use the service. Staff understood the Accessible Information Standard. People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others. We saw evidence that the identified information and communication needs were met for individuals. For example, information was available in large print, brail or easy read for those people that needed it and an interpretation service was on hand for those people whose first language was not English.

Improving care quality in response to complaints or concerns
• People and their relatives told us when they had complained their concerns had been dealt with and they had been listened to. Where complaints had been made people told us they had received an apology from the service. One person told us, "A couple of carers I have had weren't brilliant…office staff apologised." Another person told us, "One carer I asked not to come back…this was actioned."
• People were fully informed of how to make a complaint when they first started to use the service. This included the process to follow if they were not happy with the response from the service and wished to escalate their concerns.
• The service had a procedure which clearly outlined the process for dealing with complaints. Complaints were monitored centrally and looked at to see if lessons could be learned to make things better for people. We looked at the complaints that had been made over the last year. These had been thoroughly investigated, involving other agencies, such as the local authority when appropriate. Letters with a full explanation of events and action taken were issued to people together with an apology.

End of life care and support

• Staff were able to support people in their end of life care. The operations manager explained no one at the service was receiving end of life care at the time of our inspection. However, systems were in place to provide this type of care and support if required. This included an end of life care plan with information about people's wishes for end of life care. Additional training and staff support was available and the service worked with other healthcare professionals such as the local hospice and district nurses to provide the care and support people needed.

Good

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.

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

• 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.

• The registered manager understood their responsibilities in line with the requirements of the provider's registration. They were aware of the need to notify CQC of certain changes, events or incidents that affect a person's care and welfare. The registered manager was aware of their role and responsibilities.

• The registered manager was supported by a strong governance structure. During our inspection we spoke with the operations manager and the operational support manager. The service had been running for a year, they knew the service well and had worked hard to understand and manage the initial risk and quality performance issues.

• Leadership was visible across the service and staff understood their roles and responsibilities. All the staff we spoke with were motivated and committed to improving people's lives.

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

• People were asked about their views and experiences of the service. People and their family members told us they sometimes received a visit from staff or a telephone call to check if they were happy with the care and support they received.

• Records confirmed spot checks were carried out to review the quality of the service provided. This included checks of the time of staff arrival and length of stay, making sure infection control procedures were followed and reviewing the care records kept at the person's home to ensure they were appropriately completed.

• The service encouraged and valued feedback from all people using the service. A survey sent in late 2018 asked people to comment on the quality of the service, what they thought about staff, if staff met their needs including spiritual and cultural needs and their views on the way the service was managed. The results were being collated at the time of our inspection and these had yet to be analysed with a view to making improvements. We spoke to the operational support manager, they confirmed the results were mostly positive but the area they still needed to improve on was office communication. They explained many of the issues within the office had been addressed and they were confident they had a good team that worked well together.

• Regular staff meetings were held to share best practice and provide updates to working practices. Staff felt well supported by their managers and comfortable reporting any issues or concerns.

Continuous learning and improving care; how the provider understands and acts on duty of candour responsibility

• When things went wrong the registered manager investigated thoroughly to ensure improvements were made and lessons learnt to stop or reduce further occurrences. For example, any missed calls were thoroughly investigated and actions taken to reduce the risk of future incidents. Letters of apology were sent to people and their relatives and these events were centrally monitored by the provider to ensure openness and transparency.

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Working in partnership with others

• The service worked closely with healthcare professionals in relation to people's care. This included joint working with the local authority to ensure people received the care and support that was right for them.

Planning and promoting person-centred, high-quality care and support;

• There were comprehensive quality assurance arrangements in place. Systems were in place to record and respond to people's immediate needs. Regular spot checks and telephone checks ensure people were receiving the care and support they needed, when they needed it.

• Regular checks on daily notes and people's medicine records helped to ensure people received their care in line with best practice guidelines.

• Weekly and monthly audits allowed the provider to continually monitor and assess the quality of care people received and where issues were found these had been addressed appropriately. These included reviews of complaints, accidents and incidents, missed calls and safeguarding concerns.