

Westwood Homecare (North West) Limited

Westwood Homecare

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

Westwood Homecare is a domiciliary care service providing care and support to people living in their own homes. At the time of our inspection there were 27 people using the service.

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.

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

Appropriate systems to help safeguard people from the risk of abuse were in place. Safety was assessed and measures put in place to help minimise risks. Medicines were managed safely at the service. Infection prevention and control guidance was followed to minimise risks related to the spread of infection.

Staffing levels were sufficient to meet people's needs and recruitment was carried out safely. There was a thorough induction programme and training was on-going throughout people's employment. People's needs were thoroughly assessed prior to a service being started. Care plans included information about support required to help inform care provision. Appropriate referrals were made to other agencies and professionals when required.

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.

People told us they were well treated and their equality and diversity respected. People's views were taken into account when agreeing on the support required. Communication needs were taken into account and addressed with appropriate actions.

Complaints were responded to appropriately and used to inform improvement to care provision. The provider was open and honest, in dealing with concerns raised. The management team were available for people to contact and ensured quality checks were made regularly to help ensure continued good standards of care.

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

Rating at last inspection

We carried out a focused inspection (published 23 September 2020) in the areas of Safe and Well-led. No overall rating was given at the time as all five domains were not looked at.

Why we inspected

This was a planned inspection to look at all five domains and to rate the service.

Follow up

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

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 ●

Westwood Homecare

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 carried out by one inspector.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and 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. 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 five members of staff including the registered manager, the nominated individual, a care coordinator and two care staff. We spoke with two people who used the service and three relatives about

their experience of the care provided

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. We looked at training data and quality assurance records. 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. We contacted four professionals who have regular contact with the service.

Is the service safe?

Our findings

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

This is the first full inspection for this service. There was a previous focused inspection where the safe domain was rated good. This key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Appropriate systems and processes were in place to help safeguard people from the risk of abuse.
- Any safeguarding concerns were logged and followed up appropriately.
- Staff we spoke with were confident to recognise and report any safeguarding concerns. They told us they would not hesitate to whistle blow if they witnessed any poor practice.

Assessing risk, safety monitoring and management

- The service ensured that risks and safety were assessed and monitored. Measures were put in place to help minimise risks.
- People's individual risk assessments were updated as required and changes to provision of support were made where needed.
- Environmental risks were assessed, monitored and reviewed as required.
- Appropriate policies and procedures were followed. Health and safety measures and checks, with regard to the office premises, were in place.

Staffing and recruitment

- Staffing levels were sufficient to meet people's needs and recruitment was carried out safely.
- Staff records we looked at included all appropriate documentation to help ensure safe recruitment.
- Staff we spoke with felt there were good staffing levels and they were given sufficient time to complete visits effectively.

Using medicines safely

- Medicines were managed safely and there was an up to date policy and procedure in place.
- Staff completed appropriate training and we saw evidence of regular competence checks to ensure skills remained up to standard.
- Clear information about people's requirements with regard to medicines was held within their care plans.

Preventing and controlling infection

- The service had policies, procedures and guidance in place relating to all aspects of infection prevention and control.
- Staff had completed training and received additional support around the extra challenges relating to the pandemic.
- People told us staff wore appropriate personal protective equipment when they visited and regular spot checks of staff included ensuring this was being done.

Learning lessons when things go wrong

- The provider ensured lessons were learned from issues such as accidents, incidents, complaints and safeguarding concerns. These were all logged and escalated as required.

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.

This is the first full inspection for this service. There was a previous focused inspection where the effective domain was not looked at. This key question has been rated 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 thoroughly assessed prior to a service being started.
- Care plans included relevant health and personal information to help inform care provision.
- People's needs and choices were clearly documented.

Staff support: induction, training, skills and experience

- Staff were supported with a thorough induction, where staff completed the Care Certificate, which is a set of standards for people in care jobs to achieve.
- There was a programme of training which was on-going throughout staff's employment. One staff member said, "You learn every day in this job. If you wanted any more training, they [the company] would be more than happy to support you with it."
- The management supported staff with regular one to one supervision sessions, as well as informal 'drop in' chats at the office location.

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

- People were supported, where needed, with their dietary needs, which were documented within their care plans.
- Staff had completed training around nutrition and fluids to help ensure they had the correct skills to support this.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Care plans included evidence of appropriate referrals to other services.
- People were supported to access appointments where appropriate. A professional we contacted said, "The service is very patient outcome driven which is refreshing."

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.

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 service worked within the legal requirements of the MCA.
- Staff had completed training in this area and those we spoke with demonstrated an understanding of the principles of the MCA.
- Consent was sought for issues such as care, support and administration of medicines. If people lacked capacity, this was recorded, and consent sought in line with the principles of the Act.

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.

This is the first full inspection for this service. There was a previous focused inspection where the caring domain was not looked at. This key question has been rated 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 told us they were well treated and their equality and diversity respected.
- The service had an appropriate equality and diversity policy and procedure in place and staff completed training.
- The service user guide included information about the service's standards and values and had equal opportunities information within it.
- Care plans included relevant information about people's diverse cultural, spiritual or other requirements.

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

- People's views were taken into account when setting up their care package.
- There was evidence of people's involvement in reviews of care and support.
- People were encouraged to contact the office at any time if their needs changed or they wished to make changes to arrangements. One person told us, "I have no complaints but if I had I would speak to them. They ring regularly from the office to see if everything is OK."

Respecting and promoting people's privacy, dignity and independence

- People told us their privacy and dignity was respected and independence promoted.
- The service ensured they had the correct equipment in place to help maintain people's dignity. For example, they had identified that a sling for use when transferring a person was not the correct one. They had ensured the correct sling had been supplied as quickly as possible to help maintain the person's dignity, safety and comfort.

Is the service responsive?

Our findings

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

This is the first full inspection for this service. There was a previous focused inspection where the responsive domain was not looked at. This key question has been rated 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

- Care plans were person-centred and included people's likes and dislikes as well as people and things that were important to them. A relative told us, "They [staff] will do what you need, and they do it to my standards."
- Reviews included people's input. A staff member told us, "The best thing about the job is the sense of achievement when you review someone's care and you have made changes to suit them."
- The provider endeavoured to match care staff to people who used the service to help ensure compatibility and good communication.

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.

- People's communication needs were clearly documented. This included assessing sensory issues, preferred language and levels of understanding.
- Communication needs were met in various ways, for instance matching a staff member with appropriate language skills to a person, ensuring clear visors were used where people used lip reading skills, speaking clearly and slowly where required.
- All information, such as the service user guide, policies and procedures, was available in easy read, large print or other languages.
- The service had just implemented an easy read complaints fact sheet to enable people to make the complaints procedure more accessible to all.

Supporting people to develop and maintain relationships to avoid social isolation

- Where people wanted it, their families and those close to them were included in the provision and reviews of care.
- Relatives we spoke with told us they always felt listened to and could contact the office without any problems at any time.

Improving care quality in response to complaints or concerns

- The provider ensured complaints were responded to appropriately and used to inform improvement to

care provision.

- The management team were available to people at all times, with an on-call facility out of working hours, to ensure they could deal with any concerns or issues promptly.

End of life care and support

- Although the service did not currently support anyone on end of their life care, staff had completed training in this area.
- People's end of life wishes, should they be happy to share them, were recorded within their care plans.

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.

This is the first full inspection for this service. There was a previous focused inspection where the well-led domain was rated good. This key question has remained the same. 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 service was open and inclusive and ensured they delivered the service according to their values.
- The staff team was diverse and enabled people to have some choice in who they were supported by.
- Staff we spoke with were keen to learn about other cultures and backgrounds in order to expand their skills and experience.
- Care plans were set up to help ensure people, with support, could reach their goals and achieve a better quality of life.

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 provider was aware of their responsibilities to be open and honest, admit mistakes or issues and learn from them.
- Notifications about significant events were completed and sent to CQC as required.

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

- Managers and staff we spoke with were clear about their roles and responsibilities.
- Staff used mobile phones to record visits made, tasks completed and other relevant information. This meant the information was instantly available for management to see and evaluate.

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

- Communication with people who used the service was good. One person told us, "I find the service very, very good. Prompt, polite, lovely people". Another person said, "I can speak to someone and get things resolved if I have any problems. They do regular checks to ensure everything is OK."
- Staff felt well supported. One staff member said, "Management are excellent, very supportive." Another staff member told us, "There is always someone there to support you."

Continuous learning and improving care

- Continuous learning and improvement was informed by audits and checks made by the provider.
- Regular medicines audits were completed and any issues identified and followed up with actions.
- Logbooks, within people's properties, were audited regularly and spot checks were undertaken to ensure

staff were working to the required standards.

- Supervision sessions were used to address any shortfalls with regard to staff performance.

Working in partnership with others

- The service worked in partnership with other agencies and professionals, making appropriate referrals and following advice given by specialist services.
- Most of the professionals we contacted were positive about the service. One professional said, "The service is extremely well led, and the management team and office staff are extremely quick to act if I take any concerns to them." Another professional told us, "I feel they [the service] have built up good rapport with both myself and client." We did receive one report of a negative experience. We discussed this with the nominated individual following the inspection and this was promptly resolved.