

Westmorland Homecare Limited

Westmorland Homecare - Lancaster & Morecambe

Inspection report

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Date of inspection visit:
15 June 2022

Date of publication:
23 September 2022

Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Good 

Summary of findings

Overall summary

About the service

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. At the time of the inspection the agency supported 48 people. There were 25 who received personal care from Westmorland Homecare Lancaster & Morecambe.

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

People were receiving care from exceptionally caring staff that provided continuity of support. Responses from people confirmed the caring and supportive culture was consistent across the organisation. One relative said, "Absolutely brilliant caring people, they go over and above what they should do." People complimented and highly praised the staff team's kindness and caring attitude. People gave examples of the outstanding care that was delivered. People were encouraged and supported to lead as fulfilled a life as possible. They were supported to follow their dreams and goals. There were many examples where staff had really given more of their time to support people in different aspects of their lives.

The service was flexible and adapted to people's changing needs and wishes and promoted their independence. Care was totally centred and tailored to each individual, and their family situation. For example, one person said, "They have understood the impact on me as a carer and helped me become more effective by doing absolutely more than they should do for [relative]. I now have more time and energy due to the fantastic response of this agency." Risk assessments were in place and they identified current risks to the person as well as ways for staff to minimise or appropriately manage those risks, including positive risk taking. The management team were extremely responsive to changes in people's needs and adapted their support accordingly. Health and social care professionals we contacted were overwhelmingly positive about the agency. One professional said, "There are many examples of how the service goes beyond their remit. It is an excellent agency."

People felt their care was safe and support from the agency was reliable. Staff spoken with demonstrated a good understanding about safeguarding people from the risk of abuse and training was provided and regularly updated. Staff managed medicines according to national guidelines. Staff followed infection prevention and control guidance and wore aprons and gloves when providing personal care to protect people against the risk of infection. Staff supported people using positive risk taking, supporting their independence.

People received a consistent standard of effective care from staff who were knowledgeable and skilled at providing care. The management team were committed to staff development. This had a positive impact on the quality of people's care. One relative told us, "The staff seem knowledgeable and competent which

reassures us when they support [relative]." A regular programme of training was provided to support staff in their role. Staff worked effectively as a team and with health and social care professionals. People received support with their healthcare and nutritional needs. 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 service had a complaints procedure which was made available to people they supported. People we spoke with told us they knew how to make a complaint if they had any concerns.

The management team had auditing systems to maintain ongoing oversight of the service and make improvements where necessary. Quality assurance processes ensured people were able to give their views of the service and improvements made when they were identified.

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

Rating at last inspection

The service was registered with us on 01/02/2021 and this is the first inspection.

Why we inspected

This was a planned first inspection based on their registration.

We looked at infection prevention and control measures under the Safe key question. We look at this in all inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

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 exceptionally caring.

Details are in our caring findings below.

Outstanding 

Is the service responsive?

The service was exceptionally responsive.

Details are in our responsive findings below

Outstanding 

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good 

Westmorland Homecare - Lancaster & Morecambe

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

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 we needed to be sure that the provider or registered manager would be in the office to support the inspection. The inspection visit took place on the 15 June 2022 and ended on 01 July 2022.

What we did before the inspection

We reviewed information we had received about the service since their registration. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all this information to plan our inspection.

During the inspection

We spoke with 11 people who used the service about their experience of the care provided. In addition, we spoke with seven members of staff, the registered manager, a director of the agency and the compliance officer. We looked at a range of records. This included three people's care records, two staff recruitment files, training records, medication records and audits of the service.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found. We looked at their quality assurance systems and training records for staff.

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 inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse and their human rights were respected and upheld. Effective safeguarding systems were in place and staff spoken with had a good understanding of what to do to ensure people were safe in their own homes.
- People we spoke with were happy with staff that cared for them and felt comfortable and safe. For example, one person said, "I know it's my home, but I do feel comfortable when they come to help me. It makes me feel safe in the knowledge such lovely people are here to help me."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- The registered manager had identified and managed risks to people's safety. People's care records including risks linked to people's home environments and equipment were identified by the provider to keep people safe.
- The registered manager had a system to review incidents to ensure risks were reassessed to prevent reoccurrence where possible and update any actions that were identified.

Staffing and recruitment

- The registered manager ensured appropriate staffing arrangements were in place to meet the assessed needs of the people in a person-centred and timely way. A relative said, "Never had a problem with visits they do stick to the times and are very consistent."
- Effective and safe recruitment procedures were in place. This ensured people would be supported by staff with appropriate experience and character and checks were thorough. Staff confirmed this when we spoke with them.

Using medicines safely

- People were supported to manage their medicines independently and to work towards this where possible. "Yes, they are really good I manage[relative] medicines but they apply creams and make sure everything is right, absolutely brilliant."
- Staff had received medicines training and had their competencies assessed, staff spoken with confirmed this. The management team checked medication administration was safe and acted on any discrepancies through their auditing systems they had in place.

Preventing and controlling infection

- We were assured that the provider was preventing visitors to their office from catching and spreading infections.

- We were assured that the provider had processes to admit people safely to the service.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the office premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

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 inspection for this newly registered service. 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

- The registered manager and senior staff carried out a thorough assessment of people's needs before agreeing to provide their support and care. People told us they were involved from the beginning of the process and consulted about times and tasks that were required. For instance, one person said, "They listened to what I wanted from them and it has worked out really well."
- The management team continued referencing current legislation, standards and evidence based on guidance to achieve effective outcomes. This supported staff to ensure people received effective and appropriate care which met their needs.
- Peoples rights were protected. Policies and the initial care assessment supported the principles of equality and diversity.

Staff support: induction, training, skills and experience

- Staff were trained and skilled to provide people's care. Staff told us further training was provided which included working with health specialists to provide training on individual care and support needs. Staff shadowed experienced colleagues during their induction period. One staff member said, "The induction and shadowing experience was amazing it made more confident to work on my own."
- The induction had a flexible time limit to suit individual needs. A staff member said, "If I wanted more time they were very supportive."

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Staff provided support people needed with preparing their meals and drinks. They gave people choices and respected the decisions they made. One person said, "They make me really nice meals."
- Care plans detailed where people may need support to monitor health needs and where they require support to attend any healthcare appointments and what risks they entailed.
- People's diverse needs were detailed in their assessment and support plans and met in practice. This included support required in relation to their culture, religion, lifestyle choices and diet preferences.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 spoke to staff about their understanding of the MCA and were assured by their knowledge.

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 inspection for this newly registered service. This key question has been rated outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Ensuring people are well treated and supported; respecting equality and diversity. Respecting and promoting people's privacy, dignity and independence

- People were exceptionally well supported and treated with respect, compassion, and kindness. One person said, "Due to the outstanding care shown by the staff I feel I can enjoy [relative] as [relative] not as a carer. This is due to spending more time than they were given with [relative]." Other people who received support told us how staff stayed extra time when they were not well or feeling depressed. For example, one person said, "I needed help washing and dressing but couldn't be bothered it was too much effort. Staff not just one, encouraged me in their own time to make the effort to make myself presentable and independent. I now take pride in my appearance and look forward to visitors. It is down to Westmorland care staff who have given me the confidence to make me feel better in myself."
- Due to the compassionate and caring support of staff people's confidence grew they enjoyed an excellent quality of life. An example of this was evident when a person told us because of the commitment and care shown by staff, over and above the hours allocated to them, they felt much more confident to go out which they hadn't for a long time. The person told us they had gained more confidence and enjoyed a much better quality of life.
- Westmorland Homecare was approached by a relative as her niece was getting married in the lake district and their relative was over 100 years old. They were convinced that they couldn't make it. However, it was clear they would love to attend the wedding but felt not able to do so. Westmorland Homecare approached the family, suggested ways and means for the person to travel and attend the wedding with her favourite homecare assistant in the staff's own time. The person went to the wedding and saw all her extended family members. Without Westmorland Homecare's assistance, encouragement and support, the person would not have been able to share this treasured family memory. The relative told us they were 'over the moon' and was exceedingly grateful for enabling them to go.
- Staff promoted an exceptionally strong person-centred culture where people were at the heart of the service. Professionals were overwhelmingly positive about the agency. One professional told us, "There are many examples of how the service goes beyond their remit. It is an excellent agency."
- There was evidence that a very strong culture of empowering people existed throughout the agency. Independence and autonomy were promoted at all times and this was at the centre of all support and care people received. There were several examples of where people's self-esteem had been enhanced and they had become more independent and confident in terms of physical or emotional well-being due to the service provided. A relative explained to us, "[Relative] never went out and was so down. Due to the excellent care and encouragement by the staff she now has flourished and goes out regularly with them to the shops, she is so much happier with life."

- Staff spoke with were extremely proud of their attitude and care towards people and were totally committed in the values of the service. A staff member said, "The training and management values are instilled throughout the agency, the clients are always the centre of what we do and provide for."
- The management team championed person centred caring. For example, when one person lived in a rural setting and had maintenance issues at their home in terms of no heating or power. One of the management team used a contingency plan and attended with a stand-alone generator and out of hours electrician, to power the persons home ensuring heating, hot food and personal care could continue. This prevented any deterioration in the persons condition, therefore prevented a possible hospital admission as they would be too vulnerable to remain in their own home with no heating and power. The person was housebound with very limited mobility. The service was told the person was very anxious and upset. The promptness of the action in their own time in response of the situation was in the best interest of the person. A relative was extremely grateful for the response of the management team.
- Detailed and personalised care records documented how people's independence and autonomy were to be promoted. One person told us, "I am always consulted by the agency they never do things without involving me."
- Staff had developed good relationships with people. The management team ensured people received continuity of support by allocating and matching the same carers for people. This was so valued relationships could develop and grow. One person said, "They are like a family and know exactly what I want. I treat them all as part of my family."
- Staff had a good understanding of protecting and respecting people's human rights. They talked with us about the importance of supporting people's different and diverse needs.

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

- Emphasis was made to ensure people were supported to express their views so that staff understood their preferences, what they wished for and their choices. This included where people may not communicate well verbally, or English was not their first language. A staff member said, "We can facilitate people to express themselves despite language barriers or communication issues. Training is provided and when there is a problem the company will provide guidance and extra training to ensure the client is heard."
- Where a person may struggle to express their views in words, staff had detailed understanding and know-how of the indicators that alerted them to signs of agitation and unhappiness or other emotions. One staff member said, "Great training for staff around understanding people with communication difficulties." Examples included a relative praised the approach of staff for their support for their family member who was living with dementia. The approach of staff had supported the person to regain some ability to contribute to decisions about their care. The relative said, "Because of the way staff treated and cared for [relative] sometimes in their own time, the change in [relative] has been so noticeable. We now go on trips more and are more relaxed and happier."
- Care plans were detailed with a consistently high degree of personalisation that provided staff with an excellent guide to understanding each person. For example, each person was encouraged to complete a 'personal story document'. This enabled information to be shared to staff so that they had a greater understanding of the person, their values and history. A staff member said, "It helps us to understand the individual more and their views and aspirations." For example, a staff member told us, due to the knowledge they had about a person when they became upset and angry, they were aware of the indicators and the reason why. The detail in booklet enabled them to identify the issues and what action to take to address their anxieties.
- People received their personalised care and support from a service which was entirely flexible and able to react to individual requests and changes. For example, one person lived with dementia and changes in their condition required different support. The service was flexible because staff had the knowledge of how to support them. They were able to resolve the situation and ease the person's anxieties by allocating staff that

were experienced to support the person. A relative told us the response to changes by the agency had improved their daily lives for instance becoming more 'calmer' and relaxed, and commented, "They so much look forward to the carers because [relative] understands better."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences. Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People experienced a responsive service that was aimed at meeting their individual needs and wishes. People and their relatives described an exceptional service, which was highly responsive and caring. Comments included, "I must say their dedication and efforts to provide support for us are fantastic." For example, one carer noticed a person struggling with daily tasks such as washing, ironing and neglecting their own personal care. The person would not request support but would neglect these tasks. The staff member took the person's laundry and ironing home in their own time and returned it. In addition, they prompted and encouraged the person to manage their personal care needs. Within a short space of time, and with continued encouragement from staff the person now has confidence to do more of the tasks independently and look after their own personal care needs. The person said, "I feel so much more comfortable and confident in myself."
- Relatives spoke of how Westmorland Homecare had impacted on their lives in a positive way. This enabled them to continue to care for their family at home, which was what people wanted. An example of this, one person had complex needs that required a specialist care home. The family and person did not want to live in a care home. The efforts made by the staff such as one to one support in their own time enabled the person to recover sufficiently so that they could remain at home with support from the agency. The relative said, "The impact has been tremendous, from all of us feeling down and despondent the staff have provided that much support and care and in their own time to make [relative] feel so much happier it's fantastic. [Relative] now takes more interest in going out, the television and the family."
- The management team concentrated their efforts on reducing the risk of loneliness amongst the people they supported. The provider recognised this and therefore, now hold monthly social events in a building in the community to provide this opportunity and social interaction. This has proved to be a huge success with immeasurable benefits for people. Now people who may live around the corner from each other and had never had chance to meet or know about each other can do so. We spoke with a relative who used this service for her family member who said, "I just want to say how wonderful the effect has had on my [relative] and myself."
- People told us the service went out of their way to ensure people were not left isolated. For example, staff became aware of another two people who were closely connected. With consent from both parties they enabled them to regain contact with each other. After this, the two people have been in touch and they were planning to visit each other. This brought unexpected joy to both people as they had been school friends who were reunited. The impact was extremely positive for both people and they both reported that they felt so excited at getting to know each again. The service provides a transport service to take people to the

events, and in their own time. Following the feedback from the previous month's event, the service had included activities such as music, quoits and bowls in a brand new and fully accessible building.

- The service introduced an initiative to support developing relationships between the agency and people. Senior staff had included a 'pen picture' of themselves for the person receiving support. This outlined their interests, background and their professional expertise. The service recognised shared information helped develop trust and respect. One person said, "It definitely made me more aware of the people helping me what an excellent way to make me feel more comfortable with the staff."

- People received personalised care, which met their current and changing needs. Records were written in a person-centred way with the involvement of the person and their relatives.

- Information about people's social hobbies and interests were written in care records under a document 'All about me'. One person said, "We have the same carers and have built a nice relationship. They are like my grandchildren to me."

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 care records contained comprehensive information about their assessed communication needs. This supported staff on people's preferences and personal style in interactions. Staff told us it guided them to be patient, and staff informed us specialist communication training in different formats had enhanced their skills to understand and communicate confidently with people. For example, the service supported a person with acute autism and wasn't able to be referred to her in first- or second-person narrative without displaying agitation behaviour or self-harming. Due to this the agency adapted their communication styles with the person and only referred to them in third person and worked with techniques advised by the behavioural team at their current placement, Beaumont College. Staff were also provided with person centred training involving the person to enable them to change their demeanour when with them. This training enabled staff to identify certain body language or facial expressions which would trigger their behaviour. Westmorland Homecare sought external nationally recognised training for the staff involved in the person's care, known as 'Team Teach'. A relative said, "[Relative] is so much happier that people understand them."

- The service was innovative in addressing people's communication needs. For example, two people that were nonverbal, one that is highly supported by their neighbour that knows and understands their expressions and was able to assist when setting up the care plan. In addition, another person, although they are non-responsive, staff continually ask them what they would prefer so that they can gesture their response in body language and liaise with the family about all care related decisions. A relative told us this has dramatically improved their daily life due to be able to converse with people and be understood.

- Documents were available in multiple formats to support people's comprehension. This included larger print, different languages and we noted the statement of purpose was in braille.

Improving care quality in response to complaints or concerns

- The service had a complaints policy and process. People told us they had received this and would be confident to make any issues or concerns known to the office.

- People were encouraged to discuss any concerns or issues when contacted regularly by the management team.

End of life care and support

- Staff had received training in end of life care. The provider offered end of life compassionate support to

people and their families. Response from families confirmed this.

- The registered manager told us they had established links with the local hospice which supported their end of life training. One of the management team said, "We have to ensure we have the right balance between sensitivity and understanding to ensure people receive the support and care during this difficult time. We received feedback from relatives that included, "We would like to thank all the staff at Westmorland for their commitment and support which went way over what they should have done, They were always there even in their own time."
- End of life care and support continued after people had died. For instance, they offered a free, independent, and confidential counselling service for all its employees and was used particularly with End-of-Life care packages. They said, "Our staff grow so fond of our clients and form genuine relationships, so it's important to us that we support their mental health and wellbeing during these difficult times." In addition, they offer a 'Caring after loss' service. This is available despite they may no longer be supported by the agency. This service may include periodic phone calls or occasional support visits in their own time. One person told us the support was invaluable during this time and enabled them to cope better.

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 inspection for this newly registered service. This key question has been rated 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

- There was a positive culture throughout the service which focussed on providing people with high standards of support and care. Discussions with people confirmed this.
- Staff told us they felt supported and valued by the management team. One staff said, "Very supportive I had some personal issues and the manager was so supportive it's a great company."
- The registered manager had the skills and knowledge to lead the service effectively, they were well respected by the staff team. All staff we spoke with told us the manager leads from the front and supports people in the community.
- The management team demonstrated a commitment and passion to ensure people received the best service. This approach was reflected by the staff team who were all committed to support people to ensure they received the best service possible.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; 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 management team had auditing systems to maintain ongoing oversight and continued development of the service. The management team had responsibility for an areas of quality assurance. Systems highlighted any potential issues and review dates so they could be responded to.
- The registered manager understood their responsibilities to keep CQC informed of events which may affect people and the care delivery. They were open and honest about what achievements had been accomplished. In addition, what had not worked so well and where improvements might be needed.
- Duty of candour was understood by the management team, and it was clear in the way if any complaints were made, they would be listened to and their concerns and worries would be investigated.
- The provider had employed a consultant to support their drive to deliver outstanding care. This included an external review of the service, and a focus on people's protected characteristics and client interaction.

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

- Systems and processes were developed to ensure people and relatives were fully engaged. For example, people were encouraged to be involved in the development of the service and feedback was sought from regular surveys. Comments written by people included, 'A fantastic service nothing for them to improve'.

- The registered manager had an 'open door' policy, so people could contact them directly to discuss any concerns in confidence.

Working in partnership with others

- Records and discussion demonstrated the service worked in partnership with a variety of health and social care professionals to ensure people received the support they needed. These included social workers, GP's and community nurses. We received positive responses from social workers in terms of support the agency provided for people.