

The Westminster Society For People With  
Learning Disabilities

# Westminster Society Domiciliary Care Service for Adults

## Inspection report

16a Croxley Road  
London  
W9 3HL

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28 June 2018

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## 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

This comprehensive inspection took place on 26, 28, 29 June and 2, 3 and 4 July 2018 and was announced. At the last comprehensive inspection in March 2016 the service was rated as Good.

This service provides care and support to people living in 18 'supported living' settings, so that they can live in their own home as independently as possible. People's care and housing are provided under separate contractual agreements. The Care Quality Commission (CQC) does not regulate premises used for supported living. This inspection looked at people's personal care and support. This service also provides domiciliary care services. It provides personal care to people living in their own houses and flats in the community. It provides a service to younger and older adults with learning disabilities, autism spectrum disorder and mental health issues.

At the time of the inspection the service was supporting 101 people in the City of Westminster, the Royal Borough of Kensington and Chelsea and Camden. Not everyone using Westminster Society Domiciliary Care Services for Adults receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

There were registered managers in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 service had six registered managers and one nominated individual who were responsible for all services under this registration.

The service was exceptionally caring. People using the service and their relatives spoke extremely positively about the caring and compassionate nature of the staff and felt that staff went above and beyond their expectations of care to meet their needs.

Staff ensured that people's emotional needs were supported at sensitive moments in their life and had worked closely with them, their relatives and health care professionals, especially when managing bereavement.

People were supported to have access to advocates if the provider felt they needed support to have their voice heard. Staff had also supported people when they were unable to or found it difficult to express their

choices and wishes.

People using the service and their relatives were confident they would be listened to and felt the management team were approachable and felt comfortable getting in touch. The provider gave people the opportunity to discuss the issues they faced and supported them to have their voices heard in the wider community.

People were supported to follow their interests and maintain relationships with relatives and friends that mattered to them. The provider had been creative in overcoming barriers to providing support to people and created opportunities for people to carry out a wide range of activities and events with friends with a shared interest. There was evidence that cultural requirements were considered and positive work had been done to raise staff awareness for people who identified as LGBT+ (Lesbian, Gay, Bisexual, Transgender and other ways that people can define themselves, for example Q (Questioning) and I (Intersex)).

Care was personalised to meet people's individual needs and the provider ensured people were fully involved in discussions about how they wanted their care and support. An initial needs assessment was completed from which care plans and risk assessments were developed.

The management team understood the legal requirements of the Mental Capacity Act 2005 (MCA) and staff took the necessary action if they had concerns about people's capacity. We observed that staff respected people's decisions and gained their consent before they offered support.

People's nutritional needs were recorded in their care plans and staff were aware of the level of support required, with further guidance available for people who needed extra support. People were supported to maintain their health and well-being through access to health and social care professionals, such as GPs, psychiatrists and the community learning disability team.

Risks to people were identified during an initial assessment with detailed guidance and control measures in place to ensure their freedom was respected and staff supported them safely. Advice and guidance was sought from health and social care professionals to support staff to manage a range of complex behaviours that challenged the service.

New staff received a comprehensive induction training programme to support them in meeting people's needs effectively. They shadowed more experienced staff in supported living services before they started to work independently with people. Staff received regular supervision and told us they felt supported by their staff teams and line managers.

People using the service and their relatives told us they felt safe using the service and staff had a good understanding of how to identify and report any concerns. Staff were confident that any concerns would be investigated and dealt with.

People who required support with their medicines received them safely and all staff had completed training in the safe administration of medicines, which included observations and competency assessments. Appropriate checks were in place to minimise errors and action was taken if errors were reported.

Staff spoke positively about the culture of the service and felt valued as part of the organisation. People and staff were fully involved in the development of the service and staff had opportunities to progress within the organisation.

There was a range of effective quality assurance systems in place to monitor the quality of the service provided, identify any concerns and understand the experiences of people who used the service. The management team were open to feedback to help make improvements within the service.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service remains safe.

### Is the service effective?

Good ●

The service remains effective.

### Is the service caring?

Outstanding ☆

Aspects of the service were outstandingly caring.

People using the service and their relatives felt that staff were exceptionally kind and compassionate and went above and beyond their expectations of care to meet their needs. We observed positive interactions between people and staff and saw caring relationships had developed which had a positive impact on people.

Staff were aware of people's emotional needs and provided an excellent level of support. Important work had been done to support people come to terms with bereavement and helped them come to terms with their loss when this impacted upon their well-being.

Staff always ensured people's voices were heard and worked closely with advocates to ensure people had further support. Staff had also taken it upon themselves to help people if they were unable to or found it difficult to express their wishes.

Care workers encouraged people to be independent, listened to their needs, respected their privacy and maintained their dignity.

### Is the service responsive?

Outstanding ☆

The service remains outstanding.

### Is the service well-led?

Good ●

The service remains well-led.

# Westminster Society Domiciliary Care Service for Adults

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 26, 28, 29 June and 2, 3 and 4 July 2018 and was announced. We gave the provider one weeks' notice of our inspection as we needed to get permission to visit people in their own homes and so that the provider could give them notice, as we did not want to cause any distress or disruption to people's routines.

Inspection site visit activity started on 26 June and ended on 10 July 2018. We visited the office location on 26, 28 June and 3 and 4 July 2018 to meet the registered managers and to review care records and policies and procedures. We visited 12 supported living services between 28 June and 4 July 2018 to speak with people and staff and review records related to the service. After the site visit was complete we contacted health and social care professionals, who were not present at the site visits.

The inspection was carried out by four inspectors. It also included an expert by experience who was responsible for contacting people and their relatives who used the domiciliary care service to find out about their experiences of using the service. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

Before the inspection we reviewed the information the Care Quality Commission (CQC) held about the service. This included notifications of significant incidents reported to the CQC and the previous inspection

report. We also contacted local authority commissioning teams to support the planning of the inspection. In addition to this we reviewed the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with 33 people and six relatives. We also spoke with 45 staff members. This included five registered managers, the director of services, nine team managers, four assistant team managers, 20 support workers, the learning and development manager, a workforce development manager, the buildings and properties manager, two activities coordinators and the chair of the operations and safeguarding committee. We looked at 32 people's care plans, 10 staff recruitment and training files, staff supervision records and audits and records related to the management of the service.

Before, during and after the inspection we contacted eight health and social care professionals who worked with people using the service for their views and feedback and heard back from five of them.



# Is the service safe?

## Our findings

All the people we spoke with told us they felt safe when receiving care and going out in the community. Comments included, "I do feel safe here with the support I get. I trust them and they look after me" and "I feel very safe here. Staff are always here and they are aware of who comes to the door. I also have staff to look after me when I go out." Relatives were confident their family members were well looked after. One relative said, "I'm certainly not worried. I'm reassured he/she is there and that everything goes to plan." Another relative said, "[Family member] really feels safe with these carers and they understand if he/she becomes agitated." One health and social care professional told us that the provider was fully aware of their own safeguarding processes, would always act if they had to and had no concerns about people's safety.

The provider had appropriate safeguarding policies and procedures in place and staff were aware of the actions that needed to be taken if they had any concerns. Staff understood how to recognise the signs of abuse and had a good understanding of how a safeguarding investigation should take place. When incidents occurred, the relevant authorities were notified with investigations taking place and disciplinary processes being followed if necessary. All the staff we spoke with felt confident any concerns raised would be dealt with straight away. Staff had received appropriate training in safeguarding which was refreshed annually. One support worker said, "We have regular training and discuss our responsibilities. We have a duty of care and it is important that we make sure people are happy, safe and in control of their life." New safeguarding training for managers had been introduced to highlight any changes in legislation and best practice. For example, there was an update about the increase in internet scams and how they could make sure they kept people safe. At the supported living services, we saw easy read posters were displayed called 'No to Abuse', which reminded people they could talk to the staff if they had any concerns. At one of the services there had been issues relating to people being targeted when they were out in the community. There were pictures of people displayed in the lobby who should not be let into the service and information supplied from the local police.

There were procedures in place for the reporting of any accidents and incidents. We saw that when incidents occurred they were discussed and communicated across the organisation as a learning experience. One support worker said, "We discuss these at team meetings and review how we dealt with them and if we could have managed them any differently." A health and social care professional told us they had been working with the provider on supporting staff and debriefing after incidents, where staff had been positive about learning from difficult experiences. All incidents were analysed on a quarterly basis to review if the correct support was being provided. One staff member said, "It is so important to be proactive in preventing issues." We saw a medicines incident had been discussed during a supervision session. It highlighted that the reports were done to improve work place practices rather than apportion blame.

The provider continued to have robust recruitment procedures in place to help safeguard people. We saw evidence of photographic proof of identity and all Disclosure and Barring Service (DBS) records for staff were in date and reviewed every three years. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working in care services. The provider asked for up to three references and staff could not start work until they had been received. Applicants went through an initial screening process

during a recruitment open day before being invited to an assessment centre where they were also assessed against the organisations core values. Candidate scoring and assessment records were in place which showed that the provider had assessed the suitability of staff they employed.

Some people were supported with their medicines as part of the overall care they received. Each person had a medicines profile and support plan in place with specific instructions and detailed guidance for staff to follow, including what the medicine was for and possible side effects. Where people were supported with PRN medicines, which means medicines prescribed to be given when required, there were regular meetings with health and social care professionals which recorded a clear protocol for when these were to be taken. We also saw medicine review referrals when staff noticed any changes in people's behaviour, with records updated accordingly. One person said, "They support me with my tablets and come up to see me in the morning and the evening. I'm happy with how it is done." Staff received mandatory training in medicines during their formal induction and then had in house training at the supported living service they worked at to make sure they understood the individual support each person needed with their medicines. One support worker said, "When I started I observed for two weeks how people were helped with their medicines and then I was supervised. It was really helpful."

We looked at a sample of medicines administration record (MAR) sheets across the 12 services we visited and saw they were appropriately completed and checked daily for any errors. Team managers and assistant team managers showed us how they carried out daily checks, called 'medicines sweeps' in their service, within two hours of people receiving their medicines to check for any errors. We did find the recording and checking of medicines at one service we visited was inconsistent among the records we reviewed at the other services. Where there had been gaps in signing one person's MAR sheet, although these had been circled to suggest the issue had been picked up, it was not clear what action had been taken. We also saw that the daily medicines sweep had not always been recorded. We spoke to one of the registered managers about this during the fourth day of the inspection. The provider was proactive in response to the feedback received and carried out a visit to complete an audit and provided us with an action plan to address the issue on the final day of the inspection. They acknowledged that the service had been without an assistant team manager in recent months and gave an existing team manager new responsibilities to make sure daily checks were being completed.

The provider had procedures in place to identify and manage risks associated with people's care. Initial assessments were completed to assess people's suitability to live in the supported living services and to be supported at home to identify any potential risks to providing their care and support. Risk factors that were assessed related to people's daily routine, behaviours of concern, medicines, nutrition and hydration, mobility, travel, finances, physical activities and personal relationships. It also included building and property risk assessments, working in people's homes and fire safety.

People's care plans and risk assessments contained detailed information about the level of support that was required and information about any health conditions. Where risks had been highlighted in relation to behaviours that challenged the service, there were positive behaviour support plans in place which detailed certain behaviours and reasons why the person might be anxious, agitated or upset. There was information detailing what the triggers were, what the signs or behaviour from the person would be and what actions should be taken to reduce the risk, with appropriate de-escalation techniques discussed. For one person, we saw the support they had received had dramatically reduced their number of hospital admissions and had helped them to be able to live independently in their own home. Where people across the service were at risk of suffering from epileptic seizures, staff we spoke with were very knowledgeable about the specific support people needed and what to do in the event of a seizure. There was detailed guidance for staff to follow during and after the seizure. Where appropriate, some people had seizure alarms in place with

regular monitoring throughout the night, including seizure charts completed to monitor the frequency of incidents and any patterns.

We saw there were suitable staffing levels throughout the services we visited to meet people's needs. Depending on people's needs, there was either a waking night or sleep-in system in place. Where people needed more support, such as one to one or two to one support when in the community staff rotas reflected this. At one service we visited, we saw there was seven staff on duty to support three people, while a fourth person was being supported in the community. They also provided an outreach service to people in the local community. Daily shift allocation plans highlighted which staff member was responsible for what. Another service we visited that supported six people had five staff in the morning, three in the afternoon and a waking night in place. We reviewed two previous weeks rotas and saw this was in place, often with more staff available to support people. Copies of rotas for other services we visited, including people who received a domiciliary care service, showed managers calculated the number of staff required against the number of support hours people had. At the time of the inspection, the provider had 61 active sessional bank staff to cover permanent staff absences and vacancies. All the staff we spoke with felt there were enough staff allocated to meet people's needs.

We saw that staff had completed relevant training and were aware of their responsibilities to ensure infection control procedures were followed. Support workers told us that they completed infection control and food hygiene training as part of their induction, which could also be refreshed via online training. Services we visited were clean and tidy with daily cleaning schedules in place. One relative said, "It is always lovely and clean whenever I'm there." One support worker told us the importance of following guidelines to make sure cleaning products were locked away to minimise the risk of any accidents. They added, "We make sure that everything is clean and tidy as best we can."

## Is the service effective?

### Our findings

People told us they were happy with the care and support they received and staff understood their health conditions to meet their needs. Comments included, "I feel better and free by living here. They are aware of my needs and help me to manage everything so it is all going well" and "I'm feeling good and healthy and really happy with how they've helped me, especially when going to the hospital." Relatives we spoke with told us that staff understood the individual needs of their family members and spoke positively about the level of training staff had access to. One relative added, "New staff will always work with experienced staff." Health and social care professionals were also positive and felt that people had made improvements and the support they received helped to keep their conditions stable. One health and social care professional told us they were impressed with the level of care provided and the level of training staff received.

The service assessed people's needs and choices so that care and support was delivered in line with current legislation and best practice guidance to achieve effective outcomes. Staff were proactive in seeking support for people when their needs changed. Staff teams had worked closely with health and social care professionals, such as senior psychologists in relation to behaviour that challenged the service. Regular meetings took place to discuss best practice for supporting people with complex behaviours along with specific training for staff. One staff member said, "We worked hard to try to reduce [person's] anxiety as there were a number of incidents. We worked with a psychiatrist to look at ways to manage their behaviours and the plans we have put in place have been very helpful." They added that it had been of benefit to the person which had had a positive impact on their daily life. A health and social care professional told us that staff at each supported living location had a great awareness of people's needs, that they were confident working with them and recognised their ability to provide a very competent service.

People were supported by staff who had received the appropriate training and supervision to carry out their roles. New staff completed a four day induction training programme which gave them an introduction to the organisation, their core values and the 15 standards of the Care Certificate. The Care Certificate sets the standard for the fundamental skills and knowledge expected from staff within a care environment. Topics included safeguarding, duty of care, medicines, health and safety and supporting people with physical and learning disabilities. Care Certificate workbooks needed to be completed throughout the six month probation period and we saw samples that had been signed off by the trainer. One support worker said, "The induction was very intense and detailed. It highlighted how important everything was, especially with people's medicines and finances. They take it very seriously."

Additional mandatory training included moving and handling, fire safety, food safety and first aid, which was refreshed on a regular basis. We saw that staff also received training which was specific to people's individual needs. Each service had a training needs analysis which highlighted the specific needs of each person which ensured staff received the correct training for the people they were supporting. This included epilepsy awareness, dementia awareness, autism awareness and PROACT-SCIP training. This is a training programme which helps staff use positive options to avoid crisis and strategies for crisis intervention. All the staff we spoke with were positive about the level of training they received. Comments included, "I support somebody who is non-verbal and the training about communication and autism was fantastic. Our

communication is so important and it has helped to develop a connection" and "I've benefitted from the training and learnt so much in how to support people. It is person centred and the clients I support have responded really well to the techniques we've learnt." We saw staff were also supported to sign up for vocational qualifications in health and social care. These are work based awards that are achieved through assessment and training. To achieve these qualifications, candidates must prove that they have the ability and knowledge to carry out their job to the required standard.

Staff were introduced to people and had shadowing opportunities with experienced members of staff when they were allocated to a service. We saw records that showed support workers had regular supervision and an annual appraisal system was in place. One support worker told us they had monthly meetings with their manager but could also have informal supervision sessions if there were any issues or concerns. Records showed that staff could discuss key areas of their employment, which included training needs, specific issues and behaviours, incidents and staff members own health and wellbeing. One support worker said, "I have supervision every four weeks. The communication is good, it is respectful and we get to go through updates with people with any concerns." There was also a manager in place to make sure that bank staff also received regular supervision to help make them feel part of the team.

Staff understood the main principles of the Mental Capacity Act 2005 (MCA). The 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We discussed the requirements of the MCA with the registered managers and staff teams and they demonstrated a good understanding of the process to follow where it was thought that people did not have the mental capacity required to make certain decisions. Staff teams liaised with relatives and the relevant health and social care professionals to arrange best interests meetings to discuss people's care and support needs. We saw records for one person that showed a capacity assessment about food choices had been completed and the person was assessed to have capacity to make their own choices, even if they were unhealthy. Further information encouraged staff to promote healthy eating but to respect their choices.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS provide safeguards to protect people from being deprived of their liberty unless it is in their best interests to protect them from harm. A registered manager told us that they worked closely with the local authority and reviewing officers to identify any potential deprivation of liberty for people within their supported living services. Where restrictions were in place, we saw correspondence with health and social care professionals to ensure it was safe and as least restrictive as possible. We saw the provider had worked closely with one person to reduce their restrictions so they were able to live independently in their own home. Staff had received training about the MCA and DoLS and understood the need to ask people for their consent when they were providing their care and support. One support worker said, "We always ask for their consent first, no matter what it is, whether it's going into their room, giving medicines or helping with their finances." We saw that the provider had sought people's consent in relation to our inspection and people were happy with us visiting their homes.

Some people required support with their nutrition and hydration, including meal preparation and support during mealtimes. Staff were aware of people's nutritional risks and guidance was in place for staff to follow to support them safely. One person with complex needs required their drinks to be thickened and their food to be softened to avoid any choking risks. There was detailed eating and drinking guidelines for staff to follow, including signs to look out for in case there were problems. People's dietary needs and preferences were respected and catered for, and were recorded in their care plans along with recommendations about

healthy eating from people's GPs. There were easy read food choice guidelines in people's records, including photos to help people make choices. We saw there were weekly shopping and meal plans in place across the services. This was discussed with people and considered the variety of people's likes and cultural preferences. At one of the services we visited, we saw people had fluid charts in place. The team manager told us this was put in place as there had been a sustained heatwave and wanted to ensure people stayed hydrated. At another service we saw that there was a positive focus on healthy eating and people who used the service were keen to show us how they maintained a balanced and nutritious diet. One person said, "I'm happy with how they help me with my food. We get to choose and can cook together, but can also go out to a restaurant if we want."

We saw records and correspondence that showed people were supported to maintain their health and have access to healthcare services if their needs changed. For one person, we saw that concerns had been raised by staff about the increase in the number of seizures they had. The provider worked closely with a neurologist which resulted in a medicines review. We saw from incident reports that this had led to a reduction in seizures. People told us they were supported to attend healthcare appointments and records showed any concerns were followed up with the necessary health and social care professionals. We saw a compliment from one person where they had been putting off a medical procedure and staff had discussed this with them and supported them to attend. It said, 'Thank you for supporting me with this, I have been so scared.'

The provider worked closely with a range of health and social care professionals to ensure people received effective care and support. Each person had a Health Action Plan in place which highlighted people's healthcare needs and was regularly updated. The records were detailed and showed when people had healthcare appointments. People also had hospital passports in place which had been completed to help NHS staff understand people's needs if they were taken to hospital. It included details of people's GPs, psychiatrists, speech and language therapists and social workers in the community learning disability team. The provider had also created health and wellbeing advocates across the organisation. It involved monthly sessions following National Health awareness campaigns and key topics were discussed then shared at team meetings across each service. It started in April 2018 and the last three topics were about bowel cancer/constipation, allergies and asthma, and sun and heat protection. One of the advocates said, "It is really good and has helped us to improve our knowledge, support people's health and share ideas with the team."



# Is the service caring?

## Our findings

All the people we spoke with were extremely positive about the support they received and said the staff were incredibly kind, compassionate and caring towards them. Comments included, "They've really helped me to get far in life and by getting me on the right path", "All the staff are really nice, kind and friendly", "I like it here, the staff are kind and we all get on with each other" and "They have always been very nice to me." Relatives were also positive about the caring nature of the staff. One relative said, "[Family member] is always telling me how happy they are. He/she loves the staff and they are like another family to us." Another relative told us that all the staff worked from the heart. They added, "We have the most wonderful carer who is utterly brilliant. I can't imagine life without him and my [family member] loves him." A third relative told us that staff always put themselves out and went the extra mile when caring for their family member. A health and social care professional told us that they were constantly blown away by the level of care people received and had the utmost respect for how staff supported people.

Throughout the inspection we observed many positive interactions between people using the service and staff at the supported living services. We saw people were extremely relaxed and comfortable with staff and were given the opportunity to express their wishes. Staff were focused on the needs of people and spoke with them in a calm and respectful way, responding compassionately if they became upset or distressed. In one service, we saw people and staff watching the World Cup, having refreshments and laughing and joking together. We saw personalised pictures throughout people's homes highlighting people's friendships, activities, holidays and achievements. We spoke with one person and their keyworker who told us about the paintings around the home and that the person was an accomplished artist. We saw many photos showing people's birthdays being celebrated. One person had hosted a BBQ and staff had supported them to invite their friends and family. At one service, we saw that staff had made a personalised calendar with people's pictures, birthdays and other dates of significance to people. This was displayed in the staff room for use as a communication aid. Throughout the services we saw that people had scrap books and memory books about important events, holidays and days out. One support worker said, "Everything we do, we make these books to give people memories and to remind them of what they have achieved."

People were allocated a keyworker to ensure the support they received was consistent and allowed them to develop caring relationships and understand how they liked to be supported. One team manager said, "It is important to have consistency for the residents, with no rapid changes from one thing to another." Staff knew the people they were supporting and could give detailed information about people's personal histories, likes and dislikes, what activities they were interested in and the best ways to manage specific health conditions. One support worker had worked with a person for over 10 years and was able to explain in great detail techniques they had learnt to communicate effectively with each other and understood how important their routines were. Staff told us they were able to spend time with people during key work meetings, supporting them with daily tasks, activities or out in the community. Staff were also incredibly passionate about their role and the importance of building a trusting relationship. One support worker said, "I decided to change my career and this job has given me an extraordinary experience to work with people. The people I help are a part of my life and it is a great feeling helping to change somebody's life." For one person, we saw that staff continued to visit them on a weekly basis when they had been admitted to a

secure hospital to continue their engagement to build their relationship and provide important emotional support.

Records showed that people using the service and their relatives were fully involved in making decisions about their care and support. One relative said, "I'm always involved and updated with any changes. They always ask me for my opinion and if I can add anything that will be of help." At one service, we saw staff involved one person with how they wanted to be supported with their finances for that day. The support worker explained what they were doing and gave the person the opportunity to discuss what they wanted. At another service, we saw a team manager sit down with a person and ask them what support they wanted over the weekend. A third person had wanted to go out to a local coffee shop and we saw staff listened to them and respected their wishes and took them out. A health and social care professional told us how staff always included people in their own decision making and gave them as much independence as possible.

People told us that staff respected their privacy and dignity and always tried to encourage their independence. One person said, "They are respectful when they are helping me in the bathroom and respect my privacy when I'm in my room." During our site visits we observed staff knocking on people's doors and announcing their presence during our visits to people's homes. People were asked if they were happy to speak with us and if they were happy for us to come in and see their room and view their records. Staff had a good understanding of the need to ensure they respected people's privacy and dignity and why this was important. We saw correspondence that showed when staff supported people to eat out, they should consider the venue and seating arrangements to maximise people's dignity if they needed support when eating. We also observed that staff spoke about people in a dignified and respectful manner, especially when they were talking about sensitive issues or incidents.

We saw that people were supported to access advocacy services. Advocates are trained professionals who support, enable and empower people to speak up. This meant that where people did not have the capacity to express their choices and wishes or found it difficult to do so, they had access to independent support to assist them. The service worked closely with an advocacy project where they would attend regularly to meet people using the service. We saw referrals were made when people were in need of support. We also saw examples where staff had helped people and spoken on their behalf to deal with welfare benefits related issues. We saw the provider had followed up a benefits issue and resolved the problem on a person's behalf. Staff had identified that the person had been overpaying contributions and managed to get a refund. This had resulted in the person being able to put the money towards a holiday. One person told us that staff were always willing to offer extra support. They added, "They always read letters to me, support me with paying bills. If I don't understand they always explain it to me and discuss what we can do about it." We also saw correspondence from the building and properties team who dealt with tenancy and maintenance related issues and followed up these matters with the landlords of the building.

We saw that a number of staff teams had worked extremely closely with people and their families when there had been bereavements. One person had a map on their file of where their parents were buried and had been supported to obtain a grant to have a plaque fitted on the grave. Another person had been supported to take their relatives ashes to scatter in a meaningful place for them. A third person had been supported when their close relative passed away. There were pictorial and easy read guidelines for managing bereavement, along with guidelines for staff in supporting the person. They had also sought advice and guidance from health and social care professionals about how to manage this sensitive event as they were conscious it could have a negative impact on the person's well-being. A detailed positive behaviour support plan was put in place to help staff manage any changes in the person's behaviour. A health and social care professional praised how the staff had supported the person and their positive attitude had been crucial at such an emotional time. We saw a fourth person also received excellent



emotional support when another person who used the service passed away. We saw they were given opportunities to share memories about their friend and were supported when they became upset. They also supported the person to buy flowers for the funeral, choose a photo to be used for the ceremony, talk about their memories at the funeral and put a scrap book together with their favourite photos. We also saw one of the registered managers had liaised closely with the family about the arrangements and made sure that significant information about the person's life, achievements and favourite music were part of the ceremony and eulogy.

## Is the service responsive?

### Our findings

At the last inspection in March 2016 we found the service was extremely responsive to the needs of the people and relatives they supported and rated the Responsive key question 'Outstanding'. At this inspection we found that the provider had continued to demonstrate this level of support to people and had also looked to find ways to continually develop and improve.

All the people using the service and their relatives told us they felt their care was personalised, flexible and that they felt fully involved in all care and support needs. People also spoke positively about the support they received accessing events, activities, including further education and employment. One person said, "They've supported me and I have been doing really well. They have helped me to socialise and communicate with people and I feel better being here. They've even given me a job." Comments from relatives included, "It's a fantastic organisation. They provide a great routine which is so important to my [family member]" and "They are very adaptable and flexible about everything, often at short notice." One health and social care professional said, "Even with complex needs, they stand by people and find ways to work with them, to adapt and be flexible, get it right and tailor it to work for people. It is very impressive."

People's needs were fully assessed prior to moving in or receiving outreach support. Information was gathered about people's medical history, behaviours and levels of independence. Staff spoke with people, their relatives and health and social care professionals who were involved in their care and support for information, along with records such as letters from people's GPs or psychiatrists to get an account of support needs.

Detailed care plans were in place and provided a detailed summary of medical histories and health conditions for staff. They included people's personal histories, behaviours, how their diagnosis affected them as well as their social and emotional needs. Care plans were person centred, highlighted what was important to people, their preferences, communication methods and how they wanted their care needs to be met. One person received over 100 hours of support per week. There was detailed information about their support at home, in the community, the support they received at night and how assisted technology enabled them to live independently. Another person's records highlighted they liked watching television but it raised concerns it could increase their social isolation. The provider worked with them to get a digital media box and explain that they could record programmes and watch them later, on 'catch up', meaning that they felt more comfortable leaving their home. Each person also had a person-centred plan in place which highlighted what they wanted to do in the year. We saw one person had become a trainer to teach yoga to people with a learning disability, which had been highlighted as their goal within their plan.

Staff spent time with people through regular key work sessions and providing daily support. They were extremely knowledgeable about people's needs and knew how to respond to any changes. For example, one person had started to develop early on-set dementia. The provider had liaised with health care professionals and arranged for some specific training to help staff understand what it is like for people living with dementia. The Virtual Dementia Tour experience is a unique, interactive training experience that is designed to give individuals and organisations the ability to help identify with and understand people living

with dementia's behaviours and needs. The support worker who worked with this person said, "It was amazing. It gave me a great overview and now I can work with [person] so much better as I know how they are feeling." Another person had worked with staff to create their own person-centred plan. It highlighted how they felt they were different from other people and gave indicators about their feelings to help staff understand them better.

Staff listened to people and supported them when they wanted to move. We saw three people had been supported to move to different rooms or flats within the same supported living service, mainly due to mobility issues. One person said, "I'm so happy they helped me move, it has really helped with everything." We saw one person was being supported to move out of a supported living service to live on their own. There was a transition plan in place and we saw correspondence that the staff team had supported them with their application and followed up with health and social care professionals. They said, "I'm looking forward to the move and they have helped me with this." We also saw a compliment from a relative that said, 'Thank you for supporting my [family member] to move to a new flat. They have wanted to move for a long time and I can see how happy they are.'

People were also supported with more specific cultural or religious needs. Care plans highlighted people's cultural backgrounds, religions and beliefs that were important to them. One person's plan highlighted their need to attend church. We spoke with this person who told us that staff took them regularly which they thoroughly enjoyed. The provider was also able to recruit a support worker who could speak Arabic with one person. People were supported to enjoy food that met their cultural needs. We saw one service had organised an African themed food evening. We also saw the service had taken positive steps to ensure they provided a welcoming and inclusive environment to people who identified as LGBT+ (Lesbian, Gay, Bisexual, Transgender and other ways that people can define themselves, for example Q (Questioning) and I (Intersex)). Sexuality and gender identity had been discussed in staff meetings and staff had completed awareness training. We saw one support worker had worked very closely with one person around their gender identity. They had created a detailed back story about their history and had a group session with the staff team on how they could support this person. They also liaised with a learning disability sexuality expert for advice. The support worker said, "The training helped me to understand their needs and I can say I've learnt a lot."

Staff played an important role to support people to take part in activities, events, maintain relationships and follow their interests. They also supported people to attend further education and enter employment. One person said, "I go to college three days a week. They take me there by train and pick me up afterwards. I really enjoy it." A support worker told us that supporting one person to attend college regularly had resulted in a reduction of incidents which had had a positive impact on the person but also for the people and staff team that lived with them. At one service we visited, most people we spoke with were employed. We spoke with one person who worked with the provider and was involved with their training and recruitment programmes. We saw the provider had also been instrumental in supporting a group of people to set up a social enterprise catering service, called 'Yhum Yhums'. It had started from a cooking group that had been set up called 'Come Dine with Us', where people were able to learn about food hygiene and cooking skills. We saw that they had successfully catered for over 20 events in the local community, including an event for Westminster Council.

People had access to an extensive range of activities and events as the provider managed a day centre, called LDN Connect. They were responsible for creating courses, events and activities across the whole service. There was a weekly social group to help maintain friendships. A staff member said, "It is inclusive to everyone and an opportunity for people to come together, which is really important." We also saw people were supported to take part in a range of activities. For example, we spoke with one person who told us they

attended swimming classes, dance and drama groups and had horse riding and trampoline lessons. At one service, we saw the provider had arranged a professional photographer to take pictures for a group of people who were going to a day at the races at Ascot.

We also saw the provider had been creative for people who used the domiciliary care service. They had introduced a 'pooled budget' scheme, where people signed up to specific groups and used their support hours with people with shared interests. For example, there was a music group, an out of London day trip group and Sunday lunch group. The registered manager for the domiciliary care service said, "We decided to increase social experiences for people and their friends so it wasn't just a person and their support worker. It is about them enjoying these interests together, as you or I would do with our friends." We also saw the provider had been proactive and had arranged late night events to continue to find ways to overcome barriers so people could enjoy life outside of regular support worker hours. For example, we saw photos of people that we had spoken with who had been supported to a music event at The Ministry of Sound which was arranged for 9pm to 3am. One staff member said, "People shouldn't have to go home from events early because their support worker finishes at 10pm."

There was evidence that the provider was aware of their responsibilities in meeting the Accessible Information Standard (AIS). The AIS applies to people who have information or communication needs relating to a disability, impairment or sensory loss. People's communication needs were clearly listed in their records along with easy read formats available for key documents and guidance for staff to follow. For one person, the staff team had produced a communication chart on how the person pronounced certain words, and what they meant. Staff had also taken advice from health and social care professionals and created visual timetables and rotas to help people's understanding. Staff we spoke with had an excellent understanding of people's communication needs and how they expressed themselves.

At the previous inspection we saw that one way in which the service listened to people's experiences and concerns was through a monthly consultation group called 'Listen to Us' that was arranged through the LDN Connect service. The consultation group was made up of people using the service where they were supported to discuss issues important to them and to help them get their message across. We saw that it was still in place but had now been expanded with a new group set up to support people in the Camden area. We saw they had invited a local councillor to the group to discuss some of the issues people had in the local area. They had also had a session about the difficulties in overcoming employment opportunities for people with disabilities.

People and their relatives said they would feel comfortable if they had to raise a concern or make a complaint. One person said, "I feel comfortable talking with staff and if I have any concerns they listen to me." We saw that people were supported to make complaints and this was regularly discussed with people at weekly house meetings or during key work sessions. We saw correspondence that staff supported people to make complaints to companies, health care services and also the provider if they felt they needed to. There was an accessible complaints procedure in place with easy read versions available. It highlighted they ensured that everybody is listened to equally and they welcomed any form of feedback to help improve the service. We saw evidence that where people had complained, the provider had responded to them in line with their complaints policy. Complaints were also reviewed quarterly to identify any patterns or trends to ensure learning across the organisation.

## Is the service well-led?

### Our findings

At the time of our inspection there were six registered managers in place responsible for the services provided by The Westminster Society for People with Learning Disabilities. We met five of them and the director of services who assisted us throughout the inspection, along with the office and supported living services staff teams.

People using the service spoke positively about the support they received from the management team and how the service was managed. Comments included, "They are very organised and they help me to manage my life. They all support and encourage me and are always very open", "The staff are all very helpful and [team manager] has done a lot for me. I speak to him every day and he is always helpful with his advice" and "He's a cool manager, I'm happy." One relative said, "The manager is brilliant. I'm always updated, they are always available. They are a great team and couldn't be better organised." Another relative said, "I am very happy [family member] is there. The manager is stable, discusses everything and everything is dealt with." Health and social care professionals were also positive. One felt that the provider always put people and their families at the centre of their work and were always open to new ways of learning. Another felt they were very fortunate to be able to use their services and said they were always open and transparent.

All of the staff we spoke with told us they felt well supported in their roles and we received positive feedback about the management of the service. Comments included, "It is a good place to work. Everybody is approachable, my manager is hands on, caring and looks after us", "Managers are open to suggestions and are there for us to listen to our situations. We can share ideas to be able to give the best care to people" and "The manager works incredibly hard, is very respectful and the communication is great. I want to work here for a very long time as they really care about people." An assistant team manager added, "The support from the team manager and registered manager is great. They are always available and take away the stress."

Staff also commented about the positive culture of the service where they felt it created an inclusive environment for people who used the service, which in turn ensured good teamwork. We observed part of the induction training programme that discussed the organisations values and that everything they did was centred around them. Staff we spoke with were aware of this and explained why it was important to put people first. A support worker said, "They hold very strongly the values and how we support people in every aspect of their life, and take it seriously." Another member of staff said, "I feel valued in my role. The job is important and I hope that staff feel I offer this back to them, who then offer it back to our service users."

We saw that people were involved in developing the service and staff were engaged, with opportunities for career development. The provider checked whether people were supported to occupy socially valued roles in the community and discussed them within quarterly monitoring reports. One person had been supported to get involved in helping at a local drop in centre to improve their self-esteem and build their confidence. People had also been involved in recruiting and training new staff. A team manager told us it was important to include people in training staff as it helped to give staff a better understanding of the people they supported on a day to day basis. We spoke with three members of staff who had either completed or were currently enrolled on an 'Aspiring Managers' course. We saw the 2018 programme which highlighted the

topics covered and the key learning outcomes to support their progression to a management position. One team manager said, "I was encouraged to step up and have received a supportive programme with monthly sessions. It has prepared me for the role with lots of insight and I'm really enjoying it." We also saw that frontline staff had been invited to operational meetings so the provider could get an idea of the current challenges and staff morale.

The management team had a comprehensive range of internal auditing and monitoring processes in place to assess and monitor the quality of service provided. There were weekly management meetings where the registered managers discussed the weekly on call reports. There were a range of weekly and monthly team meetings that took place across the supported living services, which also included people who used the service who were encouraged to provide any feedback. There were quarterly meetings with registered managers and team managers. We looked at samples of minutes across the services and saw they covered a range of topics related to people's care and support and the management of the service. We saw one team meeting had discussed the Grenfell Tower tragedy and explained this to people to ensure they understood the fire safety procedures. One person was able to demonstrate during our visit the fire evacuation procedure and where the meeting point was.

Specific audits of people's daily log records, medicine administration records (MAR) and financial records were completed regularly across the services to check if any issues had arisen. There were quarterly monitoring reports for each service which covered areas such as incidents and accidents, complaints, staffing levels and training. It also checked documentation such as care plans and risk assessments were in place. Where we saw there had been some shortfalls in formal key work sessions for some people at one service, a registered manager provided us with an action plan and said that it would be followed up in a supervision session. However, we could see from a range of daily logs people had regular contact and discussions with staff. The monitoring reports were also sent to the safeguarding and operations board to scrutinise and look to see if any improvements could be made. For example, a review of the use of agency staff found flaws within their own human resources (HR) processes, which resulted in a change of the HR team. There were also regular site visits to services and we saw issues that were highlighted had been followed up. One relative also told us that the provider made regular calls to check if everything was working well.

Across services we saw there were weekly fire alarm tests and monthly fire drills taking place. Fire drill records were completed which were timed and recorded if people evacuated safely. We could see that they were also carried out at different times of the day so people did not know when to expect them. There was also a range of daily, weekly and monthly health and safety checks, including fridge and freezer temperatures and welfare checks.

We saw that the service worked in partnership with other agencies for the benefit of both people using the service and staff teams. The provider had worked closely with a local day centre to support a person to return after a period of absence due to a deterioration in their health. Visits from local MPs, local nurses and the community police to the provider's consultation groups had also been arranged. We saw the provider had a working partnership with the National Portrait Gallery to provide opportunities for people to attend art programmes. We saw correspondence that the provider had been involved in a workshop with health and social care professionals from other organisations in relation to Deprivation of Liberty Safeguards (DoLS) and the implementation of the recent Law Commission proposals for improvements. They were also part of a steering group with the local authority to discuss positive approaches to providing care and support.

The provider carried out an annual survey for people who used their services. It was produced in an easy

read format and findings from the 2017/2018 survey had been collected and analysed. We saw that 135 surveys were sent out and 82 people had responded. The survey focused on the core values and the majority of feedback was positive, with information about what the service could do better. For example, people had commented that some staff at times spoke in a different language when they supported people. The provider shared the feedback and the actions that had been taken, with a message communicated across the organisation that this would not be tolerated.