

# The Westminster Society For People With Learning Disabilities

## Alison House

### Inspection report

16A Croxley Road  
London  
W9 3HL

Tel: 02082065921

Date of inspection visit:  
07 January 2016

Date of publication:  
15 February 2016

### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●



# Summary of findings

## Overall summary

This inspection took place on 7 January 2016 and was unannounced. This is the first inspection we have carried out since the service re-registered with the CQC under a new provider in August 2015.

Alison House provides short term respite accommodation and support to adults with learning and physical disabilities. The service has five bedrooms all of which are wheelchair accessible. The service is staffed 24 hours and provides personal care but not nursing care. At the time of our inspection two people were using the service.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

Safeguarding adults from abuse procedures were available and staff understood how to safeguard the people they supported. Staff had received training on the Deprivation of Liberty Safeguards and the Mental Capacity Act 2005. These safeguards are there to make sure that people receiving support are looked after in a way that does not inappropriately restrict their freedom. Services should only deprive someone of their liberty when it is in the best interests of the person and there is no other way to look after them, and it should be done in a safe and correct way.

People received individualised support that met their needs. The provider had systems in place to ensure that people were protected from risks associated with their support, and care was planned and delivered in ways that enhanced people's safety and promoted their wellbeing.

Family members were involved in decisions about people's care and how their needs would be met. People were supported to eat and drink according to their individual preferences.

Staff supported people to attend healthcare appointments as required and liaised with people's family members, GPs and other healthcare professionals to ensure people's needs were met appropriately. Medicines were managed safely.

People told us they were happy with the care provided. Staff treated people with kindness and understanding. Staff were appropriately trained and skilled to care for people.

Staff received supervision and guidance from senior staff members where required. Staff confirmed they felt supported by the team manager who was we were told approachable and helpful.

People who used the service, family members and staff felt able to speak with the manager and provided feedback on the service. People's complaints had been responded to and action taken to resolve them.



Monthly audits were carried out across various aspects of the service, these included the administration of medication and health and safety checks. Where these audits identified that improvements were needed action had been taken to improve 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 was safe.

Staff knew how to identify abuse and understood the correct procedures to follow if they suspected that abuse had occurred.

The risks to people who use the service were identified and managed appropriately.

Staff supported people to have their medicines safely.

### Is the service effective?

Good ●

The service was effective.

Staff had a good understanding of mental health legislation and their responsibilities in relation to consent and mental capacity issues.

People's dietary needs were met and they received assistance with eating and drinking as required.

Staff supported people to maintain healthy lifestyles and had access to healthcare services.

### Is the service caring?

Good ●

The service was caring.

Staff treated people with kindness and compassion, were patient and respectful.

Staff responded to people's needs promptly.

People and their family members were involved in decisions about their care.

### Is the service responsive?

Good ●

The service was responsive.

Staff were knowledgeable about people's support needs, their



interests and preferences.

People using the service and their family members were encouraged to give feedback to the provider and there was an effective complaints system in place.

**Is the service well-led?**

**Good** ●

The service was well-led.

The manager was supportive and approachable.

The provider promoted an open and transparent culture in which good practice was identified and encouraged.

Systems were in place to ensure the quality of the service people received was assessed and monitored.



# Alison House

## **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.

This inspection took place on 7 January 2016 and was unannounced. The inspection was carried out by a single inspector.

Prior to our visit we reviewed the information we held about the service and spoke with a member of staff from the local authority commissioning team.

During the visit, we spoke with one person who used the service, four care staff and the team manager. The registered manager was not at the service on the day of our visit. Some people could not let us know what they thought about the service because they could not always communicate with us verbally. Therefore we spent time observing interaction between people and the staff who were supporting them. Following our visit we contacted family members of four people who use the service on a regular basis.

We also looked at the care records of the people using the service at the time of our visit, five staff records and records relating to the management of the service.



# Is the service safe?

## Our findings

One person told us, "I like being here, it's close to home, the staff are very helpful and I feel safe."  
Relatives of people using the service told us they felt their family members were safe and well looked after.

People were protected against the risks associated with the unsafe storage and management of medicines. Medicines were stored in people's rooms in individual locked cupboards and keys kept in a secure place. First aid boxes were adequately stocked.

Staff who had completed medicines training were responsible for administering people's medicines. Individual medicine administration records (MAR) for each person using the service were in place. MAR sheets were up to date and no gaps were evident. One relative told us, "I have no qualms about [my family member's] safety, they're managing their medicines fine, [staff] record everything on the MAR sheets and check expiry dates."

However, we noted one person's MAR chart listed two PRN ('as needed') medicines that were not brought into the service when this person arrived at the service for a short stay. Staff told us if these medicines were needed they would request that a family member bring them in to the service or contact the person's GP and/or NHS 111 for advice. Staff acknowledged that this process may have caused delays in this person's treatment and told us they would ensure that all prescription medicines in use were available to people as and when needed.

Staff told us and records confirmed that they received safeguarding adults training as well as equality and diversity training. We saw a copy of the provider's safeguarding policies and procedures which were accessible to staff in the main office.

Staff were able to describe the process for identifying and reporting concerns and were able to give examples of types of abuse that may occur. Staff understood that racism and homophobia were also forms of abuse and gave us examples of how they valued and supported people's differences. Staff understood how to whistle blow and told us they would report any concerns they may have to their manager and other relevant agencies where appropriate.

Risk assessments were completed upon the commencement of care provision. The team manager told us that risk assessments were updated on an annual basis and to reflect any changes in the level of risk. Risk assessments covered a broad range of issues including exploitation and abuse from others, self-neglect, mobility and falls. Risk assessments had been reviewed in line with the provider's policies and procedures.

The service followed safe recruitment practices. We reviewed four staff files which contained information about the person employed including information relating to the application process, proof of identity and references received. We saw evidence that criminal record checks had been undertaken before staff commenced working with people living in the home.



The premises were clean and infection control measures were in place. Staff had access to disposable gloves and aprons. We saw evidence that health and safety checks on lighting systems, fire equipment and fire exits were completed.



# Is the service effective?

## Our findings

People were supported by staff who had the skills to meet their needs. Staff told us they received regular supervision and training that helped them to meet people's needs effectively. We looked at records of staff supervision that showed this was happening and that staff were offered the chance to reflect on their practice. One staff member told us, "Supervision is very helpful, I'm growing and learning new things."

Two members of staff who had recently started to work at the service had completed a detailed induction. This included time spent getting to know the needs of people who used the service and how these should be met. Training records showed that staff had completed all areas of mandatory training and some staff had also completed specific training on autism and managing behaviour that challenges.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lacked mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

People said they were able to make choices about some aspects of their care. We observed staff asking people how they wanted to be supported. The team manager and the staff we spoke with had a good understanding of the principles of the Mental Capacity Act 2005 (MCA). One member of staff told us, "If people don't have capacity, we show them options and they may be able to indicate, we speak to family members, we look in the care plan and follow guidance from healthcare professional."

People were supported to eat and drink to meet their needs. Menus were displayed on a large board in the communal living area and showed that a range of meal choices were available. We asked one person using the service what their favourite foods were and saw that the menu for the day reflected their preferences. One person said, "I enjoy all the meals [staff] make for me."

Records showed that staff involved healthcare professionals when necessary, and people were supported to maintain their health. People who use the service had health care passports which outlined their health care needs and medical histories. Staff were able to explain people's health care needs and knew which health professionals were involved in their care. Changes to people's needs were reflected in their care plans and staff acted on the advice of family members and healthcare professionals.



## Is the service caring?

### Our findings

People were treated with respect and their views about their care and how their needs should be met were acted upon by staff. Staff engaged positively with people who used the service. One person told us they were "happy" and "liked" the staff who supported them. Family members told us staff are "lovely and patient" and "very caring."

Staff understood people's needs with regards to their disabilities, race and gender and supported them in a caring way. Care records showed that staff supported people to attend community groups, events and colleges. Care plans were available in a range of pictorial formats that reflected people's communication needs.

Staff demonstrated a good understanding of people's likes and dislikes and their life histories and consulted family members to establish people's preferences. One family member told us, "We spoke with staff and told them everything; what [our family member] wants and doesn't want, what they like and don't like. It's lovely. [My family member] is happy and I'm happy." Care plans recorded people's preferences, likes and dislikes regarding the support they received. This included preferences relating to meal choices, clothes and personal care.

The team manager explained that she regularly consulted with people who used the service and their relatives. Coffee mornings were organised for people using the service and family members during which issues regarding future activities and the general running of the service were discussed. Family members told us they attended these meetings on a regular basis and told us, "It's an opportunity to meet other relatives and all the staff and to talk about things people want to do."

Staff told us they made sure that people were treated with dignity and respect. Staff explained that they knocked on people's doors before entering their bedrooms, and made sure that doors were closed when providing people with personal care. They explained what they were doing and addressed people by their preferred names. We observed that staff spoke to people in a respectful and dignified manner.

People and their family members told us the service was a happy environment with happy, caring staff. Staff listened to people's requests and comments and addressed these appropriately. One relative told us, "We get a lot of feedback all the time, we work together, things have improved 100%."



## Is the service responsive?

### Our findings

We saw that staff understood how to meet people's needs and responded in line with the needs identified in their care plans. Care records showed that people and their relatives had been involved in the initial assessment and ongoing reviews of their care needs. As part of the initial assessment process people were able to spend time at the service so that staff could become familiar with their needs. This also supported people to become familiar and comfortable using the service. A healthcare professional wrote to the team manager following one person's transitional stay at the service to thank staff for their "dedication and hard work."

People were able to discuss their needs with staff at key worker meetings. The records of these meetings showed that changes to people's needs had been discussed with them and their relatives. Staff had included this information where appropriate in people's care plans. People's care plans showed that where people's needs, wishes or goals had changed the service had responded so that people received care which met their individual needs.

People were able to engage in a range of activities that reflected their interests. These included shopping trips, going to the park, visiting cafes and attending local day centres and colleges. Daily records showed that people were supported to take part in these activities.

The service responded to people's and relatives complaints so that their concerns were addressed. The complaints policy was available around the home in both an easy read and pictorial format. Where people and/or their family members had concerns, action was taken to address these and the outcome had been recorded. One family member told us, "I have made complaints, I speak to staff and they always see to the matter straight away. They learn from their mistakes."

Staff told us they took any comments about how the service could be improved seriously and acted on them. The team manager told us that he used any feedback about the service to improve the care and support that people received. We saw evidence of this in people's care plans.



## Is the service well-led?

### Our findings

A relative told us, "The manager gets it, she works with you not against you." Another family member told us, "[The provider] really knows what they are doing." Staff, people and relatives told us that the service had a management team that was approachable and took action when needed to address any issues.

The service had a registered manager. The team manager told us, "I'm a good listener and I lead by example. I love what I'm doing." We saw the team manager was available and spent time with people who used the service. Staff told us the team manager was open to any suggestions they made and ensured they were meeting people's needs.

Staff had regular team meetings during which they discussed how care could be improved. The minutes of these meetings showed that staff had an opportunity to discuss any changes in people's care needs.

The team manager regularly involved people and their relatives in monitoring and assessing the quality of the service. The team manager had regular contact with relatives and professionals and had acted on any feedback from this to improve how the service met people's needs. The team manager had recently designed a feedback form which relatives received at the end of each person's stay. Relatives confirmed that they regularly received information, "They give me a report each time [my family member] comes home saying how they slept, what they did, how they are etc."

The team manager carried out regular audits of the quality of care provided by the service. These included audits of medicines and health and safety. The audits and records showed that where improvements needed to be made these had been addressed.

We reviewed accident and incident records, and saw that each incident and accident was recorded with details about any action taken and learning for the service. Incidents were reviewed by management and action was taken to make sure that any risks identified were addressed including further training and guidance for staff where appropriate. The procedures relating to accidents and incidents were available for staff to refer to when necessary, and records showed these had been followed for all incidents and accidents recorded.