

# The Westminster Society For People With Learning Disabilities

## Flat A 291 Harrow Road

### Inspection report

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Date of inspection visit:  
16 March 2017

Date of publication:  
09 June 2017

### 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

During our last comprehensive inspection of this service which took place on 28, 29 May and 1 June 2015 we found breaches of the regulations relating to person-centred care and good governance. This was because people were not being provided with and supported to participate in a range of meaningful activities. The provider was also failing to provide opportunities to support people, their relatives and staff members to express their views openly and, so far as appropriate and reasonably practicable, accommodate those views.

After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breaches. We undertook a comprehensive inspection on the 16 March 2017 to check that they had followed their plan and to confirm that they now met legal requirements.

The service had a new registered manager in post at the time of our visit. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager was accessible and approachable and staff felt able to speak with her and provide suggestions and feedback on the running of the service.

Initial assessments were completed by senior staff members to ensure that the service was able to identify and meet people's support needs before they moved into the service.

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 welfare according to their needs and preferences.

Staff supported people to attend healthcare appointments and liaised with their GP and other healthcare professionals as required to meet people's needs. Medicines were administered safely and records were kept of this.

Care plans were written in plain English and easy to understand. Care plans contained information in relation to people's preferences about their life choices, health needs, meals, activities and other information related to their care. Care plans were developed in consultation with people and their family members. Where people were unable to contribute to the care planning process, staff worked with people's representatives and sought advice from relevant health and social care professionals to assess, monitor and review the care needed.

Risk assessments were completed when people first started to use the service and reviewed in line with the provider's policies and procedures. People's risk assessments covered a range of issues including guidance around accessing the community, personal care, moving and positioning. For those with complex health

and well-being care needs, more detailed guidance was in place from the appropriate health and social care professionals.

The service was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and DoLS, and to report upon our findings. DoLS are in place to protect people where they do not have the capacity to make decisions and where it is regarded as necessary to restrict their freedom in some way, to protect themselves or others. Where people were not able to communicate their likes and/or dislikes, staff sought advice and guidance from appropriate healthcare professionals and consulted family members.

Staff had received training in mental health legislation which had covered aspects of the MCA and DoLS. Senior staff understood when a DoLS application should be made and how to submit one.

Staff were familiar with the provider's safeguarding and whistleblowing policies and procedures and able to describe the actions they would take to keep people safe.

People were supported to participate in a full range of activities, went swimming, attended music sessions, went for walks, ate out in restaurants and visited parks, museums and local attractions.

Staff supported people to attend health appointments and the provider had protocols in place to respond to any medical emergencies or significant changes in a person's well-being. These included contacting people's GPs, social workers and family members for additional advice and assistance.

Staff demonstrated an understanding of people's life histories and current circumstances and supported people to meet their individual needs in a caring way. Staff were aware of people's specific dietary needs and preferences and offered people choices at mealtimes.

Recruitment procedures ensured that only staff who were suitable worked within the service. Work had been completed to ensure that all staff files contained appropriate references, identity and checks with the Disclosure and Barring Service. There was an induction programme which included shadowing for new staff, which prepared them for their role. Staff were given opportunities to develop professionally through regular training opportunities and ongoing supervision sessions.

The provider had adequate systems in place to monitor the quality of the care and support people received. Monthly audits were carried out across various aspects of the service, these included the administration of medicines, care planning and training and development. Where these audits identified that improvements were needed action had been taken to improve the service for people.

Feedback was sought through house meetings and staff team meetings and relatives told us they were contacted by staff and given news and updates about their family members.

## 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.

Medicines were administered safely and records were maintained and audited on a frequent basis.

Risks to people who use the service were identified and appropriate action was taken to manage these and keep people safe.

Procedures were in place to protect people from abuse. Staff knew how to identify abuse and knew the correct procedures to follow if they suspected abuse had occurred.

### Is the service effective?

Good ●

The service was effective.

The service was meeting the requirements of the Mental Capacity Act (MCA) 2005.

Staff received an induction, training and regular supervision sessions.

People were supported to maintain good health and were supported to access healthcare services.

### Is the service caring?

Good ●

The service was caring.

Relatives commented positively about the support and care provided by staff.

Staff understood people's needs with regards to their disabilities, race, sexual orientation and gender and supported them in a caring way.

People's privacy and dignity was respected and staff were aware of consent and capacity issues.

### Is the service responsive?

Good ●

The service was responsive.

Care records were updated when people's needs changed and staff confirmed that they reported any changes in people's health and well-being to senior staff.

Care records contained information about people's social interests and hobbies and how staff should support people to access these.

Relatives told us they knew who to complain to and felt they would be listened to if they did so.

### **Is the service well-led?**

The service was well-led.

Relatives and staff told us the management team were approachable, efficient and supportive.

The provider worked with other organisations to ensure the service followed best practice.

Quality assurance systems were adequate and information was reported to the Care Quality Commission as required.

**Good** ●

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## **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 checked 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.

We undertook this comprehensive inspection on 16 March 2017. The inspection was unannounced and carried out by one inspector.

Before the inspection took place, we looked at the information the Care Quality Commission (CQC) holds about the service. This included notifications of significant incidents and complaints reported to CQC since the last inspection on 28, 29 May and 1 June 2015

During the inspection we spoke with four support workers. We also spoke with an operations manager and the registered manager. Following the inspection we spoke with two relatives of people using the service.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We looked at a variety of records, including care plans for all the people using the service, five staff files and records relating to the management of the service.

# Is the service safe?

## Our findings

At our last inspection relatives voiced concerns about the frequent changes in staffing and the way in which the service was being managed. During this inspection we saw there were enough staff deployed to the service to meet people's needs. The registered manager was supported in her role by a deputy manager and a small team of support staff. The operations manager told us they were hoping to recruit two more permanent support staff to fill one full time and one part time position within the support team. In the meantime, vacant staffing gaps within the service were being filled by agency and bank staff who were familiar with the needs of people using the service.

Relatives made positive comments about the management team and told us, "Things have got a lot better; I feel [my family members] are safe where they are. I have nothing to worry about," and "I'm really pleased. [My family member] looks happier than [they've] ever been and more. It's all excellent." Staff told us "It's all about [people using the service] so we have to work together and work as a team" and "The team is marvellous. We are all communicating well."

Before staff began working with people using the service they were required to provide satisfactory references from previous employers, photographic proof of identity and proof of eligibility to work in the UK. Staff also underwent checks with the Disclosure and Barring Service (DBS). The DBS provides information on people's background, including convictions in order to help providers make safer recruitment decisions. We looked at five staff files and reviewed information confirming that people using the service were being cared for by staff who had been recruited safely and who had satisfactorily completed these pre-employment checks.

Care plans contained up to date risk assessments that identified risks to people's safety and/or that of others. Risk assessments were both generic and specific and covered areas such as accessing the community, mobility and personal care. Risk assessments were dated and signed by a member of staff to indicate that a review had taken place within the past 12 months. Where family members had been involved in discussions about people's care needs and reviews, this had been noted. Where health and social care professionals had carried out reviews in relation to diet, mobility and specific medical needs, this information was shared with the staff team and filed in people's care plans.

Appropriate arrangements were in place to protect people from the risk of abuse. We spoke with staff about their understanding of how to protect people from abuse. Staff demonstrated a clear understanding of safeguarding adults' issues and the different types of abuse that people were at risk of. Staff told us they would immediately report any safeguarding concerns to the registered manager or a senior team member, depending upon who was available to speak with. Staff told us they had received safeguarding training, which was confirmed by records. We have received one notification of a potential safeguarding incident involving a member of the public since our last inspection. The provider had dealt with this matter appropriately.

Staff were familiar with the provider's whistleblowing policy and how to whistleblow. (Whistleblowing is the

term used when a worker passes on information concerning wrongdoings). We noted that the whistleblowing policy and procedure was comprehensively written and provided staff with information about how to raise their concerns within the company and externally, if required. A member of staff told us, "Whistleblowing is all about informing the appropriate people about anything that happens to someone we're supporting." The registered manager told us she was committed to supporting staff to bring forward any concerns about practices that negatively impacted on people's welfare. A relative said, "I have noticed that [the management] pick up on any poor practice if it's happening, it's a lot better."

People's medicines were managed so that they were protected against the risk of unsafe administration of medicines. Each person's medicines file contained a large colour photograph for purpose of identification and information about the medicines in use and the type of support people required to take their prescribed medicines. People's current medicines were recorded on medicines administration records (MAR). We saw that these were completed accurately and with no evident gaps. Medicines checks were carried out daily in order to reduce the occurrence of any errors in administration. Where people had complex healthcare needs such as the management of epilepsy, specific guidelines were made available to staff.



# Is the service effective?

## Our findings

Relatives told us they thought staff had the appropriate skills and knowledge to provide the care and support to their family members. People were supported by staff who had received suitable training required to meet their needs. Records showed that staff had completed a wide range of training that included basic first aid, moving and positioning, food safety, medicines and safeguarding.

The registered manager told us staff received supervision every six to eight weeks in line with the provider's policy. We looked at three records of staff supervision that showed this was happening and that staff were offered the chance to reflect on their practice. Staff told us they felt supported to carry out their duties, due to the registered manager's leadership and the provider's training programme. We saw that staff had regular one to one supervision sessions and were able to make suggestions about service delivery and reflect on things that were or were not going well. Staff performance was subject to annual appraisals, which also provided a forum for staff to discuss their future learning and development needs.

People's care records included comprehensive information relating to their health care and support needs. We saw that staff made appropriate appointments for people to see their GPs as and when needed and accompanied them to all healthcare appointments. We saw evidence of people being seen by a wide range of healthcare professionals. A relative told us, "[My family member] gets the medical attention they need." When they do have problems, [staff] go and get it checked out. [My family member] has oral check-ups, visits a chiropodist and has regular GP reviews."

Staff were aware of the protocols in place to respond to any medical emergencies or significant changes in a person's health and wellbeing. Staff told us that if someone they were supporting became unwell they would speak to the management team and contact emergency services if this was required.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf for 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 procedure for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We found the service was working within the principles of the MCA and that the registered manager and staff we spoke with had a good understanding of the principles of the Mental Capacity Act 2005 (MCA).

Not all of the people using the service were able to make choices about aspects of their care. In this instance, staff conferred with relatives and health and social care professionals in order to make decisions in people's best interests. We observed staff asking people how they wanted to be supported and did not observe any restrictive practice taking place during our visit.

Care plans identified people's specific nutritional needs and how people could be supported to eat a nutritious and healthy diet. Staff told us they supported people with menu planning, food shopping and meal preparation. The dietitian and speech and language therapy team had been consulted regarding appropriate diets to meet people's needs. One person's care plan stated that they were on a weight reducing diet. Their care plan showed that this had been discussed with them and their relative. Staff were aware of the plan and provided the appropriate support to ensure this person maintained optimum health.

# Is the service caring?

## Our findings

At our last inspection we found there were shortfalls in the delivery of person-centred care. This was because people using the service were not being provided with and supported to participate in a range of meaningful activities that met their needs and preferences at a level that was appropriate and beneficial to their health and wellbeing. During this inspection we observed staff engaging positively with people who used the service. A member of staff commented, "I love what I'm doing. I do it with passion. I want to put a smile on someone's face when I come to work."

We looked at people's care records which included their care planning documentation, risk assessments, healthcare documentation and other information about what was important to them and how they wished to be supported. Staff understood people's needs with regards to their disabilities, race, sexual orientation and gender and supported them in a caring way.

Staff told us they supported people to make choices in their daily lives in areas such as personal care, clothing choices and meals. People were supported to participate in meaningful activities at a level that was appropriate and beneficial to their health and wellbeing. Staff had put together photo albums from learning and leisure activities and told us they used the pictures to create social story boards and aid communication.

Staff understood the importance of meeting people's cultural and religious needs, by supporting them to attend a place of worship of their choice and community activities. For example; one person using the service had been supported to attend a family baptism and others attended church services on a regular basis.

Staff told us that respecting people's privacy and dignity was an important part of their work and they always made sure they observed good practice such as asking people's permission to provide support, explaining what they were going to do, providing privacy by drawing curtains and making sure doors were shut whilst people were being supported. We observed that staff spoke to people in a respectful manner.

Our discussions with the registered manager and care workers showed they had a good knowledge and understanding of the people they were supporting. Staff were able to tell us about the personal preferences of people they were supporting as well as details of their personal histories. They were well acquainted with people's habits and daily routines and relatives we spoke with confirmed this.

Staff demonstrated an understanding of people's emotional state and moods and how they could sensitively deal with this. We saw practical guidance in care records of how staff could help people to improve their mood and deal with things that might make them anxious. Staff told us they entered information in people's daily logs. Information included a brief overview of the support given, activities participated in and details regarding well-being and behaviour.

## Is the service responsive?

### Our findings

At our previous inspection we found people were not always being provided with opportunities and support to develop their independence and participate in activities within and outside of the home. During this inspection we heard from staff and saw photographic evidence that people were being provided with opportunities to participate in a wide range of meaningful activities and engage in tasks that reflected their interests and promoted their health and well-being. A relative told us, "They have a busier social life than me! I see them out and about in the community. They go to the theatre, they go and have their hair cut and get their nails painted. They're always out and about to lots of different events."

Each person using the service had an individualised pictorial activities plan. Staff told us about a range of activities that people had taken part in. Daily records and photographs demonstrated that people had enjoyed trips to safari parks and public gardens, London tourist attractions, music sessions and days beside the sea. One member of staff told us, "For [their] birthday, we took [them] out to a restaurant, bought [them] a new dress and made a cake for [them]. [They] were very happy."

People had individualised care plans that were reviewed and updated in line with the provider's policies and procedures. Care records showed that where possible, people had been involved in the initial assessment process and ongoing reviews of their care needs. Where people lacked the capacity to make decisions about their own care and support, family members were encouraged to be involved in the ongoing monitoring and review of people's needs. Staff carried out risk assessments and we saw evidence that they responded appropriately to people's changing needs by consulting with the relevant health and social care professionals as required.

The registered manager informed us that staff were involved in a project organised by speech and language therapists from the Westminster Learning Disability team aimed at supporting good communication practices. People using the service had clear guidelines detailing how they communicated and how staff could support people to express themselves. Staff told us they used a range of communication techniques (for example, sign language and symbols, picture charts and objects of reference) to establish people's views. Staff demonstrated a good understanding of people's likes and dislikes and their life histories.

A service complaints policy was available to people using the service, their relatives and staff. Relatives confirmed the provider responded to complaints and concerns in a timely and satisfactory manner. Staff told us they took any comments about how the service could be improved seriously by recording them and acting on them in line with the provider's procedures.

Staff were aware of the reporting procedures for any accidents or incidents that occurred and told us they would record any incidents in people's daily communication records and report the matter to senior staff and family members.

## Is the service well-led?

### Our findings

At our last inspection we found shortfalls in the way the service was being managed. The service now had a new registered manager who had been in post since May 2016. She told us, "The service has dramatically improved, we are going back to basics, making sure [the service] is about the people living here. The home is everyone's sanctuary. It's a calm, clean environment. [People] are happy and safe. Families don't have to worry." Relatives told us, "[The registered manager is fantastic," and "I'm more than happy with [the registered manager] and the [deputy manager] is very efficient, has a lovely manner and is very warm. They should be awarded a gold star."

Staff responded positively when asked about the management of the service. We were told, "[The registered manager is somebody I find easy to talk to. She explains things and she's approachable." Another member of staff told us they found the registered manager "supportive" and "motivating".

The registered manager told us that she used any feedback about the service to improve the care and support people received. She told us and relatives confirmed they were contacted and asked to share any concerns about their family members and/or the service. A relative told us, "I'm able to contact the team if I have any concerns and any comment I do make, they seem to act on it." A family communication book was used to record details of conversations with relatives.

Staff attended regular team meetings during which they discussed the welfare of people using the service and were encouraged to make suggestions about service delivery. Staff told us they felt listened to and the registered manager told us "It's important to get feedback from staff, what's working and what's not working. The registered manager explained that she encouraged staff "to be open about mistakes" so that as a team "we can discuss it and learn from it." We read the minutes from a staff meeting held in February 2017 and saw that issues such as shift planning, medicines administration, safeguarding and maintenance issues were discussed.

The provider worked with other organisations to ensure the service followed best practice. We saw evidence in care records that showed close working with local multi-disciplinary teams, which included the GP, occupational therapists and dietitians. Mobility equipment was checked annually and found to be in good working order in July 2016. Results from the service's most recent quarterly monitoring and observation report provided a detailed analysis of the care and support being provided to people at the service and was used to provide staff at all levels with feedback on opportunities and obstacles for service development.

The registered manager told us people's medicines administration records (MAR) were checked on a daily basis and that any errors or omissions identified were discussed with the relevant staff members. We saw records that verified this auditing process was being completed appropriately.