

Isle of Wight Council

Westminster House

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Westminster House is a residential care home providing short term respite care for people with a learning disability or autism.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The service was a large home, bigger than most domestic style properties however, it was in a residential area with easy access to the town centre shops and amenities. It was registered for the support of up to 10 people however, the service usually only supported a maximum of four people at a time. This is reflective of current best practice guidance. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people. This is reflective of current best practice guidance.

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

People told us they felt safe when they were receiving a respite service at Westminster House. This was also the opinion of relatives we spoke with, who all told us how much people enjoyed attending Westminster House.

People's needs were met in an individual and personalised way by staff who were kind and caring. Independence was promoted, privacy, dignity and people's rights and freedoms were upheld. People were empowered to make their own choices and decisions. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People, or their relatives, were involved in the development of their care plans which were designed to promote people's independence and ensure their needs were known and met by staff. Staff acted in the best interests of the people they supported.

People and their relatives felt listened to and knew how to raise concerns. They, and their relatives told us they would recommend the service to others.

There were enough staff to support people, who had received all necessary training and worked well together. Arrangements were in place to ensure staff received formal and informal supervision from senior staff.

Staff, people and relatives were positive about a new manager who had recently been appointed for the service.

We identified some minor areas for improvement. The manager and senior managers responded promptly and positively taking action where needed.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

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

Rating at last inspection:

The last rating for this service was Good (published 7 December 2016).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Westminster House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was completed by two inspectors.

Service and service type

Westminster House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service and two relatives about their experience of the care provided. We spoke with six members of staff including the nominated individual, group manager, manager, assistant manager and three care staff. We also observed care staff interacting with people during the course of our inspection. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included four people's care records and medication records. We looked at three staff files in relation to recruitment, training and staff supervision. A variety of records relating to the management of the service, including quality monitoring records were also looked at.

After the inspection

We continued to seek clarification to validate the evidence we found. We spoke with five relatives of people who used the service, one external social care staff member and two further staff members.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Appropriate systems were in place and followed to protect people from the risk of abuse.
- People and their relatives said they felt safe using the service. A person said, "I'm safe here, I'm all right here."
- Staff had completed training in safeguarding adults and children from abuse and were aware of the action they should take should they identify a safeguarding concern. This included keeping the person safe and reporting concerns appropriately.
- When a person had told staff about a safeguarding concern, staff had acted promptly to ensure the person's safety. When minor incidents had occurred between people, staff had acted appropriately to ensure everyone's safety.
- Staff were confident if they raised a safeguarding concern with the provider or manager, it would be taken seriously. One member of staff told us, "I'd report it to the manager, if they didn't take action I'd go higher up or to you [CQC] or safeguarding."
- Records confirmed that all safeguarding concerns had been reported and investigated appropriately, in liaison with the local safeguarding team.

Assessing risk, safety monitoring and management

- Systems were in place to identify and manage risks within the service.
- Risks to people's personal safety had been assessed and plans were in place to minimise them.
- Risk assessments were linked to the individual person which included areas such as their support needs and health conditions. Risk assessments were comprehensive and provided staff with clear guidance about how to reduce risks for the person without restricting their rights and independence. For example, one person was unable to use a call button. Therefore, an audible alarm was in place enabling the person to call for staff support should they require this when they were in bed. Records demonstrated that where a person had a health need, staff followed the guidance on the risk assessments which ensured their safety.
- Staff were knowledgeable about the risks associated with people's needs and could tell us what action was needed to promote people's safety and ensure their needs were met.
- Strategies to support people with behaviour that may place them or others at risk were tailored to each individual person. One relative said, "There was an incident, but they [staff] managed this really well. I have confidence in them."
- Environmental risk assessments were carried out to consider and mitigate any risks to people and staff.
- Equipment such as hoists and fire safety equipment were serviced and checked regularly.

- Personal evacuation and escape plans had been completed for each person, detailing action needed to support people to evacuate the building in the event of an emergency.

Staffing and recruitment

- There were enough staff to meet people's needs and keep them safe. Throughout the inspection we observed that people were given the time they required and were not rushed by staff.
- Staffing levels were determined by the number of people using the service and the level of care they each required. People told us staff were available when they needed them. One person said, "The staff are always here and help me if I ask for it."
- Staff told us they did not feel rushed in their roles and felt they had time to meet the needs of people and complete domestic jobs such as cleaning and cooking. One staff member said, "We are usually fine, they will get extra staff in if we need them." Another staff member said, "If we don't get all the cleaning done it gets passed on [to the next staff shift], it means we can focus on the service users and what they need."
- The provider had robust recruitment procedures in place. Records confirmed these were followed fully to help ensure only suitable staff were employed. Where we identified some minor missing information, this was promptly obtained during the inspection.
- People were involved in the recruitment process. The group manager said they observed and considered how applicants interacted with people when making decisions about the appointment of new staff.

Using medicines safely

- People were supported to take their medicines safely and as prescribed.
- There were suitable systems in place to ensure that medicines were safely received into the service, securely stored, administered and disposed or returned to people/family members at the end of their respite stay, in accordance with best practice guidance.
- Staff had been trained to administer medicines to people appropriately and their competency was checked regularly to ensure they remained safe to do so.
- Medicines administration records (MAR) were completed correctly and indicated that people received their medicines as prescribed. We observed care staff administering medicines in an appropriate and safe manner.
- Clear information was available to staff about how people preferred to receive their medicines. For example, one person's medicines record stated, 'I need to have a drink of water with my tablets'.
- Each person who needed 'as required' (PRN) medicines had clear information in place to support staff to understand when these should be given, the expected outcome and the action to take if that outcome was not achieved. This included 'rescue medicines' which may be required to meet an urgent medical need such as during a seizure.
- Stock checks of medicines were completed after each administration and when medicines were returned at the end of a person's respite stay.
- Safe systems were in place for people who had been prescribed topical creams.
- Where people were unable to give informed consent to their medicines, their capacity to consent had been assessed and a best interest decision had been made following best practice and legal requirements.

Preventing and controlling infection

- The home was clean and staff completed regular cleaning tasks in line with set schedules. Where we identified minor areas for improvement, immediate action was taken. For example, we identified that foam covering some pipe work in a shower could not be cleaned and posed an infection risk. Arrangements were made to have this pipe work closed in.
- There were processes in place to manage the risk of infection and personal protective equipment (PPE), such as gloves and aprons, were available throughout all areas of the home. Staff were seen using these

when appropriate.

- The laundry room was domestic in style, in keeping with the size of the service and number of people usually accommodated there.
- Infection control audits were completed regularly by a member of the management team and we saw that actions had been taken where required.
- Staff were trained in infection control. There was an up to date infection control policy in place, which was understood by staff.

Learning lessons when things go wrong

- There was a system to record accidents and incidents. We viewed records and saw appropriate action had been taken as necessary. For example, following an injury to a staff member, it was decided that a bedroom was too small for a piece of equipment to be used and people requiring this would be accommodated in other bedrooms.
- The provider was keen to develop and learn from events. All accidents or incidents were reviewed by members of the senior management team and the providers health and safety team. This meant that any lessons learnt could be shared by other services owned by the provider.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People and their relatives were involved in the assessment process and this was in line with current legislation and good practice.
- Relatives confirmed that they had been involved in the assessment of risks and needs and development of care plans. They also told us they had regular contact with the service, they were involved in formal reviews and, if their family member had not used the respite service for a while, they were asked if any of the person's needs had changed.
- Care was planned and delivered in line with people's individual assessments.
- Staff made appropriate use of technology to support people. Where people were at risk of seizures, electronic monitoring and alert equipment was used to ensure staff knew when a person may be having a seizure and require prompt support. One person's care plan included detailed information as to how pressure relieving equipment for their bed should be used safely and in accordance with the person's needs.

Staff support: induction, training, skills and experience

- Staff were competent, knowledgeable and skilled. They carried out their roles effectively. One person told us, "They [staff] know what to do." Relatives reflected this with one saying, "They look after him very well."
- New staff received an in-depth induction. In addition to specific training, they spent time shadowing experienced staff before working alone with people. Records showed staff had completed a range of training to give them the skills need to meet people's needs.
- Staff were positive about the training that they received. One member of staff told us, "In the past six months or so we have had loads of training. It's really good training and I have learnt loads."
- Records of staff supervision showed this had not been regularly undertaken. The new manager told us they had identified this, and a plan was in place to ensure staff received regular formal supervision in the future. Staff told us they could access support or advice from senior staff should this be required.

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

- People's individual nutritional needs were known and met.
- People were offered a choice of food and drink and were positive about the meals they received. One person said, "The food is very good, they ask me what I want." Relatives were also positive about the food and one told us, "[My relative] loves the food very much and eats very well."
- Individual dietary requirements and preferences were recorded in care plans, which staff knew about and met. For example, one person's care plan stated they liked pancakes for breakfast. The person told us they

had these when at Westminster House and records of their meals confirmed this.

- Where needed, people received appropriate support to eat. Drinks and snacks were available when people required or requested these.

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

- Staff worked together to ensure that people received consistent, timely, coordinated, person-centred care and support.
- People's health needs were clearly recorded in their support plans and contained information from a range of health care professionals. Care records demonstrated that staff strictly followed any guidance issued by healthcare professionals, including specialists. For example, one person required their fluid intake to be restricted due to a health need. This was recorded in their care plan.
- Should people become unwell whilst receiving a respite service, staff confirmed they would consult with the person's main carers (relatives) and ensure the person received any necessary medical support. Care plans included specific information as to when emergency services should be contacted, such as during prolonged seizures.
- Relatives confirmed that staff followed requests from them, and people's health needs were met.

Adapting service, design, decoration to meet people's needs

- The environment met the needs of people using the service. Equipment to promote independence was available, and suitable signs were in place around the home to inform people where bathrooms or toilets were located.
- The service provided short term respite. Bedrooms were therefore used by different people at different times. Bedrooms were functional in appearance and lacked a homely feeling. We discussed this with the manager and group manager on the first day of the inspection. On the second day of the inspection, they told us of plans to ensure bedrooms were 'homelier' and help people feel these were their rooms whilst staying at the service. This included helping people to select their own duvet covers for use when staying at the service. We were also told new furniture such as chests of drawers had been purchased.
- Communal areas were pleasant and provided a range of places where people could spend time individually or as a small group. All bedrooms were for single occupancy, some with ensuite facilities and all necessary equipment to support people safely was in place. Level access was available to an enclosed rear garden, meaning people could access this when they wished to do so.
- The provider had identified that the building environment required modernising and updating. They had plans in place to undertake extensive work to ensure the building met the needs of people using it, and to better utilise unused parts of the service for people who required a different type of service.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA.

- People's legal rights were upheld, and the service was working within the principles of the MCA.
- People told us they were always asked before care was provided. One person said, "The staff ask me first."
- Formal assessments of people's ability to make specific decisions had been undertaken and where necessary, best interest decisions involving family members and health or social care professionals, had been made. Where people were able to make decisions, this was clearly documented including any support they needed.
- Staff understood how to protect people's human rights. Staff described how they sought verbal consent from people before providing care and support. A staff member told us, "I always give people a choice and ask them what they want to do."
- Where people did not have capacity to make decisions, they were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the provider's policies and systems supported this practice.
- Where necessary, applications for DoLS had been made.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us they liked spending time at Westminster House and we saw they were supported by staff who knew them well and treated them with kindness and compassion. One person told us, "The staff are kind." Another person said, "I like it here."
- Family member's spoke very positively about the care their relatives received. One relative said, "He loves going there, all the staff seem nice."
- We observed people were treated with kindness and compassion by staff. Staff spoke respectfully to people and supported them in a patient, good-humoured way. All interactions observed were positive for the people involved.
- People's protected characteristics under the Equalities Act 2010 were identified as part of their need's assessments. People were receiving care and support which reflected their diverse needs in respect of the protected characteristics of the Equality Act 2010. Staff had received training in equality and diversity.

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

- Staff understood people's rights to make choices. One staff member said, "I always offer a choice, if necessary I would show them options." Discussions with staff showed that they understood people had the right to make some unwise choices. Staff described how they would offer healthy food options, but if people were able to make a choice and choose less health foods, these would be provided. A person told us staff asked them what they wanted to do or where they wanted to go when out in the community.
- Staff showed a good awareness of people's individual needs, preferences and interests. Care files included information about people's life histories, communication needs and their preferences. Staff used this information when talking with people or helping them to make decisions. For example, staff knew what a person preferred for breakfast and ensured they received this when they were at Westminster House.
- Records confirmed that people, or where appropriate family members, were involved in meetings to discuss their views and make decisions about the care provided. A relative told us, "We had a meeting with the new manager to talk about the care plan and make sure it's all correct."
- Meetings had been held with people and family members to talk about planned changes to the environment and the way the service was organised. A family member said, "I've got a date in a couple of weeks to meet with the new manager."

Respecting and promoting people's privacy, dignity and independence

- Care was provided in a way that respected people's privacy and dignity. People were supported to be independent as far as possible.
- A person told us how staff would remind them to close their bedroom curtains when getting dressed or undressed and how staff gave them privacy by leaving them alone once they were in the bath. The person said, "I like to be alone in the bathroom and staff let me."
- People and where appropriate, their relatives, were asked if they had a gender care preference regarding staff who might be providing personal care support. One person confirmed this and said, "I only have [female] staff, that's what I like." Other preferences for staff were also met. For example, one person told us they would ask day staff to help them into bed if they did not know the night staff due to come on duty. Respecting these choices helped ensure people's privacy and dignity, as they were cared for by staff they felt comfortable with.
- Westminster House encouraged people to be as independent as possible. Care files included information as to what people could do for themselves. For example, one detailed that a person could remove some of their own clothing but needed help with other aspects of dressing and undressing. Equipment to promote independence was also provided. People were encouraged to help in the kitchen and to make their own drinks. A 'one cup kettle' was provided which enabled people to make hot drinks safely.
- Care files and confidential information about people was stored securely and only accessible by authorised staff when needed. This demonstrated people's confidential information had been stored appropriately in accordance with recent changes in legislation. Staff had undertaken training regarding General Data Protection Regulation (GDPR).

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff knew people well and had a good understanding of their needs.
- Family members felt staff provided people with personalised care and they had the opportunity to be in control of their lives as far as possible.
- People were supported to live their lives in accordance with their own choices. Care plans were detailed, person centred and people and their families, where relevant, were involved in reviews of their care and support. Records showed people had received support as detailed in their care plans.
- People's likes, dislikes and what was important to them were recorded. Staff were knowledgeable about people's preferences and could explain how they supported people in line with this information.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service was working within the Accessible Information Standard (AIS). For example, information about meal choices was available in pictorial format.
- We observed staff interacting with people. It was evident that staff understood the best way to present information or choices to people, so that they could understand and respond appropriately. For example, one person chose to have a staff member present when we spoke with them. The staff member rephrased some of our questions to ensure these were in an understandable format for the person. The staff member ensured the person had time to process the information and formulate a response. For other people, pictorial choices, such as for food and symbols, were available to help meet their individual communication needs.
- People's communication needs had been assessed and people had a communication care plan which detailed what support they required to communicate effectively. Care staff were able to interpret people's communication.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were provided with opportunities to participate in a range of activities of their choice both within the home and on regular outings to the local community. The provider had arranged for a suitable vehicle to

be available for everyone to use.

- People were supported to continue to undertake their usual day time activities such as attending college or community groups whilst receiving a respite service at Westminster House.

Where people did not have any planned activities, we saw staff encouraged them to participate in activities within the home and local community. For example, one person went with a staff member to do some shopping and another was seen helping prepare the evening meal. A person said, "I'm not bored I've got my iPad and there is lots to do."

- The home had free Wi-Fi available and computers should people not have their own. This meant people could keep in contact with family or friends and access games and entertainment of their choice.

Improving care quality in response to complaints or concerns

- People's views about the service were welcomed by the provider. People and their relatives were asked about their views informally and during care plan reviews.
- People were provided with information about how to complain or make comments about the service. This information was available for people in a suitable easy read format. The manager was aware of how to access advocacy services should people require support to make a complaint or have their views heard.
- People and relatives told us they had not had reason to complain but knew how to if necessary. They said they would not hesitate to speak to the staff or the manager.
- Should complaints be received, there was a process in place which would ensure these were recorded, fully investigated and a written response provided to the person who made the complaint. We viewed the records relating to one complaint which had been received in the year prior to this inspection. A written response had been provided to the complainant. We identified that the response from the previous manager, had not addressed all the issues raised and had failed to focus on the person's needs, as opposed to their relatives wishes as to how care should be provided. The new manager stated they would discuss this with the person and their family when they met to review the person's care plan.

End of life care and support

- No one was receiving end of life care at the time of the inspection. The management team were clear that the service would not accept people specifically for end of life care as this was not the focus of the respite service. However, both the manager and group manager stated that, should a person receiving a service have a health need which may indicate the possibility of needing end of life care, they would seek to understand the person's preferences in respect of the care they received. They would also access relevant professionals to support and guide care staff.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- At the previous inspection, the service did not have a registered manager and the provider was unable to tell us what the plans were to appoint a permanent manager for the service. Since that time, a manager had been appointed who registered with CQC. That manager had since left but the provider had appointed another manager, who had applied to register with CQC. This manager was present throughout the inspection and although they had only been working at the service a couple of weeks, they demonstrated a commitment to the service.
- The staff team was motivated and as a result, people were cared for by competent staff who knew them well.
- Effective communication supported a well organised service for people. Staff were confident about raising any concerns with the manager or group manager. One told us, "We have had a number of managers, but I've got confidence in this one."
- The group manager regularly visited the service and had oversight of the quality of care being delivered. Interactions during the inspection showed that the group manager knew and understood the needs of people using the service. They had a clear vision for the future of the service to ensure people's needs were met in an effective and planned manner. They, and other staff employed by the provider, carried out regular checks on the service and the environment, including health and safety, and fire safety.
- Policies and procedures were in place to aid the smooth running of the service. For example, there were policies on medicines management, safeguarding, whistleblowing, complaints and infection control.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and their relatives were happy with the service provided at Westminster House and felt it was well managed. A person said, "I know who the manager is. She asks if everything is ok." Relatives also knew who the new manager was, and most were able to name her. They confirmed they had been invited to attend an individual meeting with the manager and most told us these were scheduled for soon after our inspection.
- People and relatives felt able to approach and speak with the manager or other staff and were confident any issues would be sorted out.
- The manager explained they had an open-door policy and an inclusive culture to ensure staff could raise concerns or make suggestions.

- The provider had a whistle-blowing policy which provided details of external organisations where staff could raise concerns if they felt unable to raise them internally. For example, care staff told us they could approach the local safeguarding team or CQC if they felt it was necessary.
- The service experienced low levels of staff turnover. Staff said they were happy working for the provider and felt able to raise issues or concerns with the management team.
- The management team ensured all people and staff were treated fairly and were not discriminated against due to any protected characteristics.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider had a duty of candour policy that required staff to act in an open and transparent way when accidents or adverse incidents occurred. Discussions with the manager and group manager showed they understood when they may need to use the duty of candour policy and how they should do so.
- CQC had been notified of all significant events and the provider had kept us updated about changes affecting the service.
- The previous performance rating was displayed in the home's entrance hallway making it available to all visitors and people. The provider's website included a link to the previous report however, the rating was not specifically displayed. The group manager took immediate action to rectify this during the inspection.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People's views about aspects of the service and how it was run were sought informally by staff members. For example, potential new staff were interviewed at the service. Applicants were introduced to people and their views were sought about new staff.
- Westminster House worked in partnership with others involved in supporting people that accessed the respite service. All relatives confirmed they had been invited to attend a meeting with the new manager to review their family member's care plan and ensure the respite service was meeting their needs.
- People accessing Westminster House also used a variety of other social and community services, such as for day care and individual support packages. Family members confirmed when people attended such services. Westminster House staff always ensured people had any necessary items such as packed lunches or drinks.
- Some people who attended the service for respite care continued to be supported by staff in their own homes. One external service which supported several people whilst at Westminster House said how well the two services worked together. They told us how staff from Westminster House would ensure external staff received regular short breaks and when needed, general support would be provided.
- A community gardening service was contracted to maintain Westminster House gardens, providing worthwhile employment and training for vulnerable people.