

The Westminster Society For People With Learning Disabilities

Westminster Society Domiciliary Care Service for Adults

Inspection report

16a Croxley Road
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Date of inspection visit:
22 March 2016
23 March 2016
24 March 2016

Date of publication:
29 November 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?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

This inspection took place on 22, 23 and 24 March 2016 and was announced. The provider was given 48 hours' notice because we wanted to be sure there would be someone at the office when we called. We told the registered manager we would visit some of the schemes over the next few days. At our previous inspection on 30 July 2014 we found the provider was meeting the regulations we inspected.

Westminster Society Domiciliary Care Service for Adults provides personal care and support to people living within supported housing and in their own homes. It also supports people registered with their LDN short breaks, LDN Connect, LDN Living and LDN 4U services. At the time of our visit the service was providing support to 109 people across the London Boroughs of Westminster, Camden and Kensington and Chelsea.

There was a registered manager 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 the activities registered under the service. At the time of the inspection one other service manager was in the process of submitting a registered manager's application to us.

People and their relatives told us they felt safe using the service and support workers had a good understanding of how to protect people from abuse. Staff were confident that any concerns would be investigated and dealt with. All staff had received training in safeguarding adults from abuse and had a good understanding of how to identify and report any concerns.

People's risks were managed effectively and care plans contained appropriate risk assessments which were updated regularly when people's needs changed. Support workers were assigned to work with people in specific schemes and were aware of the needs of each person they supported. The service had a robust recruitment process where applicants were assessed against the organisation's core values and were observed how they interacted with people using the service. Staff had the necessary checks to ensure they were suitable to work with people using the service.

People who required support with their medicines received them safely and all staff had completed in-depth training in the safe handling and administration of medicines, which was refreshed annually. Staff completed appropriate records when they administered medicines and these were checked on the same day to minimise medicines errors.

There was a comprehensive induction based on the Care Certificate and a six month probation period for new staff. Staff members also took part in a training programme to support them in meeting people's needs effectively and were always introduced to people before they started work with them. They shadowed more

experienced staff before they started to deliver personal care independently and received regular supervision from management. They told us they felt supported and were happy with the supervision they received. People using the service were also involved in the recruitment and training of staff.

Staff demonstrated a good understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff were aware of the importance of asking people for consent and the need to have best interests meetings in relation to decisions where people did not have the capacity to consent. The provider had taken into consideration where people may have had restrictions placed upon them and notified the local authority responsible for assessment and application.

Support workers were aware of people's dietary needs and food preferences. Support workers told us they contacted health care professionals if they had any concerns about people's health and we saw evidence of this in people's care plans. They could also contact service managers if they had concerns out of hours. People were supported to maintain their health and well-being through access to health and social care professionals, such as GPs, occupational therapists and speech and language therapists.

People and their relatives told us staff were kind and compassionate and knew how to provide the care and support they required. Support workers understood the importance of getting to know the people they worked with and showed concern for people's health and welfare in a caring manner.

People were spoken to and treated in a respectful and kind way and staff respected their privacy and dignity and promoted their independence. People were also supported to access independent advocates where necessary.

People were involved in planning how they were cared for and supported. An initial assessment was completed from which care plans and risk assessments were developed. Care records were person centred and developed to meet people's individual needs and reviewed if there were any significant changes. People and their relatives were actively encouraged to express their views and were involved in making decisions about their care and whether any changes could be made to it.

People were supported to follow their interests and maintain relationships with relatives and friends that mattered to them. With the resources from the LDN Connect service there were opportunities for people to take part in a range of activities, day trips and events. There was evidence that cultural requirements were considered when discussing this and making sure these needs were met.

People and their relatives knew how to make a complaint and were able to share their views and opinions about the service they received. The provider listened to all complaints and made sure people were confident their complaints would be taken seriously. There were also surveys in place to allow people and their relatives the opportunity to feedback about the care and treatment they received.

The service promoted an open and honest culture and the registered managers were transparent in their discussions with us. Staff spoke highly of their teams and felt well supported by their team leaders. Staff were confident they could raise any concerns or issues, knowing they would be listened to and acted on.

There were effective quality assurance systems in place to monitor the quality of the service provided and understand the experiences of people who used the service. The registered managers followed a monthly, quarterly and annual cycle of quality assurance activities and learning took place from the result of the audits.

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 had a good understanding of how to recognise and report any signs of abuse and protect people from harm.

Risk assessments were in place to identify the areas of risk and to reduce the likelihood of people coming to harm.

The provider took appropriate steps to ensure robust staff recruitment procedures were followed and there were sufficient staff to meet people's needs.

People received their medicines safely. Medicines were administered and recorded by staff who had received relevant medicines training which was refreshed annually.

Is the service effective?

Good ●

The service was effective.

People received care and support that met their needs and reflected their individual choices and preferences. Support workers received the training and supervision they needed to meet people's needs and were passionate about their jobs.

Staff understood their responsibilities in relation to the Deprivation of Liberty Safeguards and the Mental Capacity Act (2005)

People were supported to have a balanced diet, which took into account their preferences as well as medical and cultural needs.

Staff were aware of people's health and well-being and responded if their needs changed. People had access to health and social care professionals, such as GPs, occupational therapists and speech and language therapists.

Is the service caring?

Good ●

The service was caring.

We saw that staff treated people with respect and kindness, and promoted their dignity and independence. People's homes were personalised to their liking and they told us staff were kind and compassionate.

Care workers knew the people they worked with and understood the importance of spending time getting to know people to develop meaningful relationships.

People, including relatives and health and social care professionals, were informed about their health and well-being and were actively involved in decisions about their care and support, in accordance with people's own wishes.

The service assisted people to access independent advocates.

Is the service responsive?

Outstanding 

The service was responsive.

Care records were personalised, designed to meet people's individual needs and staff knew how people liked to be supported. The information was easily accessible and available in an easy read format.

The service ensured people had the opportunity to make complaints, no matter how small they may have seemed. People and their relatives knew how to make complaints and said they would feel comfortable doing so. The service gave people and relatives the opportunity to give feedback about the care and treatment they received.

Is the service well-led?

Good 

The service was well-led.

People and their relatives told us that the service was well managed and the registered managers were kind and approachable. Staff spoke highly of them and felt they were supported to carry out their responsibilities.

There were regular audits and meetings to monitor the quality of the service and identify any concerns. Any concerns identified were documented and acted upon. Senior staff and board members met on a regular basis to discuss the service and drive improvement.

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 the 22, 23 and 24 March 2016 and the first day of the inspection was announced. The provider was given 48 hours' notice because we wanted to make sure there would be somebody available when we called. We told the registered manager that we would be coming back over the next few days.

The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service. The expert by experience had experience in the care and support of people who use regulated services, including young people and adults who use health, mental health or care services.

Before the inspection we reviewed the information the Care Quality Commission (CQC) held about the service. This included statutory notifications of significant incidents reported to the CQC and the report for the last inspection that took place on 30 July 2014, which showed the service was meeting all the regulations that we checked during the inspection.

During the inspection we spoke with 19 people using the service, four relatives and 19 staff members including the director of adult services, one service manager, four registered managers, six team managers, one senior support worker and six support workers. We also observed interaction between staff and people

using the service. We looked at 11 people's care plans, 10 staff recruitment files, staff training files, staff supervision records and audits and records related to the management of the service.

Following the inspection we spoke with four health and social care professionals who had worked with people using the service for their views.

Is the service safe?

Our findings

People we spoke with told us they felt safe when they were receiving care. One person said, "I do feel safe here, I've never been bullied." Another person said, "I feel safe living here. I like it here and have nothing to worry about." One relative told us they thought their family member was safe and said, "I feel safe knowing that they are well looked after. It is very reassuring for us."

Staff had a good understanding of safeguarding procedures and were able to demonstrate how to keep people safe from the risk of abuse. They were able to explain in detail the signs of abuse and what actions they would take if they thought somebody was at risk. They were aware of the provider's whistleblowing policy and knew they could contact other organisations if they had concerns. The registered manager told us that staff had access to a separate email address if they wanted to raise concerns anonymously and we saw this highlighted within the policy. One support worker said, "It's my duty to look out for safeguarding issues." Another support worker told us that keeping people safe from harm was one of the most important parts of the job. This topic was covered during the staff induction and discussed during regular supervision sessions. We also saw a copy of the safeguarding training presentation as one of the registered managers was the safeguarding lead who delivered the training to all staff. The training records we looked at showed that staff received mandatory safeguarding training and it was refreshed annually. We saw in people's care files they had an adult protection profile, which highlighted how likely people were to report abuse, whether they had been involved in any previous incidents and what type of abuse they could be vulnerable to. There was a safeguarding adults policy in place which was available to all staff and people who used the service, including in an easy read format.

The provider had procedures in place to identify and manage risks associated with people's care. Before people started using the service the provider and local authority carried out an initial assessment of their care needs. This was initially to assess their suitability to live in the schemes and to identify any potential risks to providing their care and support. Some of the risk factors that were assessed related to people's daily routine, mobility, medicines, eating and drinking, level of cognition, personal care, emotional well-being and communication and relationships.

The provider then used this information to produce a detailed care plan and risk assessments around the person's health needs. The care plan and risk assessment contained details about the level of support that was required and detailed information about any health conditions and the best outcomes or goals for the person. The information in these documents included practical guidance for support workers in how to manage risks to people. Support workers knew about individual risks to people's health and well-being and could tell us how these were to be managed. We saw records which confirmed that care was planned to take into account and minimise risk. For example, one person had been assessed for potential risks of hitting out at other people using the service. They had a positive behaviour support plan in place which detailed certain behaviours and reasons why the person might be anxious or upset. It included strategies for staff to help manage the situation and support the person in the safest way possible. Another person was at risk of suffering from epileptic seizures. There was detailed information on how the support worker should respond in the event of a seizure and how the person would like to be supported afterwards. This person also had a

sensor mat under the mattress to notify staff of a possible seizure during the night. Care plans and risk assessments were updated every six months or sooner if there were any significant changes to a person's needs.

We found that staffing levels throughout the schemes were sufficient to meet people's needs. One of the schemes, which was a 24 hour care scheme, supported eight people living in the service, six of which received personal care. We looked at eight weeks of staff rotas and saw there were consistently four to five staff in the morning and three in the afternoon to evening, with one staff member working overnight. This scheme was able to use sessional bank and agency staff while permanent positions were being recruited to. We saw copies of rotas for three other schemes and one of the registered managers showed us how they calculated the number of staff required against the number of support hours people had. One of the team managers told us how important it was to retain regular sessional bank staff to provide consistent support for people living within the schemes.

We spoke with the registered manager who was responsible for the recruitment process. He explained that candidates who expressed an interest in staff vacancies were invited to an assessment centre rather than having a formal interview. They were assessed against the organisation's core values, which included group exercises, analyses of incidents and tests of competency. The registered manager said, "People are unaware of the scoring system and we start observing their interaction from the start. We also get tenants involved to help us with the selection process." The scoring takes into account behaviours demonstrated, written and verbal answers and how people demonstrate the core values. People would not pass the assessment process if they failed in the areas of communication, teamwork and respect. We saw samples of completed candidate assessment workbooks which detailed how people had been scored and if they had been successful. On day two of our inspection we were told that an assessment was being conducted and they would feed back to us the following day. We saw completed workbooks which had been marked and showed that five out of the 10 candidates had been successful.

The staff files that we looked at showed that the provider had 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. The Disclosure and Barring Service (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 people couldn't start work until two had been received. There was a checklist to make sure all relevant documents had been received before employment commenced. They also explained any gaps that were found in employment records before being signed off. This meant that people were supported by staff who were suitable for their roles.

Some people were supported with their medicines as part of the overall care they received. People had individual medicines profiles within their care plans which contained information about people's medicines. This included a list of medicines prescribed, what the dose was and when they should be taken. It also explained how the person's medicines were administered, where they should be stored, what support was required to take them and who checks they have been taken. We checked how the medicines were received, stored and administered and could see there were safe systems in place. Staff signed for medicines when they were delivered and it was the responsibility of all staff on duty to ensure that people got their medicines at the right time and in the right way. One person said, "They help me with my medication which is really important." Another person told us that they were supported with taking their medicines and it was always on time.

We looked at a sample of medicines administration record (MAR) sheets across two schemes and saw they were appropriately completed and checked on a daily basis for any errors. Two team managers showed us

how they carried out a 'medicines sweep' in their service, within two hours of people receiving their medicines to check for any errors. One team manager said, "This is a really important part of the day as we need to be sure that people take their medication on time." People we spoke with confirmed that their medicines were checked and we saw records within the daily log sheets and daily handover reports documenting this. If there were medicines errors, staff were aware of the responsibility of reporting and documenting these. One support worker said, "If medication was missed, we would record it in the communication book and report it to the manager straight away to be investigated."

Is the service effective?

Our findings

People told us they were happy with their support workers and felt they had the right skills and experience to meet their needs. Comments included, "I get the care that I want, I like it here" and "They look after me and care for me." One relative told us they were very happy with the staff that cared for their family member and felt they were well looked after. They added, "My [family member] gets the right support that they need and it's superb." Health and social care professionals we spoke with felt that people received support from skilled staff who were able to meet their needs.

When people started their employment with the service they attended a corporate induction day at the head office where they met members of the management team and had an introduction into the organisation's history, structure and development. The Care Certificate formed the main part of the induction programme which ran over seven days of classroom based learning. The Care Certificate sets the standard for the fundamental skills and knowledge expected from staff within a care environment. The workforce development manager told us it took approximately 12 weeks to complete and staff would have their induction signed off by the team manager. We saw observation records and induction workbooks within individual staff files that showed when the induction had been completed. We also saw samples of workbooks that were still being completed by new starters and saw when standards had been met they were signed off. One support worker said, "It was an intensive induction with a lot of training. It gave me a good insight into the service I'd be working in and what the expectations would be."

The training that was delivered to staff as part of the mandatory induction included safeguarding, moving and handling, fire safety, medicines administration and first aid, and these were refreshed on a regular basis. One of the registered managers showed us their staff training matrix which covered all their services and identified when training had been completed and when it was due to be updated. We saw that staff also received training which was specific to people's individual needs and that staff had completed training in a range of areas, including the Mental Capacity Act 2005 (MCA), dementia awareness, Deprivation of Liberty Safeguards (DoLS) and PROACT-SCIP training. This was a training programme which helped staff use positive options to avoid crisis and strategies for crisis intervention. Staff we spoke with throughout the inspection spoke highly of the training available to them and how it improved their understanding of their role. One support worker said, "They are very safety conscious in regards to training, with a good focus on best possible outcomes for people." Another support worker said, "The trainers are very knowledgeable, they know their stuff and it keeps your information about important topics fresh." People who used the service were also involved in the training programme and had been trained to be a co-trainer. A team manager told us it was important to involve people in training the staff as it hopefully gave staff a better understanding of the people they supported on a day to day basis.

On the first day of our inspection there was a sexuality awareness course being carried out in the office, which was a training programme to raise awareness for staff to support the people they were caring for. We spoke with staff who had attended the training session. One support worker said, "It was very interesting and addressed a lot of issues. It is important people have meaningful relationships and we can support them with this, ensuring the safety of everybody involved."

We saw records that showed support workers had regular supervision and an annual appraisal system was in place. We looked at records of supervision sessions which showed care workers were able to discuss key areas of their employment. Items discussed included safeguarding, training development, person centred planning and any recent issues involving people they supported. One support worker told us they were able to discuss concerns they had during supervision sessions. They said, "I had some concerns about supporting somebody so we talked about the problem, discussed ways to handle the situation and was offered training and extra support to manage it." Another support worker said, "The supervision is really good, really helpful and they listen. We can talk about any issues or worries we have, what is going well and what challenges we face." We spoke with one team manager about their supervision sessions. They said it was important to have regular supervision so staff felt supported. "I aim for supervision every month so we can address things regularly and straight away."

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 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. We saw records that showed best interests meetings had taken place and when mental capacity assessments had been completed.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS provides safeguards to protect people from being deprived of their liberty unless it is in their best interest to protect them from harm. The registered manager told us that they worked closely with the local authority and reviewing officers in order to identify any potential deprivation of liberty, especially for people within supported living properties. We saw records of this which had been sent to the local authority which highlighted what the concerns were. Staff had received training about the MCA and DoLS. We saw copies of the training programme and staff had to complete an assessment after finishing the course to demonstrate their understanding of the topic.

Staff told us they always asked for people's consent prior to providing personal care for them. They told us that people sometimes needed encouragement when having personal care needs met. One person said, "They always ask me before they do anything for me." One support worker said, "I always check they are happy for me to support them. I maintain eye contact, talk to them and make them feel at ease." Where appropriate, the views of people's relatives were sought when developing care plans. One relative said "I speak to the staff all the time and I'm always involved with the care planning." We saw people's care records and consent forms had been signed by people to say they agreed to the care package being delivered.

People required support with meal preparation and in some cases, support whilst eating. People's dietary preferences, allergies, medical and cultural needs were recorded in their care plans along with the level of staff support needed. One person had a pictorial log sheet where they could highlight what they wanted to eat. They were also supported to fill in the log sheet by choosing stickers to place over the food and drink they chose. One person who had been assessed as being at risk of choking was advised by health care professionals, such as a speech and language therapist (SALT) and dietitian, to have a soft food diet and for food to be cut into bite sized pieces. There was information within the care plan which gave guidelines for support workers to assist people safely whilst eating. Care plans showed that people's nutritional needs were assessed and kept under review. Some people had fluid charts to record the amount of liquid they had throughout the day. One person's care plan highlighted that they would like to be supported to cook Jewish

food in line with their religious and cultural needs. A team manager told us they supported a group of people to have weekly meal together on a Sunday. They would discuss the shopping list together and invite friends over from a nearby scheme. We saw records of this in the daily logs and it was also included in people's care plans.

Support workers said they supported people to manage their health and well-being and would always speak with the team manager or senior support worker if they had any concerns about the person's healthcare needs. Team managers and support workers helped to support people to attend appointments or made referrals to health care professionals. For example, during a visit at one scheme, we observed a support worker getting a person ready for a visit with the Community Learning Disability Team. Care plans showed that people's healthcare needs were identified in a document called their Health Action Plan, which was regularly updated. We saw information in people's care records where staff had made contact with a number of health and social care professionals, including GPs, occupational therapists, speech and language therapists and learning disability teams. People also had a medical liaison record form within their care plans. This helped to support staff to record each time a person visited a healthcare professional. It had outcomes and results from the appointment, plus dates of future appointments. One person said, "I like to be supported to appointments. My key worker can also remind me to bring anything up if I can't remember." Relatives told us that the staff were aware of people's healthcare needs and were always kept updated of the outcome. One relative told us how staff were very much involved in their family member's life. "They have supported her to dental appointments and attended meetings. They have been involved every step of the way and it is very reassuring."

Is the service caring?

Our findings

People told us they were well supported by the service and had positive things to say about the caring attitude of the staff. Comments from people included, "I find it really easy talking to them, they really help me out"; "I have two support workers and they always sit and talk with me" and "I really like it here, they do care for me." Relatives were positive about the staff. One relative said, "They always address my [family member], interact and treat her with dignity. It is really important and they do it very well."

Throughout the inspection we observed positive interactions between people using the service and staff. Staff were always observed to be compassionate and interested in the needs of the people they supported. There were some supported living schemes and the LDN Connect activity centre located within the vicinity of the head office. We observed people coming up to the office to chat with staff and could see there was a very relaxed and welcoming atmosphere. During a visit to one of the schemes, we saw there were personalised pictures throughout the flat highlighting people's friendships, activities, holidays and achievements. We spoke with one person who was home at the time who told us about the pictures and how special they were to her. Another person who was an artist had been supported to put pictures around her home. The team manager of that service said, "We've tried to make it very homely for people and make it personalised. It is important for people to see their achievements."

People were assigned support workers to support them with their personal care and day to day needs. One of the registered managers told us that during the staff assessment process the observers would look at qualities in people and start to think where they would be best suited to work, not just on their attitude but also on their previous skill and experience. They also added that having a designated support worker helped people to have the time to get to know each other. Support workers knew the people they were working with and were able to give information about personal histories. One team manager said it was really important for staff to get to know people and build positive relationships with them. "We want people to be involved in what we are doing to support them. We have house meetings and encourage them to get involved with this." Another support worker said, "We really want to make positive changes to people's lives."

We saw records from one of the scheme's on-call handover reports which showed that a support worker had contacted the on-call manager as they had concerns about a person's health. For example, records showed that the support worker called 111 for advice and then contacted the district nurse team to request a home visit. A district nurse came out to visit the person within 90 minutes of the initial call. This showed care workers showed concern for people in a caring manner and responded to their needs in a timely way.

The people using the service and relatives we spoke with confirmed they were involved in making decisions about their care and were able to ask support workers for what they wanted. One of the registered managers told us when they carried out assessments and reviews they always made sure, where appropriate, a relative was present with the person. Once the assessment had been completed and the person was aware of what support they were entitled to, they would listen to people's preferences and find out how they wanted their care to be carried out. One person wanted to be able to walk independently to college. Staff supported their

choice and worked to put together a plan to learn the route. They took pictures of local landmarks and signposts to help the person remember the route and kept the family involved from the start. One of the team managers said, "We give people choices to make decisions. If we don't offer choices, people won't change. We want people to try new things."

The registered manager told us 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 a weekly forum to meet people using the service. We spoke with one person who had an Independent Mental Capacity Advocate (IMCA). They told us they were supported to go on a weekly basis and could talk about their health and appointments.

People told us staff respected their privacy and dignity. We heard positive comments about how staff were respectful to people when they worked with them and how people were encouraged to be as independent as possible. One relative said, "Despite the communication issues, they always talk with her and get her involved in what they are doing. That's really good." Another relative told us how pleased they were with how the staff treated their [family member]. "They are really helping and supporting her to increase her independence. They are doing a fantastic job." One person told us that staff always treated them with respect and kindness. We observed staff knocking on people's doors and announcing their presence during our visits across two schemes. People were asked if they wished to speak to us and if they were happy for us to see their homes and show us around. At one scheme, a person was supported to keep pet rabbits in the garden. Support workers had a good understanding of the need to ensure they respected people's privacy and dignity. One support worker told us that when they supported people to health appointments they always asked them if they were happy for them to sit in with them during the appointment. We saw evidence in care plans that people had a personal care overview, highlighting their preferences and how they wanted to be supported.

Is the service responsive?

Our findings

People told us they were happy with their care and support and that they felt involved when decisions were made about their care. Comments included, "I'm always involved with my care plan and staff go through it when it needs to be reviewed. My family are involved too" and "They help me live my life. They've helped me to get a job and I've made new friends." One relative told us that their family member did not like formal meetings but staff always tried to involve them by using different tactics to get things across to them. Another relative said, "They always keep me updated and listen if we have any concerns. They are a credit to society for what they do." Health and social care professionals we spoke with said that staff were responsive to people's needs and provided a good service.

We spoke with one of the registered managers about the process for accepting new referrals into their supported living schemes. They attended the housing panel of the local authority to get background information and assessment forms of people and thought about which service could best suit their needs, taking into account their age, gender and support needs. A manager was allocated to carry out an assessment, called 'Choosing my Support', where they could get a better picture of the person and speak with their family and significant others. They discussed support needs, built a timetable of support and discussed the best placement for the person. Feedback would be given to care managers and it would then be approved by the housing panel. Once it was agreed people were invited to visit the scheme and meet other people living in the service. One relative told us they were able to visit the flat before moving in. "The transition process was very organised and they made us feel very settled. The main focus was my [family member], it was all about her." The registered manager added that it was important to be sensitive to the needs of other people living in the service so they always involved them. "We would discuss it with them in house meetings and tell them about the person, show them pictures, so they wouldn't be a stranger when they visited."

We looked at a sample of care plans which were held electronically within the office and also in people's homes. A detailed support plan was in place which covered areas including personal care, eating and drinking, health and fitness, emotional well-being, communication and relationships and community and leisure. The support plans were individualised and provided details about what was important for people. There was reference to people's wishes and how they wanted their care needs to be met. Each person also had a person centred plan for the year, including information about friends and family, holidays and what they would like to do on their birthday. One person said they wanted to go for dinner on a boat and it included a pictorial plan about the event. There were personalised contact sheets and daily log sheets where people were able to contribute towards it. One person was able to use mood stickers within their contact sheets to explain how they were feeling. Some people with complex needs had behaviour support plans which identified the behaviour, prevention plans, effective strategies for supporting people and monitoring of behaviours. One support worker said, "It is a very positive place, very person centred which I like. I'm always doing different things with people that they want to do." We spoke with one of the managers from the LDN Short Breaks service who told us how important their role was for family members who were the main carers. "The break we provide is so important for both people. The time is tailored to their needs and it makes a big difference on their relationship and people tell us it really helps. A relative who received

support from this service said, "We both benefit from it and it is very important for me. They are very good."

Care plans were detailed and had been appropriately updated when there were changes and regular reviews took place, which meant there was an up to date record for staff about how to meet people's needs. Records were kept of people's appointments with healthcare professionals and important information from these appointments were added to the plans. For example, one person had received support from an occupational therapist to provide support with sensory stimulation to help them carry out an activity. Detailed guidance was included for staff to support the person in the safest way. One support worker said, "It helped when I first started as they are really detailed. I was able to get a taste of the person and how they liked to be supported. It was really helpful how it documented the best way to communicate with people and the best language to use."

Staff were able to provide us with information about people's social and healthcare needs and tell us how they responded to any changes. For example, one person with a learning disability struggled to engage with people. Through talking with family and healthcare professionals we saw evidence in records where staff used an iPad with a recording of a family member's voice they liked hearing to increase their engagement. Another person was living with dementia and one of the registered managers told us how they were working to improve the support for the person and the staff at the service. They said, "We are working very closely with the local authority and having contact with care managers and involving people's families." We saw records of team meeting minutes to discuss the issues and what they had done to improve the dementia support available to everybody involved. Healthcare professionals had been contacted for advice and asked to deliver specific training for the staff to help support them to meet people's changing needs.

The service supported people to follow their interests and maintain relationships. We saw that people led independent lives and were supported to take part in activities of their choosing. We spoke with one of the managers for the LDN Connect team responsible for creating courses and activities throughout the service. We saw an overview of the activities that were available for people to get involved in. Some of the activities offered throughout the centre were a photography group, a social club to develop long term friendships, music based reminiscence sessions and a 'Look and Feel' group, which included activities such as Zumba and yoga. A team manager told us that when they had key working sessions with people they would spend time finding out what they wanted to do and what they wanted to achieve. One person told us about their art and that they had been supported to attend an exhibition at the Tate gallery. We saw that people were encouraged to go on holiday and we saw records within people's care plans of how they organised this. One support worker told us they were planning a trip to Paris. "I can help him/her prepare for something important to him/her. I tailor the support to the individual needs." At one of the schemes we visited, the team manager told us how they showed a person YouTube videos of possible holiday locations to get an idea about the place. We spoke with the person and they told us they were looking forward to going away on holiday. People were also supported to attend college, search for employment or volunteer in the local community.

People were also supported with more specific cultural or religious needs. One person was supported to attend a bible studies group and we saw information in people's care plans about attending different places of worship to meet their religious needs. We also saw records within people's care plans that allowed people to enjoy food that met their cultural needs.

People and their relatives said they were happy with the service and would feel comfortable if they had to raise a concern. Comments included, "I've never had to make any kind of complaint" and "Staff always listen to me if I tell them I'm not happy about something." There was an accessible complaints procedure in place and staff also supported people to get their feedback. One of the registered managers told us that they

provided training to staff to support people with making complaints. "We want people to know that there is no such thing as a small complaint. If you take people seriously when dealing with something small, it will build trust and give them the confidence to talk to you if it is something more serious." The registered managers, senior staff and support workers told us that they always asked people and their relatives if they had any issues or concerns with the service. One of the registered managers said, "We want people to call us, we have a very open culture. It helps us to see patterns where we can improve." One relative said, "I've not made any complaints but I'm confident I'd be listened to and my concerns would be acted upon."

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 records from meeting minutes that some people had been discriminated against in their local communities and had bad experiences in local shops. We saw that staff discussed these issues and supported people to complain on their behalf to Trading Standards. They had also involved the safer neighbourhood teams and arranged for people to carry out a 'secret shopper' project with support from staff. One of the registered managers who supported people with the complaint said, "It is important to value people and take them seriously. People come first and we need to listen to them."

The service had a system where people, their relatives and others could report a complaint or a concern. A concern was a matter less formal whereas a complaint would go through their formal complaints procedure. We saw records which showed there had been 29 concerns or complaints in the past quarter. It highlighted who had made the complaint and what it related to. 18 of them were about other people using the service, six about the staff and five about external people. Formal complaints were investigated by the registered managers and then went to the director of adult services if people were not happy with the initial outcome. If people still were not happy they would be able to progress their complaint to the CEO then the board of trustees. We saw evidence that where people had complained, the provider had responded to them in line with their complaints policy. We saw a sample of their complaints which included details of the event, what action had been taken, if anybody else had been notified, for example, the local authority, and the outcome of it.

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 four of them during the inspection when we visited the head office where the service is registered.

People using the service and their relatives were happy with the way the service was managed. People told us they felt comfortable talking with the managers and that they were approachable and listened to them. Comments about specific team managers included, "I can talk with my manager, I have a great relationship with him" and "The manager is approachable and listens to me." One relative said, "I have no problems getting in touch with the office. They are always available and always respond. It is a very consistent service." Health and social care professionals told us that management were very approachable, open and would always respond to suggestions and recommendations.

One of the registered manager's told us that their values were core to everything that they did and everything they did was centred around them. They told us they were the right to be included, have a choice, be consulted, be respected, achievement and deliver quality. They added, "We want people to realise that they make a difference and inspire them in what they do." Support workers told us they were well supported by their management team and had positive comments about the management of the service. They said if they had any problems they could speak to the team managers, even out of hours. One support worker said, "Our team are all very happy. The support is there and I'm confident that any issues will be dealt with. We get the chance to bring up concerns in team meetings and our input is taken on board." One of the team leaders from the LDN Short Breaks Service said, "It's an amazing organisation to work for, the support is there and they really stick to the core values of the service." A team manager from one of the supported living schemes spoke very highly about his career development within the organisation. They added, "They've been incredible, really encouraging and helped me throughout. They had a lot of faith in me and always had time to sit and talk with me."

Support workers and team managers felt that the service promoted a very open and honest culture and knew about the whistle-blowing policy and felt comfortable talking with management. On arrival of our first day of inspection, they had already put posters up in an accessible format for people using the service to notify them that we were carrying out an inspection and would be supported to speak to us if they wanted to.

We saw that there was visible leadership at all levels of the service. One of the registered managers told us how important it was that all staff felt supported at any time during their shift, whether it be early mornings, evenings or weekends. The service had a 24/7 on call service for all staff which was managed by the registered managers. Each member of the senior management team worked on a rota system to be on call for a week at a time to provide staff with necessary support out of hours. We saw records of on-call reports that managers had completed which detailed when they had been contacted, what the reason was, what advice was given and what was the final outcome. We could see that managers were being called on a regular basis which showed staff had confidence in asking for support if they needed it. One support worker

said, "I can always get hold of somebody if I need to and they have always been really supportive to me."

The registered managers were aware of the challenges which faced the service and looked to find ways to overcome them. One of the biggest challenges was recruitment. We spoke with the registered manager responsible for recruitment who told us how they were trying to deal with the problem. Apart from attending university job fairs, they had started to advertise positions within social media networks where they were able to build a relationship with potential candidates before meeting them. The registered manager said, "It is all about trying to reach a wider and more diverse audience to improve the issues with recruitment." We saw evidence within the social networks where people made contact with the provider expressing their interest and it created a platform where they could ask about the role to see if it was something they would be interested in. We saw numerous conversation threads of people making contact and asking questions about the role advertised. The provider had also implemented a services improvement board, with the main purpose to address feedback and areas of concern and ensure standards in practice met the requirements set out in the Care Quality Commission (CQC) inspection framework. We saw the terms of reference which highlighted that elected board members and representatives throughout the organisation met on a fortnightly basis to review the service. One of the registered managers said, "We want people to choose us as their provider so we are always striving for excellence."

The registered managers had robust internal auditing and monitoring processes in place to assess and monitor the quality of service provided. The registered managers had monthly meetings which covered areas such as staff supervisions, a review of each scheme, safeguarding issues and complaints. Specific audits of staff training, medicine administration record (MAR) sheets and quality observation visits were completed on a monthly basis and discussed every quarter. We saw copies of quality observation visits across three different schemes where registered managers checked a number of areas, including health and safety, quality of support plans and other care documents, staff training and finance records. We saw further evidence that the registered managers made contact with the scheme managers to ask for information relating to medicines administration, supervisions and number of formal complaints made against the scheme. One team manager told us that they were responsible for submitting outcomes of complaints to their line manager on a quarterly basis. We also saw records that showed that the service had planned to start carrying out monthly night inspections on schemes which had working night staff. We saw records showing the rota of services to be visited for the next four months. One of the registered managers added, "It isn't just to check on the staff, it's to give them support and let them know we are here to help."

The provider carried out an annual survey for people who lived in their schemes. It was produced in an easy read format and staff met with people to help them go through the questions. At the time of the inspection they were still in the process of collecting information from people so we looked at the outcome of the previous survey of what people had told the provider. The survey asked people about where they lived, the support they had and how they lived their life. We saw that 70 people had responded which was 11 more than the previous year. The survey covered areas such as being happy with the people you live with, choosing who supports you, the support you receive and being part of the local community. From the most recent annual survey, 62 out of 68 people were happy with the people they lived with. 61 out of 65 people said their staff team were good at their job. After each section the provider also gave information on how they could improve areas of support. For example, when asked about what people like doing, they said they needed to check what people liked doing more regularly.

All accidents and incidents were recorded and kept within each scheme. The team manager sent monthly reports to the registered managers to be discussed at team meetings. We saw evidence that when an incident or accident had been recorded, the relevant people had been notified and plans put in place to minimise the risk of it happening again. We saw minutes from team meetings across three services that

discussed the reporting of incidents and accidents to ensure all staff were aware of reporting procedures. We saw samples of completed forms, including copies of the reporting form which was sent to the local authority. We saw the notification framework of the service and that a summary was sent to the local authority and commissioners every quarter, with joint meetings every six months.