Isle of Wight Council

Westminster House

Inspection report

Westminster Lane
Newport
Isle of Wight
PO30 5DP

Tel: 01983526310
Website: www.iwight.com

Date of inspection visit:
19 October 2016

Date of publication:
07 December 2016

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on 19 October 2016 and was unannounced. Westminster House is a care home run by the local authority, which provides short term respite to people with learning disabilities. The home can accommodate a maximum of 10 people and on the day we visited there were three people staying. The accommodation was spread over two floors. All areas of the home were accessible via stairs. There were lounges/dining rooms on both floors of the home. There was accessible outdoor space from the ground floor. All bedrooms were for used for single occupancy and some had en-suite facilities.

The home was last inspected on 5 and 8 December 2015, when we found three of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and one breech of the Care Quality Commission (Registration) Regulations 2009. At this inspection we found improvements had been made in these areas.

There was no registered manager for the home. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run. The previous registered manager left the provider in June 2016. Since that time an interim manager who manages one of the providers other homes had been in place at Westminster House. The provider had not commenced recruitment procedures for a new manager and was unable to say when this would occur.

People and their families were positive about the interim manager but were concerned about upcoming reduction in the number of people who could stay at Westminster House. People and their families were worried about access and availability of respite services and were uncertain about their future respite arrangements. The provider had not ensured they were fully involved or informed about the proposals.

Risks to individuals and the environment were pro-actively assessed and managed. Staff were knowledgeable about putting measures in place to reduce risks. Incidents were analysed to identify triggers and causes with measures put in place to reduce the risk and likelihood of reoccurrence.

Peoples' care plans were person centred and included information about people's preferences, routines and prompts for staff to support people to maintain their independence. Care plans were reviewed regularly or when people's needs changed and were developed with people and their families.

Peoples' medicines were managed safely. A system of auditing and recording was in place to help ensure people received prescribed medicines. People health was monitored and the provider sought advice from health professionals when people required medical assistance.

People's dietary requirements and preferences were followed. Staff were knowledgeable about people's individual needs and guidance around people's specific requirements were clearly displayed in kitchen

areas to reduce the risk that they would be not being supported appropriately.

Staff followed legislation designed to protect people's rights and freedoms. Peoples' choice, privacy and dignity were respected and upheld.

There were a suitable number of staff working at Westminster House. They had a thorough knowledge of people and cared for them with kindness and compassion. Many staff had worked at Westminster House for a number of years and had formed strong working relationships with people and their families.

The provider had made improvements to ensure a system as in place to support staff through training and supervision. Further improvements were planned where staff would receive an annual performance based appraisal.

Staff were knowledgeable about safeguarding procedures and could identify the steps needed to help to keep people safe if they had concerns. The provider pro-actively displayed and promoted their safeguarding and whistleblowing polices. They were transparent in reporting significant events that happened in the home to relevant professional bodies and people's families.

People were supported to maintain friendships and access the community whilst staying at Westminster House. People were supported to attend their regular day activities whilst staying. In addition to this, the provider organised day trips out for people. Activities were tailored around people's likes and preferences and were a good opportunity for people to spend time with their peers.

Auditing and quality assurances processes were in place and resulted in improvements being made to the service and a safe environment for people to stay in.

The provider had a complaints policy in place which was clearly displayed and promoted within the home. People and their families knew how to make a complaint and felt confident their concerns would be listened too.

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 provider was safe

Risks relating to individuals were assessed and safely managed. Staff were knowledgeable about the measures needed to reduce risk whilst promoting independence and choice.

Medicines were managed safely. Systems were in place to monitor that people were receiving the right medicines

Staff were knowledgeable about safeguarding and were confident in taking appropriate action if they had concerns about people.

There were suitable numbers of staff employed who had the right skills and knowledge to support people. The provider followed safe recruitment procedures.

Is the service effective?

Good

The provider was effective.

Staff followed legislation designed to protect people's rights and freedoms.

Peoples' dietary needs were assessed and people were provided with a diet appropriate to their medical conditions and preference.

Staff knew how to meet people's needs; they were suitably trained and the provider was making improvements to ensure that staff received support, supervision and appraisal in their role.

People were supported to access healthcare services when needed.

The home provided a suitable environment for people who used the service.

Is the service caring?

Good

The provider was caring.

Staff had thorough knowledge of the people they supported and cared for them in a kind and compassionate way.

People were supported to maintain friendships and have access to the community.

Peoples' choice, privacy and dignity were respected and upheld. Staff encouraged people to maintain their independent skills and take an active part in the day to day tasks in the home.

Is the service responsive?

Good

The provider was responsive.

Care plans were regularly reviewed to reflect people's most current needs. Care plans included details about people's life histories and preferences and routines.

A complaints policy was in place and people knew how to complain.

The provider sought feedback from people and their relatives in order to make improvements to the service.

Is the service well-led?

Requires Improvement

The provider was not always well led.

The provider did not have a registered manager in place and had not taken action to commence recruitment of a new manager.

People and their families were positive about the interim manager but were concerned about upcoming changes to Westminster House which they told us they had not been fully informed about.

The provider notified CQC about significant events that happened in the care home.

Auditing and quality assurances processes were in place and resulted in improvements being made to the service and a safe environment for people to stay in.

Incidents were analysed to identify causes with measures put in place to reduce the risk and likelihood of reoccurrence.

Westminster House

Detailed findings

Background to this inspection

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

This inspection which took place on 19 October 2016 was completed by one inspector and was unannounced.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed previous inspection reports and notifications we had been sent by the provider. A notification is information about important events which the service is required to send us by law.

During the inspection we spoke with seven people who used the service or their relatives by telephone and two people who were staying at Westminster House at the time of the inspection. We also spoke with the provider's group manager, the interim manager, five care staff and the chef.

We looked at care plans and associated records for five people and records relating to the management of the service. These included staff duty records, staff recruitment files, records of complaints, accidents and incidents, and quality assurance records. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

The home was last inspected on 5 and 8 December 2015, when we found three of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and one breach of the Care Quality Commission (Registration) Regulations 2009.

Good

Is the service safe?

Our findings

At the last inspection in December 2015, we found the provider failed to ensure risks to people were identified and reasonable action taken to reduce those risks. The provider sent us an action plan telling us how they would ensure people were safe and individual risks would be managed. At this inspection we found improvements had been made and action had been taken to ensure risks to people were managed effectively.

People were protected from individual risks in a supportive way which promoted their choice and independence. All care plans included risk assessments, which were relevant to the person and specified the actions required to reduce the risk. These included the risks relating to falls, nutrition, moving and handling, epilepsy and fire evacuation. Staff knew the support each person needed to stay safe around the home and provided it whenever required. One person had detailed guidelines that staff followed to support them with their epilepsy. This included guidance for staff to follow if the person had a seizure and triggers that may bring on a seizure. This allowed staff to reduce these within the person's environment. It also detailed the use of a seizure monitor which alerted staff if the person was having a seizure. This enabled the person to spend time alone without staff supervision. Another person had difficulty accessing a minibus and was at risk of falling, but wanted to do this without help. Staff used encouragement and prompts to help enable the person to safely get on and off the minibus and reduced the risk of falling without the assistance from staff or manual aids. Risk assessments were regularly updated and changes were made after incidents or when people's needs changed.

The interim manager undertook environmental safety checks around the home. These included emergency evacuation equipment and temperature of the water from hot taps. These formed part of wider risk assessments for people to keep them safe. Staff received training in emergency evacuation procedures and were able to explain what they would do in the event of the alarm being raised. One member of staff told us, "If there was a fire I would try to safely help people out of the building as best I could. We have evacuation plan which we follow, they taught us about it in training". Emergency procedures were part of the provider's business continuity plan. This identified actions to take in the event of an emergency or disruption to the running of the home.

At the last inspection in December 2015 we found the provider failed ensure they deployed sufficient staff to meet people's needs. The provider sent us an action plan telling us how they would improve staffing levels to ensure people were supported by an appropriate number of suitable staff. At this inspection, we found improvements had been made and staffing reflected the needs of people using the service.

People and their relatives told us they felt there were adequate staff at Westminster House to meet people's needs. One relative told us, "Staffing is good, I have never had a problem booking, and there is always space there". Another relative said, "Whenever I phone up to book or visit, there are always staff there and they always says- we are free to book when we want". Staff told us rotas were completed two weeks in advance so they could plan ahead if people were on leave or absent. One staff member said, "As you can see, there are a few gaps (on the rota), but we already have staff to fill most of the shifts and if not the people on duty

tend to pick them up". Another member of staff told us, "Staffing can be an issue, but people never go short. There have been occasions where we have had to ring people up to ask them to rearrange their visits, but they understand and it's very rare". Staff were available to support people without appearing rushed. There were enough staff on duty, who were responsive to people's requests and were able to spend time talking to people about their day.

The interim manager told us that staffing levels were determined according to people's needs, "If there is a person who needs help from two staff, we put another staff member on so they are around for other people". They told us that the provider had reduced the number of admissions Westminster House took at any one time, which had resulted in staffing levels improving as the number of people decreased. Senior staff had an On Call system they could contact for support if staff were unable to work a shift as planned.

Recruitment processes were followed to ensure that suitable staff were employed to work with people. Recruitment files included: an application form with work history, references, right to work documentation, record that they had attended a competency based interview and also had a Disclosure and Barring Service (DBS) check before starting work. A DBS check helps employers make safer recruitment decisions by identifying applicants who may be unsuitable to work with vulnerable adults.

People felt safe at Westminster House. One person told us, "I like it here", another person said, "Yes it [Westminster House] is good". Many people had been using respite services at Westminster House for a number of years. Their relatives told us consistently that people felt happy, safe and comfortable in the home and with staff. One relative told us, "[My family member] feels very safe there, many of the staff have known [my family member] for a long time and know how she reacts to things". Other relatives told us, "They [my family member] always ask me when they can next go back, it's fantastic really", and, "[My family member] wants to move in there, they absolutely love it".

Staff had the knowledge to respond appropriately to people's concerns in order to keep them in a safe environment. All staff had received training in safeguarding which helped them identify the actions they needed to take if they had concerns about people or concerns had been raised to them. One member of staff told us, "There have been a few incidents where I have needed to speak to a manager in the past. If I am worried about something I have seen or has been said to me, then I need to raise it". Information about how to report a safeguarding concern was clearly displayed in communal areas of the home and was presented in a format suitable for people who used the service. This helped people know how to report concerns. Records of incidents showed appropriate action had been taken and by contacting relevant local authority safeguarding bodies after potential safeguarding concerns had been raised. The provider had taken action to prevent incidents happening again in the future. For example, kitchen utensils were removed from an unused kitchen area on the first floor after an incident involving two people. This reduced the risk of altercation between people without restricting their access around the home.

People's medicines were managed so they received them safely. Staff showed us how they checked people's medicines and updated records to ensure they were up to date when people were admitted for each period of respite care. The amount of medicine people brought with them was recorded which enabled auditing to occur to check people had received their medicines as prescribed. Each person's medicines were individually stored and clearly labelled to keep them separate from other people's medicines. Medicines administration records (MAR) were audited after each administration. This helped ensure that any errors of missed or incorrect administration were picked up quickly, so medical advice could be promptly sought. Peoples' care plans clearly identified how people liked to take their medicines and also if they required any 'when required'' (PRN) medicines for pain or anxiety.

Good

Is the service effective?

Our findings

At the last inspection in December 2015 we found the provider failed to ensure staff were appropriately supported through supervision and appraisal. The provider sent us an action plan telling us they would instigate a system of regular supervision and appraisal to support their staff. At this inspection we found that improvements had been made to staff's access to regular supervision, however, many staff still had not received an annual appraisal.

Staff members had access to supervision. One member of staff told us, "It has got a lot more regular, we are more focussed now on making sure supervisions are regularly done". Staff all confirmed that they regularly received supervision and felt they were a good opportunity to discuss any issues they had. Records of supervisions staff had with senior staff included discussions about wellbeing, job performance, training needs and areas for professional development. The interim manager told us that improvements still needed to be made to ensure that people received an annual appraisal and showed us plans to ensure that staff received an appraisal in the coming few months. One staff member told us, "It's a work in progress, we have got the supervisions running smoothly and the appraisals will come next". All staff we spoke to felt well supervised in their role and were happy to raise any issues with senior staff or the interim manager.

Relatives of people using the service told us they felt the service was effective, staff understood people's needs and were skilled in supporting them. One relative told us, "[Family member] absolutely loves it, he knows the staff really well, they are a really important part of [my family members] care". Another relative told us, "They [staff] know [my family member] so well; they can tell if he is happy, if he needs space. If he gets agitated, they know how best to support him and what to do".

Staff received effective training specific to the needs of the people staying at Westminster House. They were knowledgeable about the people they worked with and how to effectively support their health and wellbeing. New staff received training that was in line with the Care Certificate. This is awarded to staff that complete a learning programme designed to enable them to provide safe and compassionate care to people. There were arrangements in place to ensure staff received an effective induction into their role. New staff worked alongside more experienced staff in order to build up their skills and confidence working with people. Senior staff were available during the day hours to assist staff who came to help from one of the providers other services if the home was short staffed. Where people had specific health or medicines needs, additional training such as administration for specialist medicines had been arranged in order for staff to be able to safely meet people's needs. Training was regularly updated to ensure staff had up to date knowledge and skills to safely support people.

People's legal rights were protected as staff followed the principles of the Mental Capacity Act (MCA) 2005. 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 MCA 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 decisions made on their behalf must be in their best interests and as least restrictive as possible. Some people had a cognitive impairment and assessments showed they were not able to make

certain decisions, such as the decision to stay at Westminster house for long term respite. The interim manager told us that in this situation a best interest's decision was made with person, their family and health professionals and it was agreed that the person would stay at the home.

Staff asked people for their consent prior to providing care or support. Staff told us care plans stated which decisions people were able to make themselves and also ways in which staff could support them to make a decision. For example, one person who had limited communication had a set of 'key words' which they used and understood. This helped staff enable them to communicate choices and give consent for care. Staff told us another person will quite often say 'no' to a question as it's their instinctual answer, but they made sure they asked the question again or re-phrase it to help enable the person to make a decision when asked.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Nobody using the home was currently subject to a DoLS. The interim manager understood when an application would be necessary and was aware how to make one as the provider had previously done so for a person who no longer uses the service.

People were supported to have a balanced and healthy diet at Westminster House. One person told us, "The food here is good". A relative told us, "[my family member] needs encouragement and cajoling to eat, but staff are able to offer that support so they are well nourished". Some people had medical conditions such food allergies or diabetes which meant they required specialist diets. Staff were knowledgeable about peoples' specific dietary requirements and guidance was clearly displayed in the kitchen and in people's care plans. A member of staff told us, "We are really conscious of people with specialists diets, although we [staff] all know what they need, it helps that information is displayed in the kitchen so it reminds us". People were given a choice about their meal, they were asked individually about what they would like and were able to help out with food preparation if it was safe for them to do so.

People were supported to maintain good health and had access to appropriate healthcare services. A relative told us, "If there are any updates in her health, they always keep me informed about any changes like if [my family member] needs to see a Doctor". Staff told us that they would call to get a handover from families or day services when people arrive at Westminster House to identify any health issues and would contact local doctor's surgeries or emergency services if people required medical assistance.

The environment in the home was supportive of the needs of the people using the service. Communal areas were well lit, spacious and uncluttered. This enabled unrestricted access for people who used wheelchairs or were visually impaired. Signs with pictures helped identify rooms such as bathrooms, toilets and bedrooms. This helped become navigate around the home and orientate themselves with their surroundings. Rooms were simply furnished, but the provider encouraged people to bring personal belonging such as pictures when they stayed. This helped to make the environment more personal and familiar to people.

Good

Is the service caring?

Our findings

Staff developed caring and positive relationships with people. One person told us, "Staff are good to me". Relatives were consistently complimentary about how people were treated with kindness throughout the service. They told us, "The staff have known [my family member] for so long now, they have become like friends to them", and, "Staff are absolutely smashing, [my family member] is cared for very well". Another relative told us, "The staff are wonderful, they are really lovely. I have never had an issue with them and appreciate all they do".

Staff treated people with dignity and respect. Many of the staff had worked at Westminster House for a number of years and spoke with warmth about the people using the service. Staff showed concern for peoples' wellbeing and cared for them in a meaningful way. In many of the interactions we saw, staff were engaging people using encouragement and humour, using their in depth knowledge about people's likes and preferences to engage them in activities and tasks. The provider had displayed a 'Dignity Charter' in communal areas of the home. A dignity charter is a code of conduct the provider had signed up to which helped staff promote principles of dignity in care. Staff told us they learnt about ways to promote dignity in training and supervision. One staff member said, "It's about making sure we are all doing the same things and are giving the best care possible". The provider also had a policy in place to ensure equality and diversity were promoted in the home. The interim manager told us, "All staff work in a non-discriminative way and they respect the service user's values and beliefs, staff do not allow their own values and beliefs to influence those of service users. Dietary requirements are listened to and respected if link to a service users cultural belief. In some service areas service users are supported to attend church on a regular basis".

People and where appropriate, their families were involved in discussions about developing their care plans. On relative told us, "They will always call me to update me when [my family member] gets home, sometimes we give suggestions about things and they usually listen". A staff member told us, "We like to get the families involved with care planning, they know people best and working together means we can find the best way to support them [people]".

People were supported to maintain relationships with important people in their life and have links to the local community. Relatives told us that their family members were encouraged to participate in local groups and clubs during their stay at Westminster House. On relative told us, "Many of the people there [Westminster House] attend the same day services and it's nice that they can go as a group". Another relative told us the provider encouraged friendships between people by offering day outings during their stay, "People want to be with their peers, develop friendships and do different things together, I think the staff encourage that".

Staff respected people's choice and privacy. People had free access to move about the home as they pleased. There were communal areas on both floors, which meant that people were able to retreat to quieter areas of the home without having to go to their rooms. Staff told us that they made sure they knocked on people's doors before entering, and that people were always supported with their personal care away from communal areas with doors shut to maintain their privacy. People's preference for when they go

to bed was detailed in their care plans. Some people went to bed in the early evening, whilst other people chose to stay up later. A member of staff told us, "Everyone's different. They can go to bed whenever they want. We have staff on so it's no problem if they want to stay up late. We always encourage people to go to sleep at a reasonable time if they have something on next morning, but other than that, we leave it up to them". People's preference for male and female staff during personal care was clearly identified in their care plans. The provider sat with people individually to go help people express their wishes in this matter. People's daily records reflected these choices being respected.

Staff worked with people to maintain their independence. Relatives told us, "Yes, they try to get [my family member] to do as much for themselves as they can', and, 'It's good for [my family member], I think they see it as some independence away from home. I think it encourages [my family member] to try different things and be a bit more adventurous. Staff seems to understand this and don't mother him". For example, regular temperature checks on hot water taps helped ensure that water temperature did not exceed a certain heat. This meant that some people who did not have an awareness of hot or cold could continue to bathe independently of staff when they wanted to. Other people were encouraged to help with the day to day running of the house with tasks such as cooking or planning trips out for people using the service.

People's personal information was kept confidential and stored out of sight away from communal areas of the home. When staff needed to discuss aspects of a person's care this was undertaken away from communal areas to ensure that people's personal information was kept private.

Good

Is the service responsive?

Our findings

At the last inspection in December 2015 we found the provider had failed to ensure that peoples' care plans were accurate and reflected their current needs. The provider sent us an action plan telling us how they would review people's care plans and put a system in place to assess and monitor changes to their needs. At this inspection, we found improvements had been made.

Care plans were detailed about people's medical history, health needs and life history. They included information for staff to monitor people's health and wellbeing. One person's care plan had recently been updated to include support guidelines to help enable the person to access the community with support. Another person's care plan had recently been updated as their medicines had changed after visiting the doctor.

People's needs were reviewed regularly and as required. Senior staff told us, "Over the past six months especially, the Duty [senior] staff have been given the responsibility to review people's care plans, we started by reassessing people with the highest needs as they came in for their respite and it has carried on from there. We now keep on top of our assigned list of people and will review care plans when things change".

People and if appropriate their relatives were involved in reviewing care plans. One person told us, "Yes, I am [involved in reviewing my needs]". A relative told us, "When [my family member] last stayed [at Westminster House], [staff member] went through a review with us. [My family member] was involved as much as they could be. It was made simple so it was not hard to understand". A member of staff told us, "We always try to give choices to people when it comes to reviews".

Care plans gave guidance for staff to support people to maintain their independence. People's preferences and routines were detailed for aspects of daily living including; washing, dressing, eating, drinking and activities. Guidance in these areas clearly identified which areas people would like support with and which areas they would like to be encouraged to complete independently.

The families of people using the service told us they felt the service was responsive to their relative's needs. One relative told us, "Nothing seems a trouble to staff, they do the best they can [for my family member]". Another relative told us, "I tend to talk to the Duty staff (senior staff); they are very on the ball with the day to day running of the place and can get things done quickly without fuss". One person was supported to have an Occupational therapy assessment done after staff were finding it difficult to support them to transfer from their wheelchair. This resulted in the person being given an adapted sling to use when staff supported them with the aid of a hoist.

People were supported to take part in a wide range of activities in line with their interests. People and their relatives told us that staff at Westminster House were knowledgeable about their likes and dislikes and were able to tailor activities to suit them. One person told us, "I like going on the bus with staff". A relative told us, "They always seem to be off doing something; I look forward to hearing about it all when [my family

member] gets home".

There was a policy and systems in place to deal appropriately with complaints. People and their relatives told us that they knew how to complain to the provider and felt comfortable doing so. A complaints policy was displayed clearly in the entrance to the home. This gave details of how people could make a complaint and to whom. This policy was also displayed in a format suitable for people using the service enabling them to understand the policy and make a complaint if necessary. The interim manager told us the steps they would take to deal with a complaint. Records showed that complaints made were dealt with promptly, with the provider investigating issues and openly feeding back to people with findings and areas of learning from events.

The provider sought feedback in order to make improvements to the service. Due to the short nature of peoples stay, the interim manager told us that they sought feedback from people and their families after each stay at Westminster House. Senior staff told us, "I will usually phone the families after somebody has stayed. It helps getting that feedback, so we know if anything needs changing next time". One person fed back about the choice of meals being limited. This resulted in a wider range of meal options being available for the person during their next stay. Another person fed back that they were not comfortable being supported by male staff. As a result, the provider had consulted all people and their families to establish a gender preference for the staff that supported them with their personal care. The interim manager was planning to send out questionnaires to people and their families asking for feedback about the service. She told us getting formal feedback is important because, "At least the stakeholders will feel valued and their opinions are listened to".

Requires Improvement

Is the service well-led?

Our findings

At the last inspection in December 2015 we found the provider had failed to notify the Care Quality Commission (CQC) without delay about some incidents of abuse or allegations of abuse in relation to people. The provider sent us an action plan detailing how a system would be put in place to ensure that all significant incidents were reported to CQC in a timely manner. At this inspection, we found that improvements had been made and the provider had met the requirements of this regulation.

The provider did not have a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The previous registered manager had left in June 2016. Since that time, the interim manager and two other managers from the providers other homes had taken on the role of managing Westminster House. The providers Group Manager could not confirm that a permanent manager had been appointed who would be making an application to CQC to register as manager.

People and their families had mixed views about how well led the provider was. They were positive about the interim manager, but were concerned about plans to restructure the home and reduce the number of beds available at Westminster House. One relative told us, "Yes, I have met the manager, she is very good, and she tells you as much as she can about the situation. I just hope this all doesn't affect [my family members] ability to use respite services". Another relative told us, "I think the new manager and staff have done as well as they can in a difficult situation". Other relatives told us, "The uncertainty in the home makes it difficult to plan things, its awful what's going on, I have never formally been told about what's happening and I need to know what the arrangements are so I can start planning", and, "I definitely believe they could have done more to tell us about what was happening with the place [Westminster House]".

The interim manager told us that they had arranged a meeting with people and their families to go through plans for upcoming changes to Westminster House. They told us, "There is also a planned meeting this week for the families of the service users with more information on the future and how the new booking system is going to work, which will also give all families a little more reassurance".

At our last inspection in December 2015, we recommended that the provider sought advice on adopting the latest best practice guidance in respect of monitoring the quality and safety of the service provided. In this inspection we found that improvements had been made. The interim manager showed us records of regular audits of: infection control, health and safety, fire evacuation and emergency equipment, medicines and other maintenance areas for the building. This all helped ensure that the quality and safety of the service was regularly assessed and reviewed, with necessary actions taken when required.

The interim manager felt well supported by the provider. They told us that they were supported by the group manager with the day to day management of Westminster House. They kept up to date with their knowledge through internal training from the provider and sharing of information and knowledge from

internal meetings with other management staff.

Staff were kept informed about changes in the home and were asked their opinion about how to improve the service. Staff were positive about the interim manager and felt that noticeable progress had been made to the running of the service since our last inspection in December 2015. One member of staff told us, "We are allowed to do a lot more now, take more responsibility and as a result, more gets done." Many staff were concerned about the upcoming changes to Westminster House but told us that the interim manager kept them updated with events. One member of staff told us, "I think we are told everything as they [management] are told things, but it's still unsettling. I just hope there is a place for people to go to respite and we all still have a job".

The provider had a whistleblowing policy in place which was clearly displayed in the communal areas of the home. This gave details of external organisations which people and staff could raise concerns to. Staff were knowledgeable about the whistleblowing policy and were confident in following it if required. One staff member told us, "There are plenty of places I could report concerns to, CQC for one".

Staff received feedback about their working performance. The interim manager told us that staff had formal observations to help ensure they were working to expected levels and behaviours. They told us that they had recently conducted a series of unannounced visits to the home overnight to check the wellbeing of night staff and quality of their work. They told us, "The 3 a.m. spot checks helped us pick up some issues with staff, I think it shows we are willing to go the extra mile to make sure things are done correctly".

Incidents were analysed to promote learning and reduce risk of reoccurrence. The provider was open and transparent to people, families and other stakeholders when incidents occurred. Reports and analysis of incidents showed that the provider looked for triggers and causes of incidents and put measures in place in order to reduce the chance of them reoccurring. One incident where a person became highly anxious resulted in the person's risk assessment being updated as particular triggers to their anxiety had been identified from this and other incidents. Another incident where a person wandered into another person's room resulted in closer support from staff around transitions between activities and regular checks to ensure the person and others were safe.