

MCCH

# Salisbury Road

## Inspection report

22-23 Salisbury Road  
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17 November 2017  
28 November 2017

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

This inspection took place on 13, 17 and 28 November 2017 and was announced. The provider was given 24 hours' notice because the location was a small care home for younger adults who are often out during the day; we needed to be sure that someone would be in. One inspector carried out this inspection.

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

Salisbury Road accommodates six adults with learning disabilities and autism in a two storey building. The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People and their relatives felt the service was safe. There were enough staff on duty employed through a safe recruitment process to meet people's needs and keep them safe. Staff knew the procedures for reporting safeguarding concerns and whistleblowing. People had risk assessments and risk management plans to enable them to receive safe care. Building safety checks were conducted to keep people and visitors safe. People received their medicines correctly and as prescribed. The provider ensured infection control measures were in place to protect people from the spread of infection.

The provider carried out care needs assessments before a person began using the service to ensure their care needs could be met and to inform the care planning process. The provider was aware of their responsibilities under the Mental Capacity Act (2005) and staff were knowledgeable about how to obtain consent.

Staff received support through training and new appointed staff received an induction. People were supported in a sensitive manner when they encountered discrimination whilst out in the community. Staff were also supported through regular supervisions and appraisals. People participated in the weekly menu planning and were supported to eat a nutritionally balanced diet. The service had effective systems in place for joint working with health and social care professionals. People also had access to healthcare support when needed.

People and relatives thought staff were kind and caring. Staff were knowledgeable about people's care

needs and how to develop a caring relationship with people when they first began to use the service. Relatives gave positive feedback about communication from staff about their family member. Staff told us people and their relatives were involved in decision-making. Staff were aware of the processes to follow to support people with their relationship needs whilst keeping them safe. People's privacy, dignity and independence was supported and promoted.

Staff were knowledgeable about how to provide a personalised care service. Care records were detailed, containing people's care preferences. Records also contained information on people's communication needs. People had access to a range of indoor and outdoor activities. The provider had a complaints process and relatives knew how to make a complaint. People had end of life care plans which took into account the views of their representatives.

Staff and relatives spoke positively about the management of the service. The provider had systems in place to obtain feedback from people who used the service and their representatives in order to improve the service. People who used the service had regular meetings. Staff also had regular meetings to keep them informed on service development and to update them on training topics. The provider carried out regular quality checks to ensure any identified issues could be resolved.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe. The provider had enough staff on duty to meet people's needs. Staff were knowledgeable about what actions to take if they suspected somebody was being abused.

People had risk assessments carried out regarding their care and support at home and in the community. Building safety checks were carried out in line with building regulations. The provider had safe recruitment procedures in place to ensure staff were fit to work with people.

Medicines were managed safely and people received their medicines as prescribed. People were protected from the risks associated with the spread of infections.

Good 

### Is the service effective?

The service was effective. People's care needs were assessed before they began to use the service so that the service could ensure they could meet their needs.

Staff were supported with regular training opportunities, supervision and appraisals.

People were provided with a nutritional and varied menu which reflected their food choices and dietary requirements. People had access to healthcare as required.

The registered manager and staff were aware of their responsibilities under the Mental Capacity Act (2005), Deprivation of Liberty Safeguards and the need to obtain consent before delivering care.

Good 

### Is the service caring?

The service was caring. People and their relatives told us staff were kind and caring. Staff were knowledgeable about people's care needs and how to develop caring relationships with people

Good 

who used the service.

The registered manager and staff kept people and their representatives informed about important events and involved them in decision-making.

Staff were knowledgeable about equality and diversity including supporting people with their relationship needs. Staff were knowledgeable about promoting people's privacy and dignity and maintaining people's independence.

### **Is the service responsive?**

**Good** ●

The service was responsive. Staff were knowledgeable about providing personalised care. People's care files included information about their preferences.

The service offered a range of activities to suit people's individual requirements.

Relatives knew how to make a complaint and were happy with how complaints were dealt with.

People had end of life care plans so their wishes and those of their representatives could be taken into account at the end of their life.

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

**Good** ●

The service was well led. The service had a registered manager. People who used the service were comfortable and happy when the registered manager was around. Relatives and staff spoke positively about the registered manager.

The provider had systems to obtain feedback about the quality of the service from people using the service and their representatives. People who used the service had regular meetings so the provider could check they were happy with their service.

Staff had regular meetings to update them on service development and to update learning. The provider had various audit systems in place to check the quality of the service provided.

# Salisbury Road

## 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. We wanted to check that the provider had made improvements on the breach identified at the previous inspection.

This inspection took place on 13, 17 and 28 November 2017 and was announced. The provider was given 24 hours' notice because the location was a small care home for younger adults who are often out during the day; we needed to be sure that someone would be in. One inspector carried out this inspection.

The provider registered for this care service changed from Autism London to MCCH on 21 November 2016. This was the first inspection since the change in registration. We usually ask providers to complete a Provider Information Return (PIR) annually. 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. At the time of this inspection the provider had not been asked to complete a PIR because they had not been registered for the service for a year. We took this into account when we inspected the service and made the judgements in this report.

Before the inspection, we looked at the evidence we already held about the service including notifications the provider had sent us. A notification is information about important events which the service is required to send us by law. We also contacted the local authority to obtain their views about the service.

During the inspection we spoke with the registered manager, the deputy manager and three care staff. We also spoke with two people who used the service and one relative. We observed care and support in communal areas and 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. We reviewed two people's care records including risk assessments and care plans and six staff records including recruitment, training and supervision. We also looked at records relating to how the service was managed including medicines, policies and procedures and quality assurance documentation. After the inspection, we spoke with two more relatives.

# Is the service safe?

## Our findings

Relatives told us they were confident their family member was safe at the service and there were enough staff on duty to meet people's needs. One relative told us, "There always seems to be [enough staff]." Another relative said, "There usually seems to be." Staff confirmed there were enough staff on duty. The service used the provider's own bank of staff to cover staff absences. Observations during inspection showed nobody had to wait long for assistance. Records showed there were enough people on duty to meet people's needs.

The provider had safeguarding and whistleblowing policies which gave staff clear guidance on what to do if they suspected a person using the service was being abused. Staff were knowledgeable about their responsibilities about reporting any such incidents. One staff member told us, "Report to line manager, you can call the head office. There's a whistleblowing number by the door you can call. You can call the police or the council. You can let the CQC know about it." Another staff member said, "I will inform my manager, the GP, the police, the on-call, safeguarding team and I would call you [CQC]."

At the time of this inspection there had been no safeguarding incidents. We spoke to the registered manager about how he ensured people were protected from abuse. The registered manager told us, "Through training, supervision, team meetings, guidelines and risk assessments. Staff have an on call number for MCCCH they can call. [People who used the service] always have a staff member with them when they go outside [into the community]. If there was safeguarding I would notify the [local authority] safeguarding team and CQC." This meant the provider had systems in place to safeguard people from abuse.

People had risk assessments as part of their care plans regarding their care and support needs and accessing the community. Risk assessments included clear actions for staff to mitigate the risks people faced. People's risk assessments included their personal care, using the shower or bath, doing domestic tasks, and using the house vehicle.

For example, one person was assessed as being at risk of being trapped if they locked themselves in their bedroom. The control measures included, "Staff to regularly check on [person] when he is in his bedroom to ensure that his door is not locked and he is safe. The designated responsible person on duty must carry the master key on them at all times in case of an emergency and door needed to be opened from the outside."

People who had behaviours which may challenge the service had a behaviour support plan in place. These plans gave staff clear guidance about how to recognise when things are going well for the person, when their negative behaviour might occur, details of the behaviour and what to do after an incident. For example, one person's support plan indicated that they would smile, laugh, tap staff hand or tap their own stomach when things are going well. This person's response guidelines for behaviour that may challenge the service included, "When behaviour happens, staff to observe [person], reassure him or give [person] space for a while and come back to him as he might calm down at that point of time. Staff to offer [person] a cup of tea." This meant the provider had taken steps to mitigate the risk of harm to themselves or others that people might come into contact with.

Building safety checks had been carried out in accordance with building safety requirements with no issues identified. For example, the five year electrical installation check was done on 16 May 2014 and portable appliance testing was completed on 21 December 2016. Records showed there was a detailed fire risk assessment in place which was reviewed on 20 April 2017. This meant the provider had taken reasonable steps to ensure the premises were safe for people using the service and visitors.

The provider had a process in place for recruiting staff that ensured relevant checks were carried out before someone was employed. Staff had produced proof of identification, confirmation of their legal entitlement to work in the UK and had provided written references. New staff had undergone criminal record checks to confirm they were suitable to work with people and the provider had a system to obtain regular updates to check their continued suitability. This meant a safe recruitment procedure was in place.

The provider had a comprehensive medicines policy which gave clear guidance to staff of their responsibilities regarding medicines management. Medicines were stored appropriately in a locked cabinet. We checked the medicine administration records (MAR) and saw appropriate arrangements were in place for recording the administration of medicines. Staff had signed to say the medicines had been administered. There were no gaps in signatures, indicating people had received their medicines as prescribed. Records showed medicines were given to people by appropriately trained and competent staff.

Guidelines were in place for staff to follow when administering 'pro re nata' (PRN) medicines to people. PRN medicines are those used as and when needed for specific situations. Records showed PRN medicines had been administered and signed for as prescribed. The provider had a system of checking how much medicine was in stock. We checked the amount of medicine against the stock check sheet and found no discrepancies. This meant the provider had a system in place to ensure that people received their medicines safely and as prescribed.

The provider had an infection control policy which gave guidance to staff on how to prevent the spread of infection. Records showed that staff had received training in infection control. The home was free from malodour. Staff confirmed they were provided with sufficient personal protection equipment such as gloves and aprons to provide care. One staff member told us, "Yes we have more than enough." This meant that people were safeguarded from the risk of the spread of infection.

The service had a folder to record accidents and incidents. The registered manager told us there had not been any accidents or incidents since the change in the service's registration. The registered manager explained the actions they would take in the event of an accident or incident which included reporting to the local authority and CQC and discussing with staff in team meetings so that lessons could be learnt.



## Is the service effective?

### Our findings

Care records showed that each person had an assessment of their care needs before they began to use the service. The registered manager told us, "We gather information about the person from people involved in their life previously. Get a history, speak with the family. People visit the house before they move in."

Relatives confirmed they were involved in the care needs assessment for their family member. This meant that people's needs were assessed and important information about the person could be captured to inform the care planning process.

Relatives told us that staff had the skills needed to provide care to their family member. One relative told us, "Yes, definitely." Another relative said, "Yes, certainly some of the carers are really good."

Staff confirmed they received regular opportunities for training. One staff member said, "We always have training. We do some online [training]. They let you know if it expires. It is useful." The training matrix showed that staff were up to date with a range of training including safety related training such as moving and handling, first aid, fire safety and food hygiene. New staff received an induction which consisted of class based training at the head office including safety related subjects for one week and at the service reading care plans and shadowing experienced staff for a second week. This meant people using the service were supported by suitably qualified staff.

Records showed staff received training in equality and diversity and staff confirmed this was the case. One staff member told us, "The best bet is to give everybody equal rights. You have to treat everybody as you want to be treated." Another staff member said, "The way we are treating them the same way and we respect them. We are very close to them and we protect them."

Staff were knowledgeable about ensuring that people who used the service were not discriminated against. One staff member told us that at times, when in the community with people who used the service, they sometimes faced negative reactions from members of the public. This staff member said, "If it is needed you challenge the person who is discriminating. When you are challenging you have to do it in a polite manner." The above meant people were provided with care from staff who were skilled in promoting equality and responding to discrimination.

The provider had detailed policies for supervision and appraisals which were included in the staff handbook. Staff confirmed they received regular supervisions and appraisals with their line manager and they found these meetings useful. Records showed that staff received supervision every two months in line with the policy where individual staff performance, development and support were discussed. The provider had an appraisal system in place which enabled staff and their line manager to reflect on performance and development in the last year and to plan for the next twelve months. Records showed the appraisal meetings were known to staff as "Best I can be" and were designed to encourage continuous improvement in performance. This meant the provider ensured staff received the support needed to carry out their role effectively.

Staff told us people were offered choices of food and drink. One staff member told us, "Normally that is what we do. Particularly in the morning we put all different cereal for them and they point to what they want. Every Wednesday they normally have a take-away and they pick from pictures what they want." Another staff member said, "We give them choice. We do the menu according to what they want. One person will tell you, others will go by the pictures."

Records confirmed that people chose what they wanted to eat during weekly meetings where people were showed pictures of meals and the menu for the week was prepared. Menus were varied and nutritious. Food was stored appropriately in the kitchen and was plentiful. This meant people were provided with nutrition that met their dietary requirements and personal choice.

Staff confirmed that any change in people's needs was communicated to them. One staff member said, "Handover is very good. We put the [people who use the service] first and everything that happens we tell [other staff]." Another staff member told us, "Yes definitely, the handing over is very, very important. We involve the GP or the learning disability team when a person's needs change and they come to do an assessment." Records confirmed this was the case.

Staff also told us they supported people to maintain their health. One staff member told us, "We need to watch them [people who used the service]. If there is any change, we just book an appointment with the GP and we go with them." Another staff member said, "We will make the appointment, take the [person] and we write a report about the appointment." Records confirmed this was the case. The above demonstrated the provider worked effectively with other professionals to ensure people's health and social care needs were met.

One relative told us their only concern was how their family member would manage the stairs when they grew older. The building was laid out across two floors with bedrooms accessible by a staircase. The registered manager told us that the staff office was moved to the first floor so the room downstairs could be used for one person who had mobility difficulties. The registered manager also told us the provider was aware of the limitations of the building and was exploring the option of moving the care home to alternative premises that would be more suitable in the future.

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

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. At the time of this inspection two people were under legally authorised DoLS and four people had applications awaiting a decision because they required a level of supervision that may amount to their liberty being deprived. Care records showed assessments and decision making processes had been followed correctly.

Staff demonstrated an understanding about MCA and DoLS. One staff member told us, "MCA is done when someone cannot decide on their own and need someone to assist them. If you don't give choices you are

depriving them of their liberty. You need their consent for everything. Another staff member said, "We are here to help them. I always ask for consent." This staff member explained how people using the service were being safeguarded in a way which amounted to their liberty being deprived, such as, "They put a number lock on the door."

Staff confirmed they had training on how to restrain a person who used the service when they had behaviours that challenged the service. However, staff told us that they did not need to use restraint in this service. One staff member said there was a risk of one person self-harming so staff were trained in the use of restraint in case they needed to intervene. This staff member explained that there was no need to use restraint because the risk was mitigated. The above meant the provider was knowledgeable about what was required of them under MCA legislation.

## Is the service caring?

### Our findings

One person told us staff were caring and they liked living in the care home. Another person showed us on the staff rota who their favourite staff were. A relative told us, "Staff are caring and pretty helpful." Another relative said, "They certainly are kind and caring. [Family member's] got a very good relationship with all the staff." A third relative told us, "Yes they are [kind and caring]"

Staff described how they got to know people who began to use the service. One staff member told us, "You first go through the care plan and get to know them very well. Talk to the staff who worked with them before. There is a transition period. Research what activities are available in the area." Another staff member said, "When they move, they move in with their care plan so you read about them from the care plan; what they like, their medication. Get information from the parent or other staff who have worked with the person. We have to be passing information to each other."

The provider operated a 'keyworker system' where each person who used the service had a named care worker responsible for their wellbeing. Staff told us this meant the keyworker had a closer relationship with the person they were assigned to and had a closer link with the person's family or representatives. Records showed keyworkers had a weekly meeting and spent one to one time with the person they were assigned to and were responsible for overseeing the person's care and health appointments. This meant people were familiar with the staff supporting them and staff were able to get to know people's needs well.

Relatives told us staff at the service kept them informed about important events. One relative told us, "They will call me but new staff need to be told to call." Another relative said, "Always. Yes they do [keep me informed]." A third relative told us, "Yes. They've got stronger and stronger at communicating. They always keep me involved."

Staff told us they involved people who used the service and relatives in decision-making through best interests meeting. Staff told us they used pictures to involve people who were non-verbal. One staff member told us, "We involve the parents in every decision about them. We do residents meetings and we ask them one by one." Another staff member said, "We involve them [people who use the service]. We will call and discuss with the relative."

We asked the registered manager and staff how they supported people with their relationship needs and those relating to their sexuality. The registered manager and staff told us that at the time of this inspection people who used the service did not need support in this area. We asked the registered manager and staff what they would do if a new person moved in that had sexuality needs. The registered manager said, "We would speak to the local authority for signposting. We would speak with the local authority OT [occupational therapist] and other specialists for information and guidance." One staff member told us, "An expert would come in to assess [person] and they would know what to do. They would give the advice." Another staff member said, "We would put everything in place and it's about making it safe." This meant staff were aware of supporting people's needs around relationships whilst keeping them safe.

During the inspection we observed positive interactions between people using the service and staff. There was a warm and calm atmosphere and people were observed smiling and laughing at staff interactions with them. People were observed to be comfortable and relaxed in the presence of staff and the registered manager.

Staff were observed to knock on people's doors before entering their rooms. The provider had a dignity in care policy which gave clear guidance to staff on respecting privacy and dignity. Staff described how they promoted people's privacy and dignity. One staff member told us, "When giving personal care, the door must be locked. The window and blinds are closed." Another staff member said, "We normally cover them. The door is always locked behind us. Close the curtains." The above demonstrated people were provided with a service that respected their privacy, dignity and diversity.

Staff demonstrated awareness about maintaining people's independence. One staff member told us, "By allowing them to have their choice. Before you make any decision you inform them but let them do what they can themselves. If they cannot do something then you step in." Another staff member said, "We give them all choice and we respect them. We always make sure on shift there is female staff to help the female residents. We have to respect their choice." This staff member gave an example of promoting a person's independence, "I can ask [person who used the service] to take the bin out. Show them what to do. They can put their plate into the dish washing machine when they finish eating." This demonstrated people were supported to maintain their independence.

## Is the service responsive?

### Our findings

Staff confirmed they were aware of people's preferences. One staff member gave an example about one person, "Yes, if you don't allow [person] to choose, [person] would not like it." Another staff member told us, "It's about the person. One person will choose to have a lay-in bed later in the morning. Another person chooses to clean their teeth before eating breakfast."

Care records were detailed, personalised, pictorial and documented people's preferences. For example, one person's care file stated, "I like to eat my cultural foods of rice, peas and chicken, and I like to eat my meat from the bone. I also enjoy my hot drinks, biscuits and chocolate. I like going to the farm. I like to help with house chores. I like my personal space."

Care plans contained a one page profile which described what people liked about the person, the activities the person liked and important information people needed to know about the person. For example, one person's one page profile stated, "I'm friendly. I have a great sense of humour. I socialise with everyone. I am very peaceful. I am very helpful, I am non-verbal and can communicate with gestures."

Records also contained details about the person's communication needs. One person's care file stated, "I would like to be communicated to away from other [people] and in my bedroom preferably on a 121 level as I can be distracted when I see or hear other things happening." This person had a communication passport which described how to recognise the particular emotion the person might be feeling and how to respond. For example, a picture of an angry emotion face had the description, "[Person] will make loud noise, scream and even break personal belongings. Try to talk to [person] and ask why [person] is angry and what is making [person] feel this way. Reassure [person], offer choices." The care plan gave further details about how to reassure the person and support them to feel happier. The above meant people's care was individualised and tailored in accordance with their choices and preferences.

Relatives told us activities had been cut back at the service. The registered manager told us outside activities such as local college courses were no longer available to the people using the service. At the time of inspection, the registered manager was carrying out research to find local alternative activities. The registered manager told us that so far they had found an alternative centre for two people using the service to participate in patchwork and quilting and art sessions. The registered manager said they would always be looking for more activities for people to do.

Staff told us activities were arranged according to people's choices and their ethnic and spiritual needs. One staff member told us, "One person is taken to their mother's to go to church. Another person has been on holiday to their country of origin."

Each person had an activity timetable included in their care plans. A range of activities were offered which included visits to a local farm, pub trips, bowling, patchwork and quilting, art, visits to family and aromatherapy. Records showed that people using the service were also given the opportunity to have an annual holiday. We noted that on each inspection day people were out in the community participating in

activities for most of the day. We also observed people engaged in activities within the home when they returned from their outings. The above showed people were supported to access and engage in activities tailored to their preferences.

Relatives confirmed they knew how to make a complaint. Two relatives told us they had not needed to complain for several years but that these were dealt with satisfactorily. Another relative said, "Yes [I have complained] and it's always dealt with quickly and professionally."

The provider had a complaints policy which gave clear guidance to people, their representatives and staff about how complaints should be handled. The registered manager told us no complaints had been logged since the change in provider. Staff demonstrated awareness of how to handle complaints. One staff member told us, "First of all I would let my manager know or the on-call system. If it is something I can handle I will try my best to rectify it." Another staff member said, "We allow them to talk to the manager. You have to give them choice to complain." The service had an easy read version of the complaints procedure for people who used the service to help them to understand who they could tell if they were not happy and the procedure that would be followed to investigate the matter. This meant the provider had a process in place to handle complaints.

Staff confirmed they knew how to meet people's end of life care wishes. Although people were not at this stage of their life the provider had worked with people and their representatives to develop end of life care plans which included details of funeral arrangements such as whether the person wanted a burial or cremation.

## Is the service well-led?

### Our findings

There was a registered manager at the service. We observed that people were comfortable and happy when interacting with the registered manager. One person came in and asked if their favourite staff member was going to be on duty that evening and the registered manager was patient and calm in his interactions with the person. We also observed the registered manager got involved in supporting people with their activities and people were happy to be supported by him.

Relatives spoke positively about the registered manager. One relative told us, "[Registered manager] is very supportive. If there's a problem, he will let us know." Another relative said, "I've a good relationship with [registered manager] and [deputy manager]. [Registered manager] obviously cares very much about [people who used the service]." A third relative told us, "I do think [registered manager] is a good leader. He is very sweet. He is well organised."

Staff also spoke positively about the registered manager. One staff member told us, "Yes definitely I do [feel supported]. [Registered manager] is a listening guy. I may say he is a super leader. He knows how to manage people." Another staff member said, "I would raise concerns and we have MCCH number so if we have any problems we can call the number and speak to that person. [Registered manager] is someone who listens. If you have a problem he will give you advice." This showed there was good staff morale within the service and staff felt supported to carry out their duties.

Staff told us they felt the provider promoted staff equality. One staff member told us, "Yes they treat us all the same way. We respect each other."

Records showed the provider had a system of obtaining feedback from people who used their services across the whole organisation and their representatives. The survey given to people who used the service was pictorial with emotion faces so people could tick the emotion they felt about each question for "very happy", "quite happy", "OK" or "not happy". At the end of the tick box survey there was space for people to add what they liked best and how the service could improve. We reviewed the survey results from 2017 which showed that 83% of people rated the provider as good or excellent and 90% of people agreed that their religious and cultural beliefs were respected. The survey results also showed that across the whole organisation, 70% of people's representatives were kept informed of changes to service and support. The provider's analysis showed they were going to look at how they could improve communication with people's representatives.

The survey results noted that 65% of people wanted more activities. Six people who used the service at Salisbury Road and four relatives were given the survey. Comments for Salisbury Road, when asked how they could improve the service provided included, "I cannot answer this as the care provided is far greater than I could offer" and "[Person] loves to go out and about but sadly due to cost cutting there is very little on offer that [person] can attend as most council run events or weekly classes have been cancelled." We noted from the analysis, the provider was planning to improve the frequency and choice of activities. This meant the provider used feedback to improve the service provided.



The provider held weekly meetings with people who used the service. We reviewed the minutes from the three most recent meetings. Topics discussed included activities, staff support, what do to in the event of a fire, safety and complaints. This meant people were consulted about the day to day running of the service.

The provider held monthly staff meetings. Staff confirmed they thought these meetings were useful and the provider updated them on policy and service development. One staff member told us, "Yes, they do update us with training, the intranet and newsletters." Records showed that staff meetings were used to identify areas for service improvement. We reviewed minutes from the two most recent meetings. Topics discussed at the meeting held on 31 October 2017 included food menu, letters for people using the service, cleaning, health and safety and activities. This meant staff could have input in the development of the day to day running of the service.

The provider had a system of carrying out regular audits. The registered manager carried out a wide range of audits including monitoring the support plans, meetings, monthly reports, safeguarding, Mental Capacity Act (2005) and Deprivation of Liberty Safeguards, medicines, premises, health and safety, learning and development, staffing, complaints and accidents and incidents. The audits required the registered manager to indicate if the standard for each area was met, partially met, not met or not applicable. We reviewed the most recent audit done in October 2017 and saw the standards were met with no concerns identified. The registered manager told us that issues identified through the manager audits or their line manager's audits would be used to help improve the service.