Dimensions (UK) Limited

Dimensions The Mulberries

Inspection report

The Mulberries
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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 comprehensive inspection took place on 13 November 2018 and was unannounced. The last inspection of the service was on 18 April 2016 when we rated it good for each of the five questions we ask.

Dimensions The Mulberries is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service provides care and accommodation for seven people with complex needs, including physical and learning disabilities. When we inspected, four men and three women were using the service.

The service was a purpose built building with seven single rooms and shared communal areas, bathrooms and toilets. There was an enclosed garden area where people could spend time safely.

The service had a registered manager who was on maternity leave at the time of this inspection. 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 provider had informed CQC of the registered manager's maternity leave and the arrangements they had put in place to manage the service in their absence. The acting manager told us they had received their Disclosure and Barring Service check through the Care Quality Commission and planned to apply to register as the manager of the service.

The provider had systems in place to protect people from abuse. They assessed possible risks to people and acted to mitigate any risks they identified.

There were enough staff to meet people's care needs and the provider carried out checks on new staff to make sure they were suitable to work in the service.

People received the medicines they needed safely and as prescribed.

The provider had a policy and procedures for staff on the prevention and control of infections.

The provider kept a record of accidents and incidents that affected people using the service and acted to make sure accidents did not reoccur.

The provider and staff in the service delivered support to people in line with best practice guidance and current legislation.

Support staff working in the service completed training the provider considered mandatory.

Staff knew people's food preferences and prepared meals accordingly. Where people needed a special diet, for example pureed food, staff worked with the dietician and speech and language therapist to provide this. Our Short Observational Framework for Inspection (SOFI) observation showed people had a positive experience at lunchtime.

Dimensions The Mulberries is a purpose-built, single-storey home that is fully accessible to people who use a wheelchair.

The acting manager was aware of their responsibilities under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

The service's end of life care policy was reviewed by the provider in May 2017.

Staff treated people with kindness, compassion and respect.

Staff knew people's care and support needs well and had developed trusting relationships with people, their families, friends and other carers.

People's individual expressions of choice were respected and their privacy and dignity were promoted.

People and their families or representatives were involved in developing and reviewing people's care plans.

The service worked with people and their families to establish and promote how people expressed their preferences and choices.

Staff supported people to access a variety of activities at home and in the community.

The provider encouraged people's relatives to raise concerns and responded to these appropriately.

Staff and the relatives of people using the service told us they felt the service was well managed and the provider listened and responded when they expressed their views or suggested improvements. Staff also told us they felt well supported by managers in the home and the provider.

The provider had systems in place to monitor quality in the service and make improvements.

The service engaged and involved people, their families, the public and staff in reviewing the care and support people received.

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.

The provider had systems in place to protect people from abuse. They assessed possible risks to people and acted to mitigate any risks they identified.

There were enough staff to meet people's care needs and the provider carried out checks on new staff to make sure they were suitable to work in the service.

People received the medicines they needed safely and as prescribed.

The provider had a policy and procedures for staff on the prevention and control of infections.

The provider kept a record of accidents and incidents that affected people using the service and acted to make sure accidents did not reoccur.

Is the service effective?

Good

The service was effective.

The provider and staff in the service delivered support to people in line with best practice guidance and current legislation.

Support staff working in the service completed training the provider considered mandatory.

Staff knew people's food preferences and prepared meals accordingly. Where people needed a special diet, for example pureed food, staff worked with the dietician and speech and language therapist to provide this.

Our Short Observational Framework for Inspection (SOFI) observation showed people had a positive experience at lunchtime.

Dimensions The Mulberries is a purpose-built, single-storey home that is fully accessible to people who use a wheelchair.

The acting manager was aware of their responsibilities under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

The provider reviewed the service's end of life care policy in May 2017.

Is the service caring?

Good

The service was caring.

Staff treated people with kindness, compassion and respect.

Staff knew people's care and support needs well and had developed trusting relationships with people, their families, friends and other carers.

People's individual expressions of choice were respected and their privacy and dignity were promoted.

Is the service responsive?

Good

The service was responsive.

People and their families or representatives were involved in developing and reviewing people's care plans.

The service worked with people and their families to establish and promote how people expressed their preferences and choices.

People were supported to access a variety of activities at home and in the community.

The provider encouraged people's relatives to raise concerns and responded to these appropriately.

Is the service well-led?

Good

Staff and the relatives of people using the service told us they felt the service was well managed and the provider listened and responded when they expressed their views or suggested improvements. Staff also told us they felt well supported by managers in the home and the provider.

The provider had appointed a qualified and experienced manager who registered with the Care Quality Commission (CQC) in November 2016.

The provider had systems in place to monitor quality in the service and make improvements.

The service engaged and involved people, their families, the public and staff in reviewing the care and support people received.

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 unannounced inspection took place on 13 November 2018. Two inspectors carried out the inspection.

Before the inspection we reviewed the information we held about the provider and the service. This included the last inspection report and statutory notifications the provider sent us. Notifications are for certain changes, events and incidents affecting the service or the people who use it that providers are required to notify us about. We also contacted three health and social care professionals the provider told us worked with people using the service.

The provider also completed a Provider Information Return (PIR) in March 2018. 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.

People using the service had complex needs and limited verbal communication so they could not tell us about their experiences. During the inspection we observed the way staff supported each person throughout the day and 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.

During the inspection we reviewed two people's care records, including their support plans and risk assessments, staff recruitment, training and supervision records for two staff, medicines management records for two people and other records related to the running of the service.

Following the inspection, we spoke with the relatives of four people using the service.

Good

Is the service safe?

Our findings

The provider had a safeguarding policy they had reviewed in September 2017. This referred to best practice guidance and relevant legislation and gave staff clear information about identifying possible abuse and raising concerns. The provider also had a whistle blowing policy and procedures for staff working in the service and we saw they had reviewed these in August 2018. The procedures referred to best practice guidance and gave staff information on raising concerns with the Care Quality Commission (CQC) or other agencies if staff decided this was necessary.

When the provider identified safeguarding concerns, we saw they notified the local authority and CQC and cooperated in any investigations.

Staff told us they had completed training about safeguarding people. They told us, "Yes, it's part of the mandatory training. It's about providing a safe environment. If you see something going on, you have to report it," "Yes, I did online training earlier this year. It's the safety of the people from types of abuse. You should report it to managers" and "It's about making sure that people get the best possible care, things are done in their best interests. They're not put in harm's way."

When we asked staff what they would do if they thought someone was abusing a person using the service, they told us, "If you see something you have to report it to your line manager, or one above," "It depends on what the shouting is about but it isn't acceptable so I'd report to the manager. If they didn't take it seriously I'd take it further, maybe to the person above them or CQC" and "Of course I would report it and make sure that the person is ok in that moment, that he is in a safe place. Let him or her [staff member] know that I would report it to the management team. If it wasn't taken seriously I'd go further, to the operations director, or head office."

People's care records included comprehensive plans to manage risks to the persons' safety and well-being. This included one-page profiles and personal histories for each person, Health Action Plans to help manage their healthcare needs, eating and dysphasia support plans, and protocols on how to support people who lived with epilepsy.

There were enough staff on duty during the inspection to provide people with care and support. People did not wait for attention and when they needed support from more than one member of staff, this was provided. We saw there were five staff on duty when we arrived, plus the acting manager and staff told us four staff worked in the afternoon, plus the manager. At night there was one waking night staff and a second member of staff on call in the service in the event of an emergency. We saw that staff worked well together to make sure people had the care and support they needed and we did not see people waiting for support. After lunch there was a handover between staff working in the morning and those who came in to work in the afternoon. They reviewed each person's care and made sure staff coming on duty had the information they needed to support people. The acting manager also told us that they had adapted the team rota to accommodate staff working different shifts in the week so that there were enough staff available to support people to access activities at home and in their local communities.

The provider carried out checks to make sure staff were suitable to work with people using the service. Staff recruitment records included an application form, interview record, references, proof of identity and right to work in the UK and a Disclosure and Barring service (DBS) check. Staff told us the provider carried out the checks before they started to work with people using the service and said they had completed a full induction to people and the service. Their comments included, "It was good. Two weeks of shadowing, reading the support plans, and the many files, I got to see and learn how things run. Then, you're on the floor but everyone is there to help you" and "She [the registered manager] explained everything. She had a list and went through everything with me. She went through it all and explained everything to me. She was excellent. It is better then just sitting reading a folder."

People received the medicines they needed safely and as prescribed. The provider had a policy and procedures for the management of people's medicines and we saw the provider had reviewed this in May 2017. The policy referred to relevant legislation and guidance from the National Institute for Health and Care Excellence (NICE) and the Royal Pharmaceutical Society.

The provider stored medicines securely and staff kept accurate records of the medicines they gave to people. Where people needed PRN ('as required') medicines, the provider agreed a protocol with their GP so that staff knew when to give the medicine and the correct dosage. Staff recorded temperatures daily in the room and the fridge they used for medicines storage. All of the Medicines Administration Record (sheets) staff completed were up to date with no errors or omissions.

The provider had a policy and procedures for staff on the prevention and control of infections. Staff could tell us about infection control measures in the service and they showed us the colour coded chopping boards, mops and buckets they used. They also told us they had access to Personal Protective Equipment (PPE) including gloves and aprons when they supported people with their personal care. The service had a five-star food hygiene rating from their last food safety inspection by the local authority. We saw staff recorded food temperatures and food storage temperatures and when we reviewed these records they showed food was stored and served safely.

The provider kept a record of accidents and incidents that affected people using the service and acted to make sure accidents did not reoccur. The acting manager told us they reported accidents and incidents to the provider and discussed lessons to be learnt with the service's staff team. For example, following an accident that happened when staff were supporting a person in their wheelchair, staff reviewed and updated their risk assessment with clearer guidance for staff on positioning the person. The acting manager also told us staff had said they were not clear what information they should ask clinicians for when a person was discharged from hospital. In response, the provider put discharge from hospital guidelines in place for staff use. The guidance clarified for staff what they should check and ask hospital staff before a person was discharged and detailed what they needed to check and hand over to other staff once the person arrived home. The acting manager told us, "These guidelines were recently used when someone we support was discharged; feedback from staff was that they were very clear and helpful. These guidelines having resulted in better partnership working between the Mulberries staff and hospital staff, have helped improve clear communication between support workers at the Mulberries and contributed towards ensuring the best outcome for the people we support, by ensuring that changes in care or medication from hospital admissions are clear and understood."

Good

Is the service effective?

Our findings

The provider and staff in the service delivered support to people in line with best practice guidance and current legislation. The provider had a set of policies and procedures that referred to legislation, standards and best practice guidance and they reviewed these regularly. Procedures referred to guidance form the Royal Pharmaceutical Society, the National Institute for Health and Care Excellence, the Department of Health, Care Quality Commission and Mencap. For example, the provider's medicines management guidelines referred to Managing Medicines in Care Homes guidance from the National Institute for Health and Care Excellence and the Handling of Medicines in Social Care guidance from the Royal Pharmaceutical Society.

Support staff working in the service completed training the provider considered mandatory. This included, Health and Safety Awareness, Moving & Assisting, Food Safety, Medication, Safeguarding Adults and the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS).

The Care Certificate is a nationally recognised set of standards that gives staff an introduction to their roles and responsibilities within a care setting. The provider confirmed that any staff who were new to care work would complete the Care Certificate but most of the staff working at The Mulberries had been in post for several years and the provider's mandatory training met the requirements of the Care Certificate. The service's acting manager told us staff new to care would complete the full 15 modules of the Care Certificate and staff who had worked in care previously would have a care certificate interview to assess their knowledge. If necessary they would go on to complete the full certificate training.

Staff told us they had access to the training they needed. They said, "It's very good. Sometimes at head office. Last one was epilepsy training, it was very good. Better than last year. The new classifications [of seizures] were explained very thoroughly, I feel I understand it much better" and "Training is a mixture of online courses and room stuff. First aid and CPR and hoisting is class room, face to face. At HQ. Online stuff, there's loads of it. There's stuff on there that isn't for this service as well, if you want it."

Staff knew people's food preferences and prepared meals accordingly. Where people needed a special diet, for example pureed food, staff worked with the dietician and speech and language therapist to provide this. Staff kept a record of food provided each day and this showed people ate a variety of nutritious meals. The provider had a policy on supporting people with eating and drinking and they had reviewed this in May 2016. Staff could tell us how they supported people with eating and drinking, including how they supported two people with their PEG feed. A PEG (Percutaneous Endoscopic Gastrostomy) is a way of introducing food, fluids and medicines directly into the stomach by passing a thin tube through the skin and into the stomach.

Our Short Observational Framework for Inspection (SOFI) observation showed people had a positive experience at lunchtime. They had the support they needed, staff offered alternatives if they did not want the main meal and provided adapted crockery and cutlery to encourage independence.

Dimensions The Mulberries is a purpose-built, single-storey home that is fully accessible to people who use

a wheelchair. Each person had their own room and they had personalised these with their own belongings and pictures. At our last inspection, staff told us there was not enough room to use mobile hoists safely and we saw at this inspection that the provider had begun a programme to install ceiling or wall mounted hoists in people's bedrooms, bathrooms and toilets. Since the last inspection the acting manager told us that staff and people's families had raised funds to provide new equipment for the service's sensory room. The provider had also installed a ceiling hoist so that each person using the service could now access the room. The acting manager also told us they had plans to develop a sensory garden for people to use.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this for people living in care homes or hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and DoLS.

The provider had a policy and procedures for assessing people's mental capacity and DoLS. The acting manager was aware of their responsibilities under the MCA 2005 and DoLS. The provider had applied to local authorities for a DoLS authorisation for each of the people using the service as they were unable to leave the service without support from staff. The registered manager had informed CQC of the outcome of each application to deprive people of their liberty.

The service's end of life care policy was reviewed by the provider in May 2017. Staff told us there was nobody using the service who had a terminal or life-limiting illness but said they would work with the clinicians from the Community Learning Disability Team if a person needed support at the end of their life. The procedures referred to the Learning Disabilities Mortality Review (LeDeR) and Living and Dying with Dignity, the best practice guide to end of life care for people with a learning disability produced by Mencap.

Good

Is the service caring?

Our findings

Relatives of people who use the service told us that staff provided care that was kind and compassionate. One relative said, "The staff are very dedicated" and "They look after them very well." A second relative told us, "They always take the time to talk to the person, always give them good eye contact." A third relative said, "I think it is the best care that [the person] has had over the last couple years, the care is very good" and "It [the service] has a very good feeling to it."

Staff demonstrated kind, caring attitudes when they spoke about the people they supported. One staff member told us, "They become close to you, it's not just a job. It's like a home for you. You feel at home here, not at work, you're supporting your family."

We saw examples of positive interactions between staff and people using the service throughout the inspection. Most people had lived in the service for many years and some of the staff had worked with them since the service opened in 1986. All the staff we spoke with knew the people they supported very well. They could tell us about people's daily routines, likes and dislikes, preferences, family members and significant events.

Staff treated people with respect and affection. We saw they offered people choices and respected the choices they made. For example, when one person did not want the food they were offered at lunchtime, a member of staff recognised this and arranged an alternative meal. When we asked staff how they respected people's dignity and treated them with respect, their comments included, "I make sure the door is closed and always knock on the door and wait to be invited in," "Treat people the way I want to be treated," "Speak to people, explain what you're doing. If they don't like it, call another member of staff, try something different" and "We provide same gender personal care here."

Staff had a good understanding of people's individual histories, needs, likes and dislikes, which was in line with information recorded in people's care plans. For example, staff knew how people communicated their preferences, what was important to them, and how individuals needed to be supported to manage their health and care needs.

Staff promoted people's privacy and dignity. We saw staff taking the time to provide support at each person's own pace and to respond to individual expressions of choice. We observed staff noticing when people were showing signs of discomfort or distress and responding quickly and in an empathetic manner. Staff could explain how they respected people's privacy and dignity when providing personal care. They described closing doors and curtains appropriately, "Talking to them in a respectful way. Not talking about them in the vicinity of others. Always greeting them, knocking on their bedroom doors when we enter", "Tell them what I'm doing, what I'm going to do" and "I treat them the way I want to be treated."

People's rooms were decorated and furnished so that they appeared homely and personalised. Relatives said that they were always made to feel welcome when they visited.

There were pictorial staff rotas, activities information and menus clearly visible in the home to help provide accessible information to people about what was taking place that day. The manager told us that photographs were also used in the weekly resident meetings to support people making choices when menu planning. Records of these meetings indicated that people were supported to make these choices.

Good

Is the service responsive?

Our findings

People and their families were involved in developing and reviewing their care plans. When asked if they were involved, relatives' comments included, "Yes, absolutely" and "I feel very involved". The manager informed us that the service also involves people's lay and statutory advocates (such as an Independent Mental Capacity Advocate) to ensure that people's wishes were represented in their care planning and that this was done in people's best interests.

The service had conducted pre-admissions assessments with people who had been referred to the service and their relatives. The manager explained that this had been done to make sure that the service could support a person before they moved in, that the well-being of the other people using the service could still be promoted and to ensure that this person was likely to feel at home at the service and not socially isolated. The person's relative told us, "I think the Mulberries is tailor-made for [the person]."

People had care plans that were tailored to meet their individual needs. Plans included detailed information about the person's preferences, likes, dislikes, interests and their individual care needs. Communication plans clearly set out how a person is understood to express her or himself and how staff should work with the person to promote accessible communication, including using communication aids, such as pictures and objects of reference. Staff had a good understanding of how people expressed themselves and we also saw staff supported people to communicate and responded to their choices accordingly.

New staff reported that during their induction they were given time and support to read care plans and learn from other carers how people who use the service expressed themselves. One staff member told us, "Shadowing helped a lot. You absorb everyone's titbits of information. You get to know them and their personalities." Information about how people communicated was also replicated in their hospital passports to help other agencies understand how the person communicated. This meant that the service complied with the Accessible Information Standard. The Standard requires that services identify, record, flag, share and meet the information and communication support needs of people with a disability or sensory loss.

Staff supported people to maintain relationships that were important to them as ongoing social contact was encouraged. They supported some people to use electronic tablets and phones to keep in contact with relatives and with people they had lived with previously.

People benefited from support to take part in activities that were meaningful to them. Relatives told us, "They also have a variety of activities, in the house and that they go out, too - music therapy, swimming in the hydrotherapy pool, boccia, animal therapy, a whole variety", "[person]'s not there doing nothing all day long," and "There's a lot going on. A lot of hard work." During the inspection visit we saw staff supported people to take part in activities at home that had been planned for that day and supporting people to go out to access activities in the community arranged by external services. The service used the person-centred understanding that they learnt about what people liked and disliked to explore and review activities for them. For example, the service had recognised that a person preferred limited physical contact at times and so had worked to adapt interactive activities that had involved appropriate physical touch to be touch-led

by the person so that they better suit the person's preferences.

People's cultural and spiritual needs were met in the service. For example, representatives from the local church visited to regularly to conduct services with people at their home and some people were also supported to attend local places of worship each week. There were one-page profiles for staff as well that set out staff interests and backgrounds. The manager told us that they had used these to match a member of staff to supporting people to visit a local temple. This meant that people were supported to have new cultural experiences. Care plans and reviews showed that people were also supported to plan for and go on annual holidays. We spoke with staff and saw documentary evidence, such as pictures in people's room and visual storybooks, which showed that these had taken place.

Relatives said that they were encouraged to raise issues at any time and that they were confident that they would be listened to. One relative said, "We meet regularly with the managers. They tell us what is going on and we speak with them about things, raise any concerns that we may have" and "We know we can ring up if we have any concerns or worries". A second relative told us, "If I do have any concerns, we talk about it, talk about best options" and "I can call at any time to go through any issues." Relatives told us that that they had not made any complaints about the service for several years but would do if they felt the need. The manager confirmed that there had been no complaints received about the service recently.

Good

Is the service well-led?

Our findings

Staff and the relatives of people using the service told us they felt the service was well managed and the provider listened and responded when they expressed their views or suggested improvements. Their comments included, "It's fine, a really good team," "They [managers] praise you when you do well. Pick up on things". They are always there or on the end of the phone if you need to ask anything," "It's been really good. You can always approach a manager for advice with any concerns you might have. They're very supportive, as well. If you have any ideas for the service she is behind you. They push you to do your best, to keep up to date with training" and "I'm quite happy. I think they see me being responsible, caring, giving me a chance. I really like our team. Very open, friendly, very supportive. I thought, 'Wow that's a great team to work with.' [The registered manager and deputy manager], they're very good, very helpful. They support you, they help you."

Staff also told us they felt well supported by managers in the home and the provider. When we asked if they had the opportunity to discuss their work and personal development with managers they said, "Yes, and 1:1s, generally with [the registered manager]. They split the staff team." "They tell you what you're doing well, anything to tell them, make sure training is up to date" and "You can chat whenever you want."

The provider had appointed a qualified and experienced manager who registered with the Care Quality Commission (CQC) in November 2016. In the Provider Information Return the registered manager sent us in March 2018, they told us, "We have delegated tasks in place, staff undertake tasks such as health & safety monitoring, stock control and auditing medication with tasks assigned depending on development needs and strengths. Good practice is recognised by both myself and the organisation by way of our Inspiring People Awards, compliment card and voucher. My assistant manager is about to undertake our Aspire development programme which recently won an award at The Business Culture Awards, it recognized exceptional business culture, in particular initiatives that help persuade people to join organisations, and feel motivated and engaged enough to stay."

When we inspected the service, the registered manager was on maternity leave and the provider had appointed the service's assistant locality manager to cover the registered manager's post and they confirmed they were applying to CQC for registration. They told us they had worked as a support worker, before becoming the assistant manager at The Mulberries in 2014. They had completed a Level 3 qualification in Health and Social Care and had registered for a Level 5 qualification. They told us they kept up to date with developments in social care by attending monthly managers' meetings the provider arranged. The provider also produced a 'core brief' document each month with major changes in legislation, standards and regulation. The acting manager told us the core brief was discussed at managers' meetings and the team meetings in the service.

The provider had systems in place to monitor quality in the service and make improvements. The acting manager completed a weekly audit of each person's medicines. This monitored ordering, storage, stock checks, Medicines Administration Record (MAR) sheets, the use of topical creams and medicines returned to the pharmacy. When an audit identified areas for improvement, the provider acted. For example, on one

occasion the pharmacy supplied tablets with no expiry date. The acting manager discussed this with pharmacist who agreed to include expiry dates when required. Also, an audit identified support staff had not recorded the opening date on a topical cream. The acting manager told us she reminded staff of the procedure, returned the cream to the pharmacist and obtained a replacement.

The provider had systems in place to enable managers to check people's personal finances each month. They also carried out audits to ensure staff arranged reviews of people's care plans, updated risk assessments and Personal Emergency Evacuation Plans (PEEPs) and arranged for the renewal of Deprivation of Liberty Safeguards (DoLS) authorisations, when these were required.

The service engaged and involved people, their families, the public and staff in reviewing the care and support people received. The provider arranged annual 'regional days' for staff and a separate day for people and their families with workshops and information sharing. Following comments from people's families, the provider reminded all staff reminded to introduce themselves to parents when they visited the service, especially new staff who may not have met people at the time they started. Also, one person changed dentists after concerns from their parent and now had 3-monthly check ups and appointments with a hygienist. The provider also carried out an annual staff survey. The acting manager told us this was across the organisation but was not broken down to give information about individual services. They said the provider used the information to make improvements in all services. For example, the provider has written to commissioners to ask for an uplift in fees to pay staff the London Living Wage.

The provider also carried out regular quality monitoring inspections, based on the Care Quality Commission's five questions and Key Lines of Enquiry (KLOEs). We saw the most recent review took place in June and July 2018.