

Choice Support Salisbury Road

Inspection report

22-23 Salisbury Road
Leyton
London
E10 5RG

Tel: 02085568147

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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

Salisbury Road is care home providing personal care to 6 people at the time of the inspection. The service can support up to 6 people.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

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

Right Support:

People had a choice about their living environment and were able to personalise their rooms. Staff supported people to make decisions following best practice in decision-making. Staff communicated with people in ways that met their needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Right Care:

People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs. People who had individual ways of communicating, using body language, sounds, Makaton (a form of sign language) and pictures could interact comfortably with staff and others involved in their care and support because staff had the necessary skills to understand them.

Care was person-centred and promoted people's dignity, privacy and human rights. People's care, treatment and support plans reflected their range of needs and this promoted their wellbeing and enjoyment of life.

Right Culture:

People and those important to them, including advocates, were involved in planning their care. People received good quality care, support and treatment because trained staff and specialists could meet their needs and wishes. People led inclusive and empowered lives because of the ethos, values, attitudes and behaviours of the management and staff.

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

Rating at last inspection

The last rating for this service was good (published 28 February 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was Safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was Effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was Caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was Responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was Well-led.

Details are in our well-led findings below.

Salisbury Road

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was carried out by 1 inspector.

Service and service type

Salisbury Road is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us.

Salisbury Road is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave a short period notice of the inspection because some of the people using it could not consent to a home visit from an inspector. This meant that we had to arrange for a 'best interests' decision about this.

What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well

and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 4 staff, 3 support staff and the registered manager. We spoke with 4 relatives and 1 person using the service. We observed interactions between staff and people. We reviewed a range of records including care plans, medicine records, accident, incidents and complaint. We looked at management records such as quality audits, staff training and supervisions and appraisals.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had an effective system in place to safeguard people against abuse.
- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to do so.
- Staff had training on how to recognise and report abuse and they knew how to apply it. There were policies and procedures in place to guide staff when needed.

Assessing risk, safety monitoring and management

- Risk management plans were in people's files. Details of known risk were identified and measures to reduce risks of harm were in place. Staff understood people's support needs and how to keep them safe from harm.
- People, including those unable to make decisions for themselves, had as much freedom, choice and control over their lives as possible because staff managed risks to minimise restrictions.
- Staff managed the safety of the living environment and equipment in it well through checks and action to minimise risk.

Staffing and recruitment

- The service had enough staff, including for one-to-one support for people to take part in activities and visits how and when they wanted. The numbers and skills of staff matched the needs of people using the service.
- Staff recruitment and induction training processes promoted safety, including those for agency staff. Staff knew how to take into account people's individual needs, wishes and goals.
- Every person using the service's record contained a clear one-page profile with essential information and dos and don'ts to ensure that new or temporary staff could see quickly how best to support them.

Using medicines safely

- Medicines were managed safely. People were supported by staff who followed systems and processes to prescribe, administer, record and store medicines safely.
- Staff had medicine competency checks done regularly. This meant the provider could be assured staff had the competencies to administer medicines safely.
- There were protocols in place for as and when medicine also known as PRN, this meant staff had clear guidance in place when administering as and when medicine.
- Staff had training in medicine administration and there were policies and protocols in place.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- Relatives told us there were no restrictions and they could visit the home at any time.

Learning lessons when things go wrong

- The provider had a system in place to learn lessons when things went wrong. The service managed incidents affecting people's safety skillfully. Staff recognised incidents and reported them appropriately and managers investigated incidents and shared lessons learned.
- The service used, (Antecedent, Behavior, Consequence) or ABC charts, these are charts used for analysing behaviour to establish why the behaviour occurred and what learning could be used to improve the quality of care.

Is the service effective?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The provider had carried out a care needs assessment prior to the person using the service, this was the bases for developing a care plan. At the time of our inspection there had been no new admissions into the home in a long time.
- Care plans reflected a good understanding of people's needs, including relevant assessments of people's communication support and sensory needs.
- Peoples needs and how they made choices were recorded in their care plan. We observed people being offered choices which were in line with what was outlined in their care plans.

Staff support: induction, training, skills and experience

- People were supported by staff who had received relevant and good quality training in evidence-based practice. This included training in strengths and impairments people with a learning disability and or autistic people may have, mental health needs, communication tools and positive behaviour support.
- Staff told us they were well supported in their role. Staff had regular team meetings and 1 to 1 meetings. This gave them the opportunity to discuss their concerns and seek guidance when needed.
- Updated training and refresher courses helped staff continuously apply best practice.

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

- People were supported to eat and drink enough to maintain a balanced diet. During our visit we observed how people were supported at lunchtime and again in the afternoon when people were having some drinks and snacks. Staff offered people choices of meals and people were encouraged to do as much as they could, for example we saw 1 person prompted to clear up their dishes which they did and gave staff a big smile which suggested this was what they had wanted to do.
- Mealtimes were flexible to meet people's needs and to avoid them rushing meals. The atmosphere in the home was very pleasant and staff were patient with people when offering support during meal times.
- People were involved in choosing their food, shopping, and planning their meals. This was recorded in people's care plans and daily notes.

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

- People had health actions plans and health passports which were used by health and social care professionals to support them in the way they needed.
- People were supported to attend annual health checks, screening, and primary care services. Multi-

disciplinary team professionals were made aware of support plans to improve as person's care.

- People were referred to health care professionals to support their wellbeing and help them to live healthy lives. Care records reviewed showed evidence of referrals and the involvement of health care professional such as the GP and the psychiatrist.

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

- The home was warm and nicely decorated in most areas, however some areas of the home needed to be upgraded for example the office space. The back garden needed some work. The garden had some items of old furniture that needed to be removed.
- The registered manager told us the decking was removed recently which contributed to the poor appearance. There was some seating area but no table for people to sit at. The registered manager told us there was a plan in place to do the garden and they would discuss this with the owners.
- Relatives told us that people's bedrooms and communal areas were clean and kept well. One relative told us the office and garden needed an upgrade.
- People personalised their rooms and were included in decisions relating to the interior decoration and design of their home.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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 made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

The provider was working within the principles of the MCA.

- Relatives told us that staff would contact them to seek their permission when needed. We observed staff asking for people's consent before providing them with care or support.
- Staff ensured that an Independent Mental Capacity Advocate was available to help people if they lacked capacity and they had nobody else to represent their interests. Staff knew about people's capacity to make decisions through verbal or non-verbal means and this was well documented.
- Staff demonstrated best practice around assessing mental capacity, supporting decision-making and best interest decision-making.

Is the service caring?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were well treated and supported. Staff had a good understanding of people's different needs. Staff were patient and used appropriate styles of interaction with people. During our visit we observed staff being kind and patient with people. Staff used different methods of communication in their interactions with people.
- Relatives told us staff were caring and kind. One relative said, "Staff are lovely, kind and caring."
- People were well matched with their designated support worker and as a result, people were at ease, happy, engaged and stimulated.
- People received kind and compassionate care from staff who used positive, respectful language which people understood and responded well to.

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

- People and their relatives had the opportunity to express their views and were involved in decisions about their care as much as possible.
- Relatives told us they had completed a feedback form and had sent it back to the manager and another relative said, "Yes they keep me informed and I am involved in her care they call me if anything happens."
- People were given time to listen, process information and respond to staff and other professionals. People were supported to access independent, good quality advocacy.

Respecting and promoting people's privacy, dignity and independence

- People's dignity and privacy were respected by staff.
- Staff told us they promoted people's privacy and dignity. One staff member said, "When supporting people you should close the door, ask him go to the bathroom, cover them up with a towel and don't let someone else come into the room."
- We observed staff closing doors when providing personal care. Staff spoke about people in a respectful manner. People had privacy when they wanted it.
 - We observed people being encouraged to maintain their independence. For example, during the meal preparation, staff encouraged a person to make a drink. The person responded very well to staff prompts and showed they were pleased by smiling and giggling.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

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

- People's care and support was delivered in a person-centred way. Care plans were compiled in a personalised way. People's likes and preferences were recorded.
- Relatives told us staff knew people well and provided personalised care. One relative said, "They are outstanding care staff, they have a strong bond and relations with my [relative], they know what is important to her."
- Staff provided people with personalised, proactive, and co-ordinated support in line with their communication plans, sensory assessment and support plans. Staff used person-centred planning tools and approaches to discuss and plan with people how to reach their goals and aspirations. For example, each person had a hope and wishes plan, these included things people either wanted to purchase or activities they wanted to do. Staff tried where possible to carry these wishes out for people.
- Preferences (i.e. gender of staff) were identified and appropriate staff were available to support people.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

People's communication needs were assessed and met by the provider.

- We observed staff interactions with people, staff used different communication methods when speaking with people for example, the use of objects, words, or body language. People responded to staff interactions very positively.
- There were visual structures, including objects, photographs, use of gestures which helped people know what was likely to happen during the day and who would be supporting them.
- People had individual communication plans that detailed effective and preferred methods of communication, including the approach to use for different situations.
- Information was provided in easy read formats where needed.

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

- Staff supported people to maintain relationships and engage in a range of activities chosen by the person, each person had an individual activity plan in place. This meant they could do things that were important to

them on a regular basis.

- Relatives told us they visited people whenever they wanted and in some cases they spoke to people on the phone. Some relatives told us there was less community activities going on, but this was not due to the home, it was more about funding in the area.
- On the day of our visit some people had been out for lunch and community activities, when asked if they enjoyed their activity, one person said "yes" and another person "smiled" in response.

Improving care quality in response to complaints or concerns

- The provider had a clear complaints process in place. Complaints were recorded in a log. The provider had an oversight of all complaints and what stages they were at. All complaints received had been resolved and dealt with in a timely manner.
- Everyone we spoke with told us they knew who to complain to if needed. No one had any complaints to make about the service at the time of our inspection.

Is the service well-led?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Management were visible in the service, approachable and took a genuine interest in what people, staff, family, advocates and other professionals had to say. Managers worked directly with people and led by example.
- Staff told us there was an open culture in the service. Staff said they liked working for the organisation and in some cases, they had stayed for a long period of time. Staff said they could raise any concerns or issues and the managers would listen and address them.

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

- The registered manager understood the duty of candour, when things went wrong in the service the provider would apologise to people or the complainant.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager had the skills, knowledge and experience to perform their role and a clear understanding of people's needs/ oversight of the services they managed.
- Governance processes were effective and helped to hold staff to account, keep people safe, protect people's rights and provide good quality care and support
- Staff were able to explain their role in respect of individual people without having to refer to documentation. Staff delivered good quality support consistently.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The provider sought feedback from people and those important to them and used the feedback to develop the service.
- There were formal listening events for family and friends to share their views and discuss issues with staff and comments were actioned by the provider.
- There was a service plan in place to address any improvements.

Working in partnership with others

- The provider worked in partnership with other key organisations such as the local authority, health care

professionals and social workers.