

# SCC Adult Social Care Mallow Crescent

## Inspection report

25-30 Mallow Crescent  
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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?	Outstanding ☆

# Summary of findings

## Overall summary

This inspection took place on 22 and 30 November 2016. Our first visit was unannounced. At our last inspection in September 2013 the provider met the regulations we inspected.

Mallow Crescent provides accommodation and support for up to 33 people who have a learning disability. There are six houses located at the end of a quiet residential crescent with five houses providing long term accommodation and one house providing short term respite support. Mallow Crescent also operates an outreach service providing support to people in their own homes.

The home had a registered manager in post. 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 using the service felt safe and spoke positively about the support provided to them. They said staff treated them with kindness and respect.

People were supported to lead active lives and maintain relationships with those who matter to them. Their relatives gave positive feedback about the service provided and praised the caring supportive nature of the staff working there. They felt the service was outstanding.

There was strong leadership at Mallow Crescent. An experienced registered manager communicated a strong person centred ethos focusing on valuing each person as an individual and ensuring they had a good quality of life.

Staff completed MCA and DoLS training that helped them to understand issues around capacity and support people effectively. The staff provided information to people in different ways to help them understand and, where possible, make decisions for themselves.

Medicines were stored, administered, recorded and disposed of safely. Staff were trained in the safe administration of medicines and kept records that were accurate.

The staff were well trained and supported. A tailored induction programme focused on ensuring that new staff had the right skills and values, ensuring they were person centred not task orientated in their approach. There was an open positive culture within the service where staff felt valued and appreciated for the work they did by the management team.

Risk assessments were in place that reflected current risks for people at the service and ways to try and reduce these. Support plans were regularly reviewed and updated to ensure the care provided met people's changing needs. Each person had an 'All about me' document produced using photographs that reflected

their preferences and what was important to them as individuals.

People and their relatives told us that they felt able to raise any issues or concerns and these were dealt with promptly and satisfactorily. There were clear procedures in place to recognise and respond to abuse and staff had been trained in how to follow these.

The way the service was structured and the processes in place ensured staff were clear about their responsibilities and that important information was shared across the six houses in Mallow Crescent. There were effective systems to ensure the quality of the service and obtain feedback from people, their relatives and other stakeholders.

## 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.

There were enough staff to meet people's individual needs.

People were kept safe from harm and abuse. They had confidence in the staff and felt safe when receiving support.

Any risks to people were assessed and action taken to minimise these.

People were supported to take their medicines safely.

Appropriate pre-employment checks were completed to help ensure people's safety.

### Is the service effective?

Good 

The service was effective.

The service ensured staff had the right values, skills and knowledge to meet people's needs through a tailored programme of induction and on-going training.

Staff received effective support from the registered manager and other senior staff to make sure they valued and supported people in the way they wanted.

People using the service could express themselves and were given the information and support to make their own decisions wherever possible. Staff worked with relatives and friends and other professionals to make sure that any decisions made on their behalf were always in their best interests.

People were supported to choose, prepare and eat a healthy and varied diet.

### Is the service caring?

Good 

The service was caring.

People were treated with kindness and their privacy and dignity

respected.

Relationships between staff and people using the service were positive. Staff knew people very well and provided care and support in line with their wishes and preferences.

### Is the service responsive?

Good ●

The service was responsive.

Staff were knowledgeable and responsive to people's individual needs and preferences, finding ways to enable people to live as full a life as possible.

People were supported to lead active lives and to maintain contact with family and friends.

Arrangements were in place for dealing with concerns and complaints.

### Is the service well-led?

Outstanding ☆

The service was exceptionally well-led.

An experienced registered manager promoted high standards of care and person centred support for people using the service at Mallow Crescent.

Relatives and other stakeholders said the service was very well-led.

Staff felt well supported and part of a team. There was an open learning culture where feedback was encouraged from everyone involved with the service.

The service was structured to provide the best outcomes for people, ensuring communication lines were open and key information was shared effectively.

The service carried out regular audits to monitor the quality of the service and drive improvement.

# Mallow Crescent

## **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.

Prior to our inspection we reviewed the information we held about the service. This included any safeguarding alerts and outcomes, complaints, previous inspection reports and notifications that the provider had sent to CQC. Notifications are information about important events which the service is required to tell us about by law. Before the inspection, the provider completed a Provider Information Return (PIR). The PIR 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.

This inspection took place on 22 and 30 November 2016. Our first visit was unannounced.

The inspection was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. We spoke with 11 people who used the service.

We also spoke with the registered manager and eight members of staff. We observed care and support in communal areas, spoke with people in private and looked at the care records for four people. We reviewed how medicines were managed and the records relating to this. We checked three staff recruitment files and the records kept for staff allocation, training and supervision. We looked around the premises and at records for the management of the service including quality assurance audits, action plans and health and safety records.

During our inspection visit we also spoke with four relatives to obtain their views about the care provided.

# Is the service safe?

## Our findings

People told us that they felt safe and liked living at Mallow Crescent. One person told us, "Yes I do, I like it here." Another person said, "So far so good, I'm happy here." Relatives said that they thought the home was a safe environment for their family members who were well cared for. One relative told us, "We couldn't manage without Mallow Crescent. I know that (named relative) is safe."

We asked people if there were enough staff on duty to meet their needs. 10 out of the 11 people spoken with said there were sufficient numbers on duty. One person told us, "Plenty of staff at my house." We saw the staffing levels for each home reflected the needs of people living there and the staff spoken with said there were enough people on duty each day. Staff photo boards displayed in each house gave people information about who was working with them each day.

Many of the permanent staff we spoke to had worked at the service for a long period providing continuity of care to the people living there. One relative said, "Yes they are on a rota and (my relative) knows when the staff are on duty and who is sleeping in." Another relative told us, "Never noticed a shortage, always people on duty. There are always people who know (my relative) well." It was also noted by some relatives and staff that the registered manager also regularly worked at the weekend.

Staff we spoke with told us that they felt the staffing levels were safe. One staff member said, "There is always staff cover in the home, we have a good group of bank staff who go the extra mile."

The provider employed consistent bank workers (temporary employees of Surrey County Council) and a small number of regular staff from an agency to cover any staff vacancies and absences so that staffing levels remained at the correct ratio. We saw the same staff were used wherever possible so that they knew the people living there well.

Staff knew how to recognise the signs of possible abuse. Training records showed that staff had completed safeguarding training and staff we spoke with confirmed this. They were able to describe the action they would take to protect people and to report any allegations of abuse. Staff felt confident that senior staff would take appropriate action to keep the people at Mallow Crescent safe.

We saw that care documentation included information about what staff should do to help people to stay safe. Support files seen included assessments of any risks associated with the person's support and their home environment. These were reviewed regularly with support plans updated to reflect any changes required.

We looked at the homes system for reporting and monitoring incidents and accidents. These were recorded, reviewed and monitored by the registered manager with a computerised system used to document

Medicines were stored safely and securely. People were supported by staff to receive the right medicines at the right time. The service used a monitored dosage system (MDS) and we saw that administration records

were fully completed and up to date. Staff were trained and assessed to make sure they had the required skills and knowledge to administer medicines safely. One person told us they managed their medicines themselves saying, "Yes I self-medicate, it's going good, the longest I have done it."

Medicines records were checked on a daily basis by staff in each house with action taken to follow up any discrepancies or gaps in documentation. Senior managers also audited the records in each house on a regular basis.

The houses were clean and well maintained when we visited. There were appropriate infection control procedures and the staff were aware of these and had received the training they needed. The staff in each house carried out regular checks on the safety and cleanliness of the environment and these were regularly checked by senior managers. An Environmental Health Officer visited the service in October 2015 giving the service a maximum score of five and commenting in the report that they were 'very impressed' with the way the staff operated.

Recruitment records showed that the provider undertook employment checks before staff started to work at the home. The files seen included references from previous employers and proof of identity documentation. Criminal Records checks had been completed. These important checks identify people who are barred from working with children and vulnerable adults and informs the service provider of any previous criminal convictions.



# Is the service effective?

## Our findings

People said they were cared for by staff who knew them as individuals and understood their needs. The staff we spoke with knew people very well and were able to describe their needs and preferences in detail. One person said, "I like it here, I like the staff." Another person said, "My key worker helps me." A third person told us, "Yes, they [the staff] know me." People's relatives spoke highly of the staff saying that they were skilled and knowledgeable. One person said, "I couldn't ask for better staff." Another relative told us, "I think they are fantastic. I love the individualised care with my [relative], it's above and beyond."

A high level of support was available for staff to help them develop their knowledge and skills and this helped motivate them to provide a quality service. A tailored and comprehensive staff training programme was in place to fully ensure staff were able to meet people's individual needs. A designated staff member co-ordinated the induction and on-going training for staff and they spoke passionately about the importance of staff having the right underpinning values to support people effectively. They said their main focus was for people using the service to have 'the right people' working with them who were supported to develop their skills and person centred practice from 'day one'. To help ensure this, additional induction and training materials had been developed specific to Mallow Crescent addressing principles of good practice and people's views about how they wanted to be supported. Staff also benefited from courses being run on-site in the services own conference room.

Staff confirmed that they had regular training and that courses were refreshed annually or as required. All of the staff spoken with said they had the training they needed to undertake their roles effectively. One staff member told us, "There is mandatory training we have to do but I have also done autism training and I am booked on dementia training." Some staff shared examples of recent training courses relevant to their roles and the more specialist needs of people they supported. For example, around responding to people's behaviour, Makaton, epilepsy and diabetes. Positive Behaviour training had recently been rolled out to all staff working within the service. Mandatory training was closely monitored with reminders sent to staff when they needed to refresh courses. Individual training reports could also be produced for each staff member for use in one to one supervision meetings.

All new staff completed a full induction programme including the 15 fundamental standards of care in line with the Care Certificate. A provider induction programme covered all mandatory training requirements and the service then facilitated their own specific induction training tailored for Mallow Crescent. An impressive array of materials had been developed for this induction and new staff spent two full days going through these. The staff member would then undertake at least five shadow shifts in the house they would be working in and one shift in each of the other five houses. Two month and four month progress reports were then completed leading to a six month probation meeting.

Staff were also supported through regular supervision and appraisal sessions which considered their role, training and future development. In addition to these formal one to one meetings, staff said they could approach the managers informally to discuss any issues they had.

Staff told us they were very well supported by the registered manager and senior members of staff. We saw that there was a staff member allocated as site cover acting as a first point of call as well as an out of hours on call system in operation that ensured management support and advice was always available when they needed it.

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 in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager had submitted DoLS applications for authorisation where people's liberty had been restricted in the service. Capacity assessments, best interest decisions and DoLS applications and authorisations were recorded. Records of best interest decisions were kept on file, for example, about medical treatment or finances. One example was provided where a best interests process had been used to enable a person to travel on the transport to and from their day placement unsupported by staff. Work had been undertaken by staff to make sure the person could be effectively supported with their health needs should they require it thus promoting their independence.

Staff completed MCA and DoLS training that helped them to understand issues around capacity and support people effectively. The staff we spoke with were confident in their use and application of the Mental Capacity Act 2005. The service used social stories and picture formats to make sure that people were as involved as possible in decisions about their care. We saw how staff supported one person with their health by liaising effectively with other agencies. They worked to make sure the person understood the proposed treatment and used a best interests process to achieve the best possible outcome for them. Feedback from one relative obtained through the service's own 2016 survey included, "When my relative is not able to make decisions, I am consulted."

Staff told us about how they had changed the way they worked with another person to provide more effective support for them and improve their quality of life. They had also worked to coordinate input from a variety of healthcare professionals to secure improvements around the person's health needs. This had reduced the distress experienced by them as an individual and increased their level of positive interactions with others. Detailed guidelines had been put in place to make sure the person received consistent support in the way they wanted it.

A further example of individualised and effective care that worked for the people using the service was observed in one house. A staff member explained that the office door needed to be left open so they could hear one person's bedroom door open signalling they ready to have their medicine. This was important because the person had a preferred routine for how they received their medicine and would cause them upset if they were not supported in this way.

We saw people were supported to maintain good health and had access to healthcare services, including their GP, dentist and other specialist services. Each person had a comprehensive health action plan detailing their individual support needs. This document was regularly reviewed and updated. One person using the service told us they recently went to the dentist and another person said, "Yes I go to the doctors, dentist and opticians." A health passport provided key information about each person, their communication and health needs in the event they needed to go to hospital.

An example was provided where a person using the service had a very rare medical condition and staff worked to gain more information about this which enhanced the person's care and ultimately resulted in a referral for the person to be monitored on an ongoing basis by a specialist. There was a positive outcome for the person with improved pain management and the development of guidelines for all staff to follow.

People's nutritional needs were met. People using the service told us they enjoyed the food provided to them. One person said they had 'all sorts' to eat saying, "We go food shopping with staff." Another person said they were having macaroni cheese that day and had chicken pie on the day before with soup at lunchtime. A third person said, "They ask me what I want to eat." People told us they were supported to plan the menus in each house and had choice about what they ate. We observed people using the service being supported to prepare the main evening meal on both days we visited. The staff took time and involved people, allowing them to take as much control as they were able to. People were also able to make their own snacks and meals. We saw one person return to a house and make themselves a drink and sandwich independently.

Care records showed that people's nutritional needs were assessed and recorded when they came to live at Mallow Crescent. Individual risk assessments and care plans then documented where people had a specific need or were considered at risk. Individual guidelines were additionally in place giving information about the support people needed to eat and drink. We saw staff had liaised with external health professionals where required and detailed individual guidelines were in place giving information about the support people needed to eat and drink.

The environment of each house met the needs of people using the service. People were able to personalise their rooms and could help choose colours for both their own and communal rooms.. We saw people had a range of possessions to meet their needs, for example, gaming consoles, televisions, computers and music equipment. Each house was homely with communal rooms including lounge, dining areas and garden. Additional leisure equipment was provided to meet people's specific needs, for example, a swing ball game was provided in the garden of one house as one person enjoyed playing this game every day.

## Is the service caring?

### Our findings

People told us they liked living at the service and the staff were kind and caring. One person said, "The staff treat me nicely." Another person commented, "I like the staff, they speak to me nicely." Other comments included, "They help me out" and "They're nice." One relative said, "It's the quality of care and attention to detail, every small thing is observed and responded to. They point things out I have overlooked." Another relative commented, "They are a nice group of people taking exceptional care in how the service comes together." A third relative commented how the staff had "Been supportive over and above what people expected." Other comments included, "[When I visit] I always see extremely pleasant staff, I am fond of the staff" and "They act like friends to people and they understand them. They do it with a smile on their face." A letter from a relative supplied to CQC following the inspection commended the 'wonderful support' from the team of staff from Mallow Crescent providing support to a person during their stay in hospital.

The 2016 survey of people using the service and their relatives contained consistently positive feedback about the caring approach of the service. Comments included, "We are grateful for the support and kindness of all the staff" and "Mallow Crescent provides a service second to no other. The staff are competent caring and kind."

The atmosphere during our visits was relaxed and homely. Observed interactions between the registered manager, staff and the people who lived at Mallow Crescent were warm, friendly and familiar. People shared jokes with staff and moved around their houses freely.

Staff talked about ensuring people were treated with dignity and respect and that their privacy was upheld. One staff said, "It's making sure if you are supporting someone in the bathroom you shut the door" and "We generally give same sex care, it is about people's own preferences." One relative said they observed staff "Always knocking on their door" and another relative said "A female staff supports her bath and hair wash."

We observed people coming home from their day placements and going to their room to change or relax. Staff were clearly aware of people's routines and gave them space when they needed it. A staff member told us, "We are very aware of not haranguing them after a long day, we give them time to relax." People using the service were able to express their opinions and had ownership of their home. One person asked our expert by experience to leave their house. Staff respected this request and didn't try to persuade the person otherwise. This showed that this was the person's home and they had real choice who came into it and talked to them.

The staff were knowledgeable about people's needs and how to meet these. We saw staff always checked with the person they were supporting before doing anything saying, "Can I help you" or "Are you ready to?" Staff we spoke with were able to describe people's likes and dislikes and how they liked to spend their days. For example, their jobs and day activities, their interests and hobbies and the sports they enjoyed playing or watching.

A staff member spoke about the person centred ethos of the service saying, "It's about the service bending

to the service user not vice versa." The staff gave us examples of how they worked with people to tailor the service around each person fitting in with their routines and preferences. For example, someone's medicine time was moved to a different time which suited them better. Each person had an 'All about me' document that gave information about the person, their strengths and the things that were important to them. Pictures and photographs were used to illustrate these and each gave good information about how people liked to be supported.

The service also used creative ways to enable people to be empowered and voice their opinions such as social stories. These were used to help people understand information and make choices. Social stories are short descriptions of a particular situation, event or activity, which include specific information about what to expect in that situation and why. These were produced in picture formats so staff could sit down with the person to help them understand and use this information.

Information about people was stored securely and confidentially. People had been asked to consent when information had to be shared with others, for example, with healthcare professionals. The staff did not discuss people's needs on front of others. For example, staff made sure the office door was shut when sharing information about people with the inspection team.

## Is the service responsive?

### Our findings

People were supported to have active lives by staff at Mallow Crescent. One person told us, "I do go to social club three days a week and I work." Another person said, "I go into town shopping and to college." A third person commented, "I do Pottery, the day centre, play games and go out." Some people enjoyed acting and singing and were being supported by staff to prepare for their Christmas production.

One relative spoke about a person's hobbies and how the staff had supported them to follow their interests including a trip to London for a 'wonderful day out'. They described the person being able to "Just do things as if they were at home." Comments from other relatives included, "[The person] tells me they're knackered at the end of each week but they enjoy it", "Out shopping once a week, has a computer in their room, staff play games with them" and "They seem to suit them - I know they go to several clubs."

The majority of people using the service were out attending day placements and working on both days we visited. Some people were being supported to attend appointments and go shopping with staff. The service had a number of vehicles for staff to use that enabled easy access to local community facilities and for trips further afield. We also saw examples where staff were supporting people to walk to local shops or use public transport, building independence skills.

Staff told us that they supported people to go out at weekends for a drink, shopping, to the cinema or for a walk. People could choose their own holidays with examples seen where people had enjoyed a log cabin in the New Forest or some time away at Butlin's. Other people had travelled abroad to Spain with staff. We saw that a holiday feedback form was used to check that people had enjoyed themselves, the things they liked and disliked and if they would like to go back there again.

People were supported to maintain relationships with friends and relatives. Staff worked with one person to enable them to continue to visit their relative on a weekly basis and have occasional overnight stays by overcoming a potential obstacle regarding them getting help in an emergency. A call alarm system was installed at their relatives house and staff practiced raising the alarm with the person using a social story to explain using the call button.

People using the service were aware of their support plans and said that staff involved them in their development. One person told us, "Me and (named staff) have meetings." Another person told us, "Yes once or twice a year I just say get everybody together if I want to see my social worker."

The support plans seen documented each person's care needs including their personal details and addressed areas such as activities of daily living, personal hygiene and physical health. Detailed guidance was available for each person about their preferred routines and how to support them effectively. We saw that care documentation was very well organised and regularly reviewed. Members of staff acted as key workers for each person using the service. They regularly updated the plans around individual goals and the outcomes people were achieving.

Handovers, communication books, allocation sheets and daily notes helped to make sure that staff had access to the most up to date information about the people they supported. Daily handover procedures were used to share information between staff.

People told us they felt able to talk to a member of staff if they had a concern or complaint. The service had a procedure in place to manage any concerns or complaints which was accessible to people using the service, their relatives and other involved stakeholders. The procedure was made available in the front hallway of each house in a picture format.

One person was supported by a staff member to make a complaint during our inspection. They helped the person to complete the form and told them what the next steps would be which appeared to reassure them. Records showed that any concerns or complaints raised were addressed in a timely way. The action taken and response was documented in each instance and showed that the service used these to learn and improve. An accessible follow up form was then used to obtain feedback from the complainant to make sure they were satisfied with the outcome.

## Is the service well-led?

### Our findings

Relatives of people using the service gave us positive feedback about the care and support provided at Mallow Crescent. We asked relatives for their opinion of the culture of the service and responses included, "Open and honest" and "Very laid back, kind, giving, everyone looking out for everyone." One relative described the "Happy feeling when I walk in."

The registered manager had been in post for over 14 years. She and her staff team made sure that people using the service were valued and at the heart of the service. The ethos of valuing people underpinned day to day staff practice with the views and preferences of people using the service put first. This ethos and practice of valuing people was reinforced starting from the staff induction training, then at regular staff and management meetings and at one to one supervision sessions. A staff member told us, "You can see from the things she says that care for the people here is her number one priority, she's genuine."

The registered manager told us about the importance of having a learning culture within the service and being open and inclusive. She stressed the importance of valuing staff always ensuring everybody working within the service was supported to learn and develop. One staff member said, "There is no blame culture here, nobody is scared to report or complain."

Staff were positive about the leadership provided by the registered manager. A staff member told us, "We have followed her lead and her standards." Another staff member commented, "She is brilliant, she is always there." A third staff member said, "The manager is amazing. She is just everywhere, supporting and empowering us." Staff told us they felt valued and appreciated for the work they did by the management team. They said that the registered manager had an open door policy and they could talk to her or other senior staff any time they wanted to. A staff member commented, "Very approachable. We always know who is on-call and you can email them as well."

Staff were confident of the high quality of support provided to people and said the service passed the friends and family test. One staff member said, "It's the communication and the staff team here, that's what makes it so good." Another staff member told us, "It's brilliant, like a little community up here, I love it." A third staff member commented, "Nothing is left to chance here."

Feedback from a 2016 survey carried out by the provider for external health care professionals included, "It is a superb care home with caring professionals who go the extra mile to support their clients." Another care professional said, "Mallow Crescent is an overall excellent service with great leadership and dedicated staff."

Each of the six houses ran autonomously with a house leader and their own set of staff. Staffing was structured to provide the best outcomes for people, ensuring communication lines were open and key information was shared effectively across the staff teams working in each house. Two deputy managers worked across the houses to support and manage the teams. A small team of administrative staff additionally provided support to the service, helping to manage areas such as staffing, finances and training. We saw staff from other care services run by the provider visited Mallow Crescent to see how the service



operated. One visiting staff member had commented, " I think that the way Mallow Crescent is run, the atmosphere and how all the paper work is organised and the residents are cared for is really inspirational and helped me a lot with my own development. "

We saw the communication within each team worked well. Staff clearly knew people well and were aware of any recent changes to people's health. They were clear about their responsibilities and each house had established systems for both monitoring and improving the quality of support provided. Established handover procedures including written shift records made sure that staff were kept up to date and able to access key information quickly. We observed a staff member completing the daily handover procedures including reading daily records, checking people's medicines and counting money held on their behalf.

We saw that the service found creative ways to enable people to be empowered and voice their opinions. Social stories were used to help people understand information and make choices. For example, where one person was going for a hospital procedure, the information was produced in picture format to help them understand what was going to happen both before and after.

People using the service had been consulted about how they wanted to staff to work with them. Their expectations of staff were documented, reviewed with them and used during the induction of new staff. These included staff joining people at mealtimes to eat and not spending time talking on their mobile phones.

Day to day information was also presented in different formats depending on the needs of people using the service. We saw menus were displayed in one house which were hand written by the people living there whilst in another house they had pictures. Staff told us, "On a weekly basis we get a blank menu page and get pictures out and books to help people choose" and "We have picture cards for the menu." Daily chores were also displayed in picture format clearly showing each person what they needed to do on a particular day. One relative told us their family member helped with the cooking and staff helped them to do their washing each week.

Minutes of the regular individual house and whole site meetings for people using the service were displayed in picture formats. A whole site meeting for people using the service was held during our inspection with topics discussed including the CQC inspection, social activities and keeping warm in Winter. Previous meeting minutes evidenced how people had been involved in staff recruitment and choosing their holidays.

Staff were involved in the running of the service. Regular whole site staff meetings were used for staff development purposes and to reinforce good practice. For example, focusing on the Mental Capacity Act, safeguarding and healthy eating. We attended this meeting during our inspection. Staff were asked to break into groups, to reflect and then share examples of good practice in 2016 and also to identify areas for development in 2017. A previous meeting had considered a CQC national report about involving people in their care. Staff had also been asked to contribute to the completion of the CQC provider information return (PIR).

Records showed that regular management meetings and away days took place. The registered manager and her deputies regularly met with team leaders from each house to support them and discuss the service provided. One staff member told us that the registered manager had "A very good knowledge of staff and people using the service."

Relatives and friends of people using the service felt involved with people's support and were welcomed

when they visited. One relative commented, "Yes they ask me." Another relative said, "Yes they do, my (named relative) will also phone me." A third relative told us, "I always ask if there are any problems when I visit, staff say hang on a second and will want to tell me something." A relatives and friends committee raised money for people to have Christmas presents, Easter eggs and other leisure equipment.

Quality audit systems were used to identify trends or lessons for improving the service and were effective in maintaining a high quality service. Regular audits of care records, medicines management and health and safety checks were carried out, with action taken to promote improvement. Accidents and incidents were monitored and reported to the provider using an electronic system. Any elevated risks to people were highlighted and followed up with any themes or trends identified.

Mallow Crescent was also subject to external quality checks by representatives from the provider organisation. A senior manager visited the home on a regular basis and compiled a report of their findings. Copies of these audits were available along with action plans to address any identified shortfalls. We noted that the organisational quality checks were aligned to CQC outcomes and underpinning regulations.

People, families and external professionals were surveyed annually to get their feedback about the service and the latest survey results showed consistently positive feedback. Reports were compiled to address any areas for improvement with specific actions identified. A Mallow Crescent team action plan was also in place for 2016/2017.

The registered manager had on-going links and attended regular meetings with local groups including the Surrey Positive Behaviour support network and the local Valuing People Partnership Board.