

SCC Adult Social Care

Mallow Crescent

Inspection report

25-30 Mallow Crescent
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Date of inspection visit:
28 November 2019

Date of publication:
29 January 2020

Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Good 

Summary of findings

Overall summary

About the service

Mallow Crescent is a supported living service offering care and support to people. There are five houses located at the end of a quiet residential crescent. The service supports people with a learning disability or autistic spectrum disorder, older people, physical disability and younger adults. Mallow Crescent also has one residential care home providing personal care for up to 6 people for short term respite support. Mallow Crescent also operates an outreach service providing support to people in their own homes. Not everyone who used the service received personal care. The Care Quality Commission (CQC) only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. 26 people were being supported with personal care at the time of our inspection.

Services for people with learning disabilities and or autism are supported

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

People, their relatives and health and social care professionals described the staff as knowing people exceptionally well, and the care people received as being excellent.

Innovative and creative ways were used to deliver personalised care and support to people. People's health and wellbeing was closely monitored to ensure they received timely and appropriate treatment.

People were encouraged to live as full a life as possible and supported to achieve the best possible outcomes. Staff had formed positive relationships with the people they supported and looked for ways to make them feel valued. People were genuinely encouraged to express their hopes and dreams and the service looked for ways to make these a reality. Staff knew people really well and used this knowledge to support them achieve their goals. Staff were considerate of people's feeling at all times and treated people with the utmost respect and dignity.

People received highly personalised support. People's confidence, independence and health outcomes had improved since they began using the service. People were enabled to maintain relationships with those who mattered to them.

Staff were aware of safeguarding procedures and knew the correct action to take if they suspected abuse had occurred. There were enough staff to meet people's needs. Recruitment procedures were thorough and

safe. People were supported by a consistent staff team who were aware of the risks to people and knew how to manage these safely. Medicines were administered, stored and disposed of safely. Infection control practices were robust.

The level of care and support given to people enabled them to have an excellent quality of life. Staff understood and knew how to apply legislation to help people make decisions and give their consent to treatment. Where restrictions were in place this was in line with appropriate guidelines.

People were supported by staff who had exceptional skills and knowledge to meet their assessed needs. People had enough to eat and drink and arrangements were in place to support people who had been identified as being nutritionally at risk.

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.

People had access to a wide range of personalised and group activities and were supported to have a say in all aspects of how the service was delivered. People were supported to have as many opportunities as possible, so they could gain new skills and live more independently.

People benefitted from a service that had a dedicated manager whose experience was used to support people to lead full and meaningful lives. The values of the provider were consistently demonstrated by staff in their interactions with people and with each other. People's views were sought out and acted upon.

Thorough quality assurance processes ensured the safety, high quality and effectiveness of the service. People and relatives felt listened to and their views were taken into account. These were used to shape the service.

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 6 March 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was exceptionally caring.

Details are in our caring findings below.

Outstanding ☆

Is the service responsive?

The service was exceptionally responsive.

Details are in our responsive findings below.

Outstanding ☆

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Mallow Crescent

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 Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Mallow Crescent 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.

This service also provides care and support to people living in five 'supported living' settings and in the community, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had a manager who was undergoing the registration process with the Care Quality Commission. This means the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave 48 hours' 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.

Inspection activity started on 28 November 2019 and ended on 2 December 2019. We visited the office location on 28 November 2019.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service and two relatives about their experience of the care provided. We spoke with 11 members of staff including, the manager, the senior manager, the quality assurance manager, the nominated individual, the assistant team manager, three house leaders and three support workers. We reviewed a range of records. This included four people's care records. We looked at three staff files in relation to recruitment and staff training. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. After the site visit we telephoned and spoke with three relatives of people who used the service. We also spoke with two health and social care professionals who regularly works with the service. We looked at training data and quality assurance records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were cared for safely. People and relatives told us people were safe with staff support. One person told us, "Yes, [feel safe]. Help me bath." One relative said, "Absolutely safe. For so many reasons. I feel secure as the staff are so open [and friendly]." Another relative told us, "[Person] is safe there because he is happy and content."
- Staff were aware of the signs of abuse and how to report safeguarding concerns. One staff member said, "I would report it to management. I would go further. We believe in whistleblowing here. We can go to CQC." Another staff member commented, "I would report it to the management. I would contact CQC [to whistle blow]."
- Safeguarding records were appropriately completed and showed the manager alerted the safeguarding team and notified the CQC promptly of safeguarding concerns and took timely actions to ensure people's safety.

Assessing risk, safety monitoring and management

- The provider had systems in place to identify, assess and reduce risks to people.
- Staff demonstrated a good understanding of risks to people and how to manage them safely so that people were provided with safe care. A staff member said, "We have a meeting every three months to discuss if people's needs are changing and how they are developing. If something has changed, we would change the risk assessment straight away. We also look at every year as well to see if things are the same or getting worse."
- Where people required equipment to keep them safe, this was in place. A relative said, "[Person] has a walker and she had a risk assessment done on it."
- People's risk assessments were individualised and regularly reviewed. They provided staff with information on identified risks and how to reduce them whilst respecting people's freedom and independence. For example, one risk assessment stated, "Water is thermostatically controlled and tested weekly. Staff who support [person] with bathing must check the water physically every time [person] has a bath as [person] would not tell staff if water is too hot or cold."
- The risk assessments were for areas such as the environment, medicines, self-neglect, finances, domestic tasks, accessing the community and oral care.

Staffing and recruitment

- There were sufficient staff to support people. Relatives confirmed there were enough staff to support people safely and to ensure people's needs could be met. One relative said, "Always two people here. It runs like a cluster service. [Staff] all support each other in the other houses. Always support available." Another relative told us, "I am sure enough [staff] to do what they do."

- Staff told us there was sufficient staffing levels and their shifts were covered when they were off sick and took annual leave. One staff member told us, "We have a good supply of permanent staff who are quite confident." Another staff member said, "We definitely have enough hours covered. The rota is designed very well. It is very flexible. We are able to borrow staff from other houses."
- The service followed safe recruitment practices and had conducted the relevant checks before staff worked unsupervised at the service. Records showed completed application forms, proof of identity, references and Disclosure and Barring Service (DBS) checks. The DBS is a national agency that holds information about criminal records.

Using medicines safely

- People were safely supported with their medicines needs by staff who were appropriately trained, and their competency assessed before they could administer. Relatives told us they were satisfied with medicines support. One relative said, "[Staff] are rigorous with medication. I am very happy."
- People were supported to manage the administration of their own medicines. There were systems in place to manage this safely.
- Medicine administration records showed they were appropriately completed without any gaps and errors. There were processes in place to identify issues and errors, and audits showed issues had been identified and acted on promptly.

Preventing and controlling infection

- Staff followed appropriate infection prevention and control practices to ensure people were safeguarded from the risk of infection.
- Relatives were happy with the cleanliness standards. One relative commented, "It is always clean and fresh."
- The homes were clean and without malodour.

Learning lessons when things go wrong

- Any accidents or incidents were recorded and monitored. Reports were analysed, enabling any safety concerns to be acted on.
- Staff were aware of the reporting process for any accidents or incidents. Records showed that appropriate action had been taken and where necessary changes had been made to reduce the risk of a re-occurrence of the incident. Where incidents had occurred, the service had used these to make improvements and any lessons learned had been shared with staff.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- Before people received care, a detailed assessment took place to check if people's needs could be met. A relative told us, "When [person] first went there we went through all the paperwork." A staff member said, "We have a support plan for each person but first you meet the person and speak to them. [Ask people] what they like to do, what their needs [are], what they want to achieve in their life, and their aspirations, and how we can best support them. We meet parents and relatives who know them best."
- The provider spoke to the people, their relatives where necessary, and healthcare professionals involved in people's care to identify their needs, abilities, choice and risks associated with their care. The needs assessment process was comprehensive and gathered information related to people's healthcare needs, physical health, communication, personal care regime, food and fluid intake, social interaction, domestic tasks, and relationships.

Staff support: induction, training, skills and experience

- Staff received appropriate induction, refresher and specialist training, monthly supervision and performance conversations to enable them to meet people's needs effectively. Records confirmed this.
- Relatives told us staff were skilled and knew how to meet their individualised needs. A relative said, "The way [staff] are looking after [person] is amazing." Another relative commented, "[Staff] are excellent."
- Staff told us training and supervision were helpful. Their comments included, "We have supervision with the house leader. We talk about personal development, [people] and what their needs are and how things are changing and [how to] best meet their interests" and "[Training] is good. They manage to cover everything. We have a new resident with diabetes. I am going to have [diabetes] training. I have attended two conferences on autism which the managers helped me with. It helped me with my skills."

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

- Where people required support with nutrition and hydration this was provided. People and relatives were happy with the dietary support. One person said, "I do [like the food]." A relative told us, "[Person] enjoys [the food] and he has choice." Another relative commented, "Food is one of [person's] main enjoyments. She says she eats well. If she wants something particular, [staff] will go out and get it for her in the shopping."
- People's care plans detailed their dietary needs, risks associated with those needs and the support they required. For example, a person's care plan stated they required full support with preparing and cooking their meals, and instructions for staff to assist them whilst they fed themselves to reduce the risk of choking whilst still respecting their independence.
- Food menus were pictorial and on display in the kitchen. Staff and relatives told us people took turns

helping on a weekly rota to help with cooking. One relative said, "[People] share responsibility of cooking. They choose the menu together. [Person] tells me what he is going to be cooking on Monday.

- Staff followed guidance provided by healthcare professionals for any specialist nutritional needs.

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

- The home that provided short term respite support was accessible, adapted and designed to meet people's needs. It provided a warm and 'home away from home' environment. There was a good-sized accessible garden. A relative said, "I think that it has very [functional] building and surroundings." Another relative told us, "[Person] has her own bedroom. The same bedroom every time she stays there so she is familiar with surroundings. Staff make it feel like her second home."

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

- Records showed there were support plans in place to promote and support people's health and well-being.
- Where people did sometimes need assistance, staff contacted the office staff to alert a health care professional or family member if they had concerns. A relative told us, "[Person] had a nasty cold once and [staff] phoned the doctors and got medication for that."
- The service worked alongside local community and medical services to support people and maintain their health. One relative told us, "[Staff] diagnosed [person] had eye problems and diabetes. That wasn't known before [person] moving to service. They got [person] checked which saved his eyesight."
- Staff knew how to provide effective and individualised oral healthcare, and people were registered with a dentist that specialised in supporting people with learning disabilities. One relative told us, "I know [staff] are really watching [person's] mouth. They take him to the dentist." A staff member said, "We do have oral care. It depends on the support plan [and] whatever the dentist recommends. Like different types of toothpaste. Some people [have] prescribed toothpaste."
- People's support records on oral healthcare were clear and showed individualised guidelines for people. For example, one oral healthcare guideline stated, "Staff should support [person] to clean his teeth twice a day. Using [specialised] toothpaste, an electric tooth brush and a 3-sided tooth brush. [Person] will brush his teeth first. Staff should encourage and praise [person] to brush all areas of his teeth. After [person] has brushed his teeth Staff should ask [person] if its ok that they support him to also clean his teeth, staff should take their time and brush effectively for two minutes ensuring each tooth is brushed thoroughly as advised by the dentist."

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 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. 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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met

- The service worked within the principles of the MCA.
- During the needs assessment process, the provider identified whether or not people had capacity to make decisions related to their care and treatment. Where people lacked the capacity, the service ensured their support plans clearly stated this and the details of their legal representatives who made decisions on their behalf. Records confirmed this.
- Relatives told us staff encouraged them to make decisions by giving them choices and sought their consent before they provided care. One relative said, "[Staff] will ask [person]. They have to [ask]." Another relative commented, "[Staff] ask how [person] feels about certain things. They give her options on things."
- Staff knew the importance of giving choices and asking people's permission before providing care. Staff comments included, "It is all their choice, we go by what they like and what they are comfortable with" and "[People] can choose the food menu and activities."

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 the last inspection this key question was rated as good. At this inspection this key question has now improved to outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

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

- We received consistently positive feedback about the caring nature of the service and staff's compassionate approach. Relatives constantly referred to the trust, kindness, understanding and sensitivity to people's individual needs as reasons why they felt the service was exceptional. Comments included from relatives were, "The level of kindness is tremendous. They care for [person's] emotional wellbeing. They know [person] so well. I feel the staff are so aware of his interactions and his problems. It is a wonderful feeling", "I think it's wonderful. The way [staff] are looking after [person] is amazing", and "Staff are extremely caring and understanding of problems. I get a nice feeling when I go there. They try to make [person's] time there as happy as possible and I am sure it is."
- We asked one person if they liked living at the service. The person did not communicate verbally and wrote us a note that said, "Me like home." They smiled as they handed us the note.
- Staff were exceptionally kind, caring, and committed to the people they supported. They had developed very strong relationships with people and helped ensure they enjoyed a quality of life, whatever the level of need. One staff member said, "The reward is quite big when you see [people] happy. You manage to fulfil their wishes and see happy families." Another staff member told us, "I am trying to listen to [people] actively. It is important for me to see them happy. That is the main goal. I have a positive relationship with them."
- Staff worked sensitively and compassionately with people. Staff were aware of and had an understanding of people's needs, anxieties and aspirations. They established consistent and trusting relationships with people which enabled people to relax with the support provided. For example, one person had wanted to join a dance class however, this person had not attended any social clubs and classes for a number of years due to social anxieties. The service supported this person to join a dance class that specialised in supporting people with a learning disability. The person now attended the class weekly and chose a song to dance to in the class. The staff's support enabled the person to engage in an activity of their choice which offered opportunities to meet new people and avoid social isolation.
- Another example of meeting people's needs, the service supported a person to attend a relative's wedding overseas. Family relationships were very important to this person. The support included a staff member supporting the person during the overseas trip and travel. The service showed us pictures of the person attending the wedding and reconnecting with their relatives.
- Lesbian, gay, bisexual and transgender (LGBT) people were supported with their specific needs. For example, one person expressed their wish to wear clothes of the opposite gender they were born with. The service made sure the person was listened to, not discriminated against and was supported to express their wishes and preferences. Their support plan stated their wish and instructed staff to meet their needs sensitively. The support records included pictures of the person in social settings in the clothes they

preferred. The relative of this person said, "Now [person] can express his self. [Person] has the shackles off and pushing the boundaries more. Which is a good thing."

- Discussions with the manager and staff members showed they respected people's sexual orientation so that lesbian, gay, bisexual, and transgender people (LGBT) could feel accepted and welcomed in the service. The manager told us, "We do treat everyone as individuals no matter how they identify. If their sexuality is important to them, we will explore that." One staff member told us, "I know [person] is experiencing his wish to get dressed as the opposite gender. We would support their wishes and preferences." Another staff member said, "[Male person] likes to wear dresses. [Another male person] when doing pantos [is] happy wearing dresses. First of all, you would ask them what they want to do and give them the information necessary. Get information to make them aware of anything to support them. We would have specialist involvement. I can't see any problem. At the end of the day they have a choice."
- People's care records reflected their needs in relation to their protected characteristics including religion, culture, language, and gender. This enabled staff to provide person-centred care.
- The Equality Act 2010 introduced the term "protected characteristics" to refer to groups that are protected under the Act. It is unlawful to treat people with discrimination because of who they are.

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

- People were supported to voice their dreams and aspirations, and staff assisted in enabling people to live the life they wanted. For example, one person wanted to explore their sexual needs. The service referred the person to a drama therapy service which worked with the person and the service, so they would have a better understanding of their feelings.
- Every effort was made to ensure people were supported to express their views so that staff understood their preferences, wishes and choices, including where people may not communicate verbally. A staff member told us, "We use lots of easy read. Care plan reviews we do with [people who used the service]. They fill in what they have liked in the year and what they haven't enjoyed."
- People, and where appropriate their relatives, were involved in their care planning, and the service ensured people were at the heart of the process. The service used creative ways of recording people's histories, and religious and cultural needs. For example, one person wanted to go on holiday. The service created pictorial social stories so the person could understand the cost of the holiday, planning the holiday and help the reduce anxiety due to changes in their day to day routine. Staff were matched with people as per their interests, preferred gender of their care staff, and interests. One relative commented, "We are part of the review. Everything is discussed with us." Another relative said, "I come here for a review every year with Mallow Crescent and the day centre. I am kept fully in the loop."
- Communication methods such as large print, pictures and other bespoke methods of communication were used to help people remain involved and retain ownership and be responsible for decision making in their lives.
- Care records were exceptionally detailed with a consistently high degree of personalisation and provided staff with an excellent guide to understanding each person, including people who may not communicate verbally. This enabled staff to provide person-centred care if people could no longer tell staff how they wished their care to be provided. The relative of this person said, "They do support [person] with [their partner]. They take them to lunch and staff keep their distance not to intrude on their privacy." Care records of this person reflected this.

Respecting and promoting people's privacy, dignity and independence

- The service was committed to promoting people's independence, in a manner that enhanced their self-esteem and achieved their aspirations. Care records confirmed this. One care record stated, "I like to do my day chores before I go to [day centre] and I may need reminding occasionally to use right colour cloths and correct cleaning materials for cleaning. Staff normally wash my bed linen and clothes daily so I keep good

hygiene in my bedroom, but I am able to do this myself and will often offer to do so."

- Staff encouraged people's independence and took proactive actions to enable their independence. One staff member said, "We do road training, we help them cook independently, monitoring independence. We observe how they are managing their finances. We help with the teaching process." Another staff member told us, "We try to give them independence. For example, we encourage [people] to do [vacuuming]. They have a cooking day to cook with staff support. They lay the table. [Person] likes to be responsible with shopping list. Have menu book with pictures. We do the shopping online. [Person] will sit next to us and we do it together. She checks all the items and the receipt, [and] helps put things away."

- The service understood the importance of continuity of care to promote positive and trusting relationships, and people's confidence and independence. Hence, the service ensured people were supported by the same staff team. This led to staff gaining a thorough understanding of people's person-centred care needs and choices. For example, people on short term respite breaks were always given the same bedroom for each stay. This consistency promoted people's confidence and independence.

- Staff described how they encouraged people's privacy and dignity, particularly for those people living in houses of multiple occupancy. This was confirmed by relatives. One staff member said, "[Person] gets frustrated with others leaving the house before him, he wants to be first. He wants to go into conservatory and have the doors closed so he doesn't see them leave. We respect that." Another staff member told us, "When [people] have a bath, if they want private time we will let them. If they want help they can give a shout. If they need private time we will respect that."

- Relatives told us privacy and dignity was respected. Comments included, "Just the way [staff] talk to [person] with dignity and respect. [Staff] are friendly. If they didn't treat her with dignity I would be upset. They definitely treat her with respect" and "[Staff] always give [person] an opportunity to speak. If she is not happy they will try and do something she is happy with."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has improved to outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- Staff worked closely with the person and where necessary, involved the relatives and relevant professionals in planning care and support which was focused and centred around each person's individual needs, wishes and preferences. They did this by spending time to understand people's needs, likes and dislikes. Relatives gave examples of how staff tailored support to the personality of their loved ones. For example, one person was highly anxious attending medical appointments. The service took a number of steps which was personalised to meet this person's individualised needs. This included creating a pictorial social story, so the person would have an understanding of what would happen on the appointment. The service also contacted the medical professional advising them that the person loved owls. The medical professional placed picture of owls in the examining room to make the person feel at ease. The outcome of this was the medical professional was able to examine the person's ears and they now have prescribed hearing aids.
- The service also supported another person who was anxious having blood tests. The service worked with the GP surgery to make the person's experience as less stressful as possible. This included booked a longer appointment time, so the person was not rushed. Also, the service worked with the GP surgery to put pictures of the person's favourite football club in the treatment room, so the person felt less anxious. This demonstrated the service tailored support to meet people's personal needs which ensured they had choice and control.
- Staff feedback showed they researched and used information about people's history and interests to provide care that reflected each person. The service matched staff to people who had similar interests and history. The manager said, "We also like [staff] in the same house to build that relationship. It is a family. They build up a relationship with people. We try to match."
- People achieved their desired outcomes. We saw their support plans included short, and long- term goals they hoped to achieve with support. For example, one person wanted to see musical shows in London. Records showed the person had been taken to London to see a variety of shows.
- People were actively involved in assessing and developing their support plan. Relatives told us they worked with staff regularly to review people's support plans. A relative said, "We meet and talk about things. [Person] has an annual review as does everyone. Staff are always asking for suggestions." The service used electronic tablets, pictures and easy read documents when discussing support plans with people.

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

- Relatives appreciated the service's role in helping people to remain independent and valued the

relationships they had formed with staff. Relatives all told us staff went the extra mile to support people to achieve their dreams and aspirations, whatever the level of need. One relative said, "[Person] wants to see the [Christmas] lights in London. They will organise that. They are going to have a New Year's Eve party. Couple of weekends ago [person] went to a museum. It had been discussed and they had chosen what they wanted to do. He likes to know and plan ahead and likes regular things and it happens." Another relative told us, "[People] go to the pub for dinners. They take [people] for walks and to the garden centres. That is what [person] likes doing."

- There were many examples of where people were supported extremely well to maintain relationships, to avoid social isolation and to be part of the community despite some complex healthcare needs. For example, one person had lost contact with family members. With the person's permission, the family were contacted and asked if they would like to be involved in the person's life. As a result of the service's involvement, the person now has regular contact and a relationship with their family members. Another example, a relative was terminally ill. The service provided extra support to the person and the family over that period. The relative told us, "[Person] was distressed when my husband was in hospital. [Staff] were so flexible and accommodated [our] needs." Another relative said, "[Staff] do support me. [Relative] had an operation a couple of years ago [and staff] looked after me."
- Another example of supporting people to avoid social isolation. A person who identified as lesbian, gay, bisexual and transgender (LGBT) was supported to attend a local Pride event to celebrate the LGBT community. The service showed us pictures of the person attending the event and participating by meeting other people who identified as LGBT. Pride is the promotion of the self-affirmation, dignity, equality, and increased visibility of LGBT people as a social group.
- Staff worked with people to look for opportunities within the local community. Reasonable adjustments were made to encourage independence. People were supported to work in paid and voluntary jobs in the community. For example, one person was supported to work in a local supermarket.
- The service ran a range of activities and schemes for people who lived in all their services, both those included in the provision of supported living and short-term respite breaks. People's activities included going to the cinema, theatre, pub meals, day centre and garden centres. One person's care record stated, "Every other Saturday I have support to go to a trip out like [community animal sanctuary] and [place of worship]. This meant the service had gone the extra mile to accommodate activities for people, so people could live as full life as possible."

End-of-life care and support

- The service was skilled at helping people to explore and understand end of life. At the time of our inspection the service did not have any people receiving end of life care.
- The service had an end of life policy. The service offered online training on end of life care for staff. The service was also offering classroom training for staff in December 2019.
- Records showed end of life was discussed recently in a meeting with people who used the service. Also, staff discussed end of life in their own meetings.
- The service used an easy read bereavement document when discussing the death of relatives with people. For example, one person's relative had passed away. The service created a pictorial social story for the person, so they would have an understanding of what it means when someone close to them dies. This meant people's needs had been considered in discussions about end of life.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service had excelled in their approach to presenting information in different ways to help involve people.
- Various types of information had been converted into different formats to help people understand the information and make informed choices. For example, pictorial staff rotas were available in each of the supported living schemes and care home. People had pictorial information presented to them with care records and resident meeting minutes.
- People were supported with communication in a range of settings. We saw examples where communication had been used very effectively to help people access important medical appointments and understanding different social situations. For example, one person became highly anxious when the fire alarm was tested. With the help of the family the service created a pictorial social story to explain the process of fire alarm testing and to reassure the person.
- Staff members told us the various ways they communicated with people. One staff member said, "We use technology. [Person] has a [electronic] tablet. She will type us a message." Another staff member told us, "If I am booking [a show in London] now and it's for [later in the year]. [Person] likes to have a countdown calendar and he crosses every day gone. This way he knows how many days and months till he sees the show. We try to adapt."

Improving care quality in response to complaints or concerns

- People and relatives knew how to raise concerns and make complaints. One relative said, "I wouldn't hesitate. First of all, I would speak to [staff member] and [senior staff member], and I can take it to [manager]." Another relative commented, "I would go straight to [senior staff member] or [manager] and make my complaint clear with them. I have some paperwork here about [complaints process]."
- 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 supporting living scheme and care home in a picture format.
- Records showed that any concerns or complaints raised were addressed in a timely way. The actions 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

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 the last inspection, this key question was rated as outstanding. At this inspection, this key question is rated 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; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 service continued to be exceptionally well led by the previous registered manager and the new manager. The manager understood the legal requirements, which included the conditions of their registration.
- The registered manager had just recently retired after working for the service for a number of years. The assistant team manager was now in the manager role and was applying to be registered manager. Relatives told us they had confidence the manager would do well in the role. Comments included, "I have every confidence [registered manager] would have confidence in her successor. I have met her. [Manager] has worked with [registered manager], and I am quite sure [registered manager] would [have] passed onto so much to her and I am confident" and "[Manager] has been very helpful. When I heard she was taking over I was very confident she would do a good job." This meant people continued to receive a consistently high quality service by a manager that continued to uphold the values held by the previous registered manager.
- An exceptionally motivated and enthusiastic staff team was in place, led by a motivated management team that worked together to follow best practice and achieve very positive outcomes for people. A relative commented, "[The service] changed [person's] life. He is a lot more confident, responsive and expressive. Whenever I ask him if he is happy there he will always answer yes." Another relative, said, "I see staff with other residents in the community. What pleases me, is they are engaging in conversation. They are chatting. I absolutely love that."
- Health and social professionals told us the service was well managed and ensured people received a safe and high-quality service. A health and social professional commented, "We deal with quite a few care [services] and Mallow Crescent is probably one of the best. It is good communication with the management team." Another health and social care professional told us, "Very experienced and caring team that know their [people] well. Very open and engaged. They listen and have an open dialogue. Worked with the home for a number of years. It is a good service."
- A health and social professional shared a positive outcome experience they had with the service. The experience was published in an adult social care newsletter distributed in the community. The newsletter stated, "Your staff provided excellent communication around [person's] needs throughout the whole process from A & E until he was admitted to the acute ward. [Manager] was consistent in her approach with communication with me and the relevant ward staff. She was always reviewing the service users support needs and maintained good communication. The nurses and doctors were all impressed with the level of

commitment and support to this service user."

- The service's vision and values were personalised and put people at the core. The manager told us, "The families love that we have a community here. The staff have a really good rapport. We work so well together. We are quite unique in our structure. Staff are motivated to work, and they strive on the responsibility. We have had [staff member] here 40 years. Staff are happy working here."
- Staff understood their roles and responsibilities and were confident in the new manager. One staff member said, "My personal opinion is that [manager] is very proactive and she knows everybody. I feel it is a positive move for us." Another staff member told us, "I think [manager] is great and she had the best example to learn from, that is [registered manager]. She is going to be a great manager. She is patient and listens to us. Acts promptly when we ask for help. She knows the [service's] values. I really trust her."
- 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, infection control 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.
- The service had external quality checks by representatives from the provider organisation. A senior manager visited the home on a quarterly basis and compiled a report of their findings. Copies of these audits were available along with action plans to address any identified shortfalls. The organisational quality checks were aligned to CQC outcomes and underpinning regulations.
- The manager demonstrated their responsibility of duty of candour. Duty of candour is intended to ensure that providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in relation to care and treatment.
- This showed governance was extremely well embedded in the service and the manager had a robust oversight of the management of the service to ensure the care delivered was safe and of high quality.

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

- The manager worked closely with the other managers in the service, the local authority, charities, day centres and community health and social professionals to ensure people received excellent outcomes and creative support solutions. One health and social professional told us, "There is a lot of involvement. They do include us and practitioners as well."
- People who used the service were continuously involved and had a say in the vision of the organisation; this was demonstrated in people's involvement in support plans and recruitment. The service had developed a document called "All About Me". "All About Me" documented people's support requirements, their likes and dislikes, future wishes, what is important to them and how they like to communicate. People were involved in the development and design of the document. The service had also worked with people to develop a document for new staff joining the service. The document gave guidelines to new staff of what people expected of them with their care. This included staff arriving on time, staff not to use their mobile devices while caring for people, staff having their meals with people and to show that staff do have a caring approach for the people who used the service. Records showed people were involved in doing building checks.
- The service had developed an annual pictorial survey for people who used the service. Survey results from this year was positive. Comments included, "I have friends here. I like cooking. I like going on outings" and "I like staff and I have friends."
- The latest annual survey conducted this year indicated that relatives were happy with the service provided. Comments included, "The staff and myself work together to encourage my [relative] so she can try new things to enhance her care and wellbeing." and "Mallow Crescent provides all that one could hope and wish for one's vulnerable relative. It is clean, kind, comfortable and cheerfully caring. Medication is

scrupulously administered and individual needs, both in terms of [people] and emotions are thoughtfully offered."

- The service had considered how relatives were meaningfully involved in making decisions about how the service was designed and run. The service had a support group for relatives which met regularly. The support group was involved in raising money for the service. One relative told us, "It is a group of parents and [registered manager] would come to the meetings. We raise money and [have] bought vehicles. I am going to meet [manager] at the annual general meeting. [Registered manager] would give a report every time about what had happened since the last meeting. We bought laptops and garden furniture. I have been on it for 20 years."

- Regular staff meetings took place with office staff about the running of the service. One staff member said, "We have house staff meetings every other week. Talk about safeguarding, [and] do lots of team building exercises." Records showed the meetings had topics on LGBT (lesbian, gay, bisexual and transgender), updates on people, end of life discussion and video, and a reflection on what has gone well and what things have not, and what learning they have taken from the last year.