

SCC Adult Social Care

Mallow Crescent

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Mallow Crescent is a supported living and residential short stay respite care home service for people with learning disabilities and autistic people who may have additional physical support needs. The supported living homes and the residential home are located close by in one residential area. The care home can accommodate up to six people and at the time of the inspection only one person used this service. There were 28 people receiving support with personal care in the supported living services and in the local community. The whole service supported 29 people at the time of the inspection.

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

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

Right Support:

People received person-centred support which encouraged them to work towards their own goals and to live the life they wanted. Where people wanted to move on, this was supported despite the challenges posed by the COVID-19 pandemic. People's needs were discussed with them and their representatives before they started using support at Mallow Crescent. The provider was reviewing their assessment processes to continue to improve them and how they were aligned with the Right support, right care, right culture guidance.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Right Care:

People and their relatives told us staff were kind, compassionate and caring. We observed staff treating people with respect and involving them in their support. Staff were sensitive and patient when people experienced difficulties. People's support records included guidance for staff how to support them to feel valued, secure and comfortable.

Right Culture:

People and their relatives knew the staff team and management. They told us management were approachable and visible and they felt comfortable raising any concerns, trusting they would be listened to and appropriately addressed. People were encouraged and supported to raise complaints and had regular opportunities to be involved in reviews of their support. The management team supported staff to be competent for their roles and reviewed the quality and safety of the service, creating a culture of speaking

up and positive challenge to improve people's experiences.

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 outstanding (published 30 January 2020).

Why we inspected

We undertook this inspection as part of a random selection of services rated Good and Outstanding.

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

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

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 caring.
Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.
Details are in our responsive findings below.

Good ●

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by two inspectors 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.

Service and service type

This service is a supported living and residential respite centre for people with learning disabilities and autistic people. Supported living services provide personal care to people living in their own houses. The respite residential home is a short stay care home. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Mallow Crescent is a care home without nursing care. CQC regulates both the premises and the care provided in the residential part of the service, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

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

Notice of inspection

We gave a short period notice of the inspection because some of the people using it could not consent to a home visit from an inspector. This was because people are often out and we wanted to be sure there would be people at home who consented to speak with us. We also needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 5 July 2022 and ended on 12 July 2022. We visited the location's office/service on 5 and 7 July 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We communicated with seven people who used the service and eight relatives of the people about their experience of the care provided. We spoke with 14 members of staff including the registered manager, deputy manager, senior managers, house leaders and support staff.

We reviewed a range of records. This included five people's care plans and multiple medicines records for people supported with their medicines. We looked at recruitment checks and training records for three staff members. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe with staff and others in their homes. People had opportunities to discuss how to keep themselves safe and to raise any concerns. One person said, "We all get together, we have a residents meeting, we talked about safety." Another person told us, "Yeah, it's safe." One of the relatives commented, "[Person] is perfectly safe there."
- Staff knew how to recognise any safeguarding concerns and received appropriate training. One staff member told us what they would do to protect people, "Immediately diffuse the situation, then find out if the person has any injuries, may need to contact emergency services (if so). I would also inform the site cover (management) to let them know." Another staff member told us, "I would voice (any concerns), address them and report to the manager. I could escalate as well (to social services)."
- Safeguarding concerns were reported and investigated. The registered manager ensured action was taken to protect people and consulted with a safeguarding advisor when support was needed. A social care professional working with the service told us, "[Staff] they are doing all they can to manage [safeguarding concerns] and keep others safe. Communication is very good."

Assessing risk, safety monitoring and management

- People were encouraged to keep safe and take positive risks. People told us how staff supported them around their individual health needs, taking care of their day to day or to go out safely.
- People's support plans included clear guidelines around their needs and risks and how staff were to provide support. Staff we spoke with knew those guidelines and what support people needed to stay well. For example, where they had specific health needs which impacted on their personal care, eating and drinking or safety when going out. People had suitable risk assessments in place around their individual needs.
- People had individual positive behaviour plans in place which explained what support they needed to keep themselves and others safe in situations which they found difficult to manage. Staff were provided with guidelines on how to support people in a positive, person-centred and safe way, for example when they got upset by an event.
- People were supported to maintain a safe home environment across the services in Mallow Crescent. One relative told us, "[Person] is so happy there. One word for Mallow: Wholesome. It's always fresh and it's always clean."

Staffing and recruitment

- The management team ensured there were enough staff to meet people's individually assessed needs. People confirmed this. One person told us how many staff were on each day and that they sometimes were asked to help with recruitment of new staff members. They commented, "We all get on really well in here."

Another person told us, "Enough staff now." A relative of a person said, "There's never a shortage of staff from what I can see."

- Staff told us there was enough of them to provide people with the support they needed. One staff member told us, "We plan what we are doing. We don't often have to change our plans to not do something. Although it is busy, we do have enough time for people."
- Staff explained to us how they ensured appropriate mix of male and female staff so support was provided in line with people's preferences. They also commented support was available in case a staff member was unavailable at a short notice. Senior staff was always available on site to support in an event of unexpected cancellations. The management team offered on call support throughout the week. Where people needed one to one support, this was also allocated to them.

Using medicines safely

- People were supported to take their medicines safely. When possible, staff encouraged and enabled them to take their medicines independently and this was risk assessed with people. Staff completed medicines administration records (MAR) and a range of medicines checks to ensure people received their medicines as prescribed.
- One relative commented, "[Staff] are not only efficient but rigorous with medications but the most important and overriding factor is the kindness." People and their relatives told us they had regular medicines reviews. Where people had specific instructions around their medicines, these were included in their support plans and 'when required' medicines guidance.
- Staff were trained and competency assessed to support people with their medicines. When people were going away, their supporters were enabled to help them safely. One relative said, "[Person's] medicine is all sorted. We have him every other week and everything is signed out and signed in. It's very good, [staff] photocopied the sheet so it's dated and signed."

Preventing and controlling infection

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

- People were supported to have visitors safely.

Learning lessons when things go wrong

- The registered manager was supported by the senior management team to review incidents, accidents and adverse events. Where needed, they received additional support from the safeguarding advisor around individual reviews of care and reviews of support plans with people to ensure people were supported appropriately around their individual anxieties and life events.
- The management team learnt from medicines errors in the service. These errors were analysed, and the registered manager implemented an action plan to reduce the risk of recurrence.
- The actions included increased support for staff, refreshers of medicines administration procedure, better

monitoring of records and use of reflective practice. These actions led to a decrease in medicines errors prior to the inspection.

Is the service effective?

Our findings

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

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

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

- People's needs and wishes were assessed with them before they used the residential respite home or moved into the supported living settings. All services were based on site among a local residential area and the provider reviewed their assessment and 'moving on' processes to enable people to have real choice. Some people received support in their own homes. However, some aspects of the service still needed work and this was planned by the provider, for example, around how people's tenancy and support were clearly not dependent on each other.
- The service was aware of the standards of Right support, right care, right culture. Although some people's moves to another accommodation and changes in their support were delayed by COVID-19 pandemic, the management team worked closely with people's social workers to enable people to live the life they wanted.
- The registered manager was aware and worked in line with the national best practice guidance for supporting people with learning disabilities and autistic people and COVID-19 guidelines.

Staff support: induction, training, skills and experience

- People and their relatives told us they felt staff were competent for their roles and understood people's needs. Staff received a range of different training. One staff member said, "We get our regular training and the e-learning. We have the training matrix to see what needs doing. If anything new comes in like oral assessment training last month, an email is sent around to remind us to do it." Another staff said, "We have continuous training and support."
- Staff completed a range of training courses, including the Care Certificate and specific courses around people's needs such as epilepsy and use of emergency medicines or autism and learning disabilities. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Both new and long-standing staff members valued their training. A new member of staff said, "I have had an induction and shadowed (worked alongside another member of staff) for 2 weeks when I started." A management team member supporting new staff told us, "I really value those first couple of weeks with the new staff. It is really important."; and explained how they made sure new staff had the skills and support to provide people with person-centred, caring support. Another staff member told us, "I had recent training on autism and really enjoyed it. I found it really fascinating."

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

- People's needs around their eating and drinking were clearly assessed in their care plans. One relative commented, "There's no problem with food. [Staff] monitor [person's] weight better than we do, they guide

[person]." When needed, people received support to monitor their weight and ensure they had enough to drink.

- People who had specific dietary requirements, for example required modified drinks or food, were provided with this. Staff supported people around menu planning and cooking and people told us they were happy with this support.

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

- People told us they were helped to access healthcare services, such as GP, dentist or hospital outpatient specialist services when needed. One person said, "Yes, we plan to do things together (with staff). I went to the hospital, [staff] came with me." A relative of a person said, "[Person] has regular check-ups with the GP, they let us know."

- People's individual care records confirmed they were supported to access different healthcare services such as their GP, specialist learning disability support, speech and language therapy team, podiatry or specialist hospital services.

- People were supported in an individualised way to ensure their healthcare appointments were comfortable and effective. For example, staff who knew them well accompanied them to appointments. For one person, staff implemented an individualised plan based on their likes to minimise their anxiety around a medical procedure. This enabled the person to have the procedure done to keep themselves healthy.

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

- The respite residential care home environment was adapted to people's needs and we saw staff took action to further personalise it in preparation for one person staying for a while in the home. People could access the aids and adaptations they needed when receiving care. For example, sensor based equipment.

- People were encouraged to be part of planning of any refurbishments in their own homes and told us staff supported them to do so. One relative said, "[Staff] welcome ideas and listen to [person] and us, they're so considerate." Staff helped people to manage their tenancies and raise any home environment issues with the landlord in a timely way.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

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

We checked whether the service was working within the principles of the MCA.

- People told us they felt listened to, given choice and involved in decision making, for example around their day to day plans or holidays. Staff knew how to communicate with people effectively to enable them to

make their own decisions and choices.

- Where people might have lacked capacity, the service worked closely with social services on assessing people's capacity for specific decisions and took part in best interests decision making to ensure people's support was personalised and protected their rights.

Is the service caring?

Our findings

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

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

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

- People told us staff were caring and kind. One person said, "Yes, they are very supportive." Another person told us staff were "Very, very, very kind." We observed staff approached people with compassion and understanding, for example when one person got upset and started crying.
- People's relatives said people had very positive relationships with staff and felt in control of their support. One relative explained to us, "I ask [person] 'Who's on duty?' and they always say 'it's my friend [staff name] or my friend [staff name], that's how he regards the staff." Other relatives commented, "[Staff] are always there when he needs them." And "There is good interaction between [people] and staff."
- People's relatives told us staff valued people and treated them well. One relative told us about how they saw staff supporting people with day to day activities, "The level of interaction between staff member and resident is great and I've seen it so often. It's so heart-warming. There's just so many instances of kindness from them." Another relative said, "I've seen them be very patient with all [people]."

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People told us they regularly met with their key workers and discussed their support. They said they felt listened to and involved in their care. Key worker is a staff member working closely with the person to enable them to plan their support and fulfil their personal goals. People's support records confirmed this.
- One person told us how they continuously made and adjusted their plans with the support of their key worker. They told us how staff helped them to safely gain new skills such as travelling on their own by public transport. The person commented, "I think we are all independent."
- People told us their dignity and privacy were respected by staff. Staff knew when to not disturb people and each person had opportunities to spend time alone in the privacy of their bedroom or in quieter areas of their home or garden if they wished to do so. One relative commented, "[Person] is respected and given privacy. [Staff] are all kind to him and they do care very much."

Is the service responsive?

Our findings

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

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

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

- People received personalised care meeting their needs and preferences. One relative said, "I must say [staff] know all [person's] foibles. I thought I did but they know more!" People's support records included information on things important to them, what they valued and how they wanted their days to be planned. People were supported to achieve individual goals and their wishes around their support were listened to by staff. People confirmed this, for example when it came to the choice of what to do on a daily basis.
- Staff continued to work with people to enable them to express their identity, to remain safe in their local community and to feel proud of who they were. One staff member told us how this helped a person with a certain protected characteristic to "gradually become more confident, to stand proud"; and how it "brought them out of themselves". This person freely spoke with us about their interests and how staff supported them around their preferences.

Meeting people's communication needs

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

- People's individual communication needs and ways of expressing themselves were assessed in their support records with clear guidelines for staff on how to best communicate with people. People were supported to communicate verbally, with use of simple sign language or using other methods of communication meeting individual needs.
- Staff knew people's individual sensory needs and how to support them to ensure their comfort. For example, when people were very sensitive to textures of the fabrics. People were supported to use easy read information booklets, social stories explaining events which were to happen in their lives and the service subscribed to access other accessible information formats when needed.

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

- People were supported to do what they wanted and liked, although COVID-19 pandemic caused some difficulties. Staff supported people to manage this, for example by discussing with them any restrictions and safety measures required due to the pandemic.
- People told us what they liked doing and how they planned their days. Some really enjoyed going to the local community day centres and groups, others attended meetings on zoom, went out to their preferred

places with staff or went to work. Multiple people told us about their holiday plans. One person said, "I like walks, I get staff to come." Another person told us, "I like museums, I'll ask staff to go there."

- Staff supported people to consider different options. For example, one member of staff told us, "We gave [people] the choice whether they wanted to stay with day service or move." Another staff said, "Anything new [people] wanted to do, like swimming, we give them choice."
- People were supported by staff to maintain relationships important to them, for example with their family. Staff supported people with phone calls, use of internet and to visit their loved ones when that was their preference.

Improving care quality in response to complaints or concerns

- People told us they knew how to voice their opinions and to complain if needed. One person said, "They (staff) listen to us." People's relatives also knew how to make a complaint when needed and trusted staff would listen and resolve any issues. One relative said, "Let me tell you I'd be the first to make a complaint if I wanted to. It's very good."
- People's relatives told us when they raised complaints, staff offered "all sorts of apologies and a big list of measures to make sure it doesn't happen again." The relative said they were happy with those measures and reassured that the issue had been dealt with. Another relative told us how their query around their loved one's support was sorted out straight away by staff.
- The provider had a complaints policy in place and easy read complaints format available for people. The management team logged any complaints, responded to them and took action to resolve any issues. When needed, external support was sought to answer people's complaints.

Is the service well-led?

Our findings

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

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

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others

- The new registered manager was supported by other managers and house leaders to ensure the culture of the service was positive, inclusive and valued people. People knew senior staff members. One person said, "[House leader] is very good. We talk to each other." Another person commented on the culture of the place, "I love it here." A relative told us, "It's always pleasant, relaxed and homely there."
- Staff felt there was positive culture across the services. One member of staff told us that is why they liked working in Mallow Crescent. They said, "It doesn't feel like coming to work." Another staff member said, "Managers are quite responsive, especially [registered manager]. I was quite amazed how she was ready to listen and had answers. I have to say this is the most professional service I have ever come across."
- Third member of staff said, "You feel comfortable, the residents feel relaxed with the team and laugh and joke. I enjoy coming to work. I can't say I have done that with all my jobs." We observed people and staff were relaxed with each other, laughed and joked and planned what to do and when. People greeted us into their homes and told us they felt comfortable with staff.
- Staff worked in partnership with other services in the local area to meet people's individual needs. This included community organisations, local charity based in the service, social services, healthcare partners and specialist services for people with learning disabilities and autistic 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 management of the service had clear structures and responsibilities and were visible. One staff member told us, "Deputy manager comes round an awful lot, especially if someone is not well." Another staff member told us, "We do get a lot of support. [Management] will all support us." Third member of staff commented, "There is good communication across the whole of the site."
- Staff told us they could access management support which addressed any risks and support needs, for example around bespoke guidance in relation to COVID-19. Records confirmed the management team were in ongoing communication with staff providing support around quality and safety and improvement needs. There were champions assigned for areas such as infection prevention and control or health and safety.
- The management team has changed in the pandemic and the provider supported the services with quality and safety monitoring in the interim. We saw evidence of auditing plans being re-instated in May 2022 and improvement needs being identified and addressed by the managers. For example, the management team undertook medicines and care records audits, quality of life audit looking at how people were supported.

- There was a clear risk log for any accidents, incidents and concerns which looked at how people's changing needs and risks were addressed. The management team reviewed those regularly to confirm appropriate action was taken to protect people and to report any incidents externally when needed.
- The registered manager was aware of their responsibility of working in an open and transparent way in line with the duty of candour. The social care professionals working with the service confirmed they appropriately reported any concerns to them. People's relatives told us the service worked in a transparent way and informed them of any adverse events when needed. The registered manager informed CQC of significant events in the service as per the regulatory requirements.

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

- The management team had a continuous improvement action log which supported them to ensure improvement needs identified were implemented. Actions were taken to review individual people's support, to improve support records and assessments or to implement new tools to support people's safety, for example around their sexual safety.
- People told us they felt involved and consulted around their support. One person said, "We talk about everything and we have meetings in here. We talk about holidays and everything really." We saw holidays were planned with people as per their wishes. Staff knew how people were consulted. One staff member said, "We have [people's] meetings to choose where they want to go. We go through everyone individually what they want to do next, sometimes it is simple things. Then we check this to see it has happened."
- People's relatives told us they were asked for their feedback and felt involved. One relative told us, "I could easily pick up the phone and talk about any issue I wanted with management." Another relative said, "They ask for feedback regularly. It was the beginning of June I filled out a questionnaire and sent it back."
- People's relative told us they felt supported and engaged during the COVID-19 pandemic. One relative said, "During lockdown [staff] continued relationship with family too. They were tremendous. They would often say 'Are you managing?' or 'We can drop you something, we're here to help you as well'."
- Staff felt valued and supported despite the challenges they came across supporting people in the pandemic. One staff member said, "We are able to ask for equipment, we present what we want and [management] encourage this." Another staff told us, "We have a staff meeting once a month. As bank staff we are invited to join these." One of the managers said, "Staff is our greatest asset. We try to empower them. I am always around. The culture we have is a culture where people just come and say to you 'this and this is not right'. It is good practice to challenge for the best."