



# AUDIT REPORT

## Connington Court

Date of Visit: 4<sup>th</sup> and 5<sup>th</sup> March 2024

Private & Confidential  
SRG CARE CONSULTANCY LIMITED

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**Service Name: Connington Court**

**Provider: Liaise (London) Supported Living**

**Address of Service: 20a Connington Crescent, Chingford, London, E4 6LE**

**Date of Last CQC Inspection: 18<sup>th</sup> January 2022**

## Ratings

**CQC's Overall Rating for this Service:**



Requires Improvement



**SRG Overall Rating for this Service:**

Good



KLoE Domain	Rating		Overall Score
Is the service safe?	Good		71 (out of 100)
Is the service Effective?	Good		70 (out of 100)
Is the service caring?	Good		75 (out of 100)
Is the service responsive?	Good		71 (out of 100)
Is the service well-led?	Good		75 (out of 100)

Depending on what we find, we give a score for each evidence category that is part of the assessment of the quality statement. All evidence categories and quality statements are weighted equally.

Scores for evidence categories relate to the quality of care in a service or performance:

- 4 = Evidence shows an exceptional standard
- 3 = Evidence shows a good standard
- 2 = Evidence shows some shortfalls
- 1 = Evidence shows significant shortfalls

At key question level we translate this percentage into a rating rather than a score, using these thresholds:

- 25 to 38% = Inadequate
- 39 to 62% = Requires improvement
- 63 to 87% = Good
- over 87% = Outstanding

## Overall Review Summary

### INTRODUCTION

An audit, based on CQC KLoE, was undertaken by one SRG Consultant over two days on 4<sup>th</sup> and 5<sup>th</sup> March 2024. The purpose of this review was to highlight in a purely advisory capacity, any areas of the service operation which should or could be addressed in order to improve the provision and recording of care and increase overall efficiency and compliance with CQC Standards and Regulatory Requirements.

Comprehensive inspections take an in-depth and holistic view across the whole service. Inspectors look at all five key questions to consider if the service is safe, effective, caring, responsive and well-led. We give a rating of outstanding, good, requires improvement or inadequate for each key question, as well as an overall rating for the service.

### METHODOLOGY

Several different methods were used to help understand the experiences of residents who used the service. These included some observation of interactions between residents and staff, conversations with the Manager, Deputy Managers, staff, and interactions with people using the service, a tour of the building and review of key documentation. The care plans for three people were reviewed. Medicine records and the records pertaining to the operation of the service, including quality assurance audits, H&S and Fire related documentation were reviewed.

### SUMMARY OF OUTCOME

Connington is registered with CQC and provides accommodation for persons who require nursing or personal care. It's category of registration is a care home in; Caring for adults under 65 years with learning disabilities. The service provides accommodation for up to 16 people and there were nine people using the service at the time of the visit.

The service uses electronic systems for quality assurance, staff files and service user care plans. Staff input daily occurrences electronically.

### DISCLAIMER

The matters raised in this report are only those that came to the attention of the reviewer during this visit. The work undertaken is advisory in nature and should not be relied upon wholly or in isolation for assurance about CQC compliance.

KLOE	Applicable Regulations	Comments
Safe	<p><b>Regulation 12 (f) and (g) Safe Care and Treatment</b></p> <p><b>Regulation 13: Safeguarding users from abuse and improper treatment</b></p> <p><b>Regulation 17: Good Governance</b></p> <p><b>Regulations 18 &amp; 19: Staffing - Fit and Proper persons employed</b></p> <p><b>Regulation 20: Duty of Candour</b></p>	<p><b>Learning culture: Score 3</b></p> <p>Records of accidents and incidents were in place. Staff recorded the event into the RADAR system and steps were followed to review and address individual incidents.</p> <p>It had been recognised that staff had not been recording incidents of lower levels of concern, which meant that a complete picture of individual behaviours was not in place. Staff had been supported to now complete these and evidence of this was seen.</p> <p>There were a number of pending incidents which had occurred in 2023 and did not appear to have been addressed through the incident investigation and review process. However, there was evidence that these were starting to be addressed by the operations manager and the service manager. More recent incidents were being dealt with in a timely manner.</p> <p>The manager confirmed that they had recognised that there had been a large backlog of incidents when they started. They had prioritised this when they started at the service and reviewed outstanding incidents.</p> <p>Learning from accidents and incidents took place and actions taken to implement the lessons. For example, where one person needed modified foods, it was recognised that staff did not have appropriate training. SALT (Speech and Language Therapy) training was arranged to support staff on the requirements of the guidelines and how to modify foods appropriately.</p> <p>Where communication needed improvement, this had been implemented and one person needed changes to care needs following an incident and their support plan was updated to reflect the change in need.</p> <p><b>Safe systems, pathways and transitions: Score 3</b></p> <p>There were safe systems to support people with their money. People were supported with dependent appointees and staff supported people with managing their daily spending. The amount of money taken out for shopping was recorded, with the amount of change returned. The actual amount was then recorded on a monthly cash control sheet, so there was a running total of the money available for each person. Security tags were attached to each individual wallet and a record of the number was made</p>

KLOE	Applicable Regulations	Comments
		<p>when money was taken out. Financial audits were carried out and any actions identified, such as missing receipts.</p> <p>Good working relationships had been developed with internal and external professionals to promote safe pathways of care.</p> <p>Internal referrals were made to the provider's specialist team. This included the SALT (Speech and Language Therapist) team and the PBS (Positive Behaviour Support) practitioner. If support was needed from an O.T. (occupational therapist), the team would reach out to a consultancy to provide support if needed.</p> <p><b>Safeguarding: Score 3</b></p> <p>Safeguarding was taken seriously. As a result of the review of the historical incidents, some safeguarding concerns had been identified. These ranged from unexplained bruises through to behaviours. Contact had been made with the local authority safeguarding team and these matters had been raised in hindsight. Contact has also been made with CQC (Care Quality Commission) to advise them of the findings.</p> <p>As far as practicably possible, follow-up reviews had been carried out in the relation to the historical concerns. Care plans and risk assessments had been updated and referrals to appropriate health care professionals had been made, where needed.</p> <p>Where safeguarding concerns were raised, the service took these seriously and investigated any concerns and worked appropriately with the local safeguarding team and followed procedures.</p> <p>Staff knew how to raise concerns and understood what constituted a safeguarding.</p> <p>At a service user meeting, people had reported that they knew how to raise any concerns with staff, if they felt they were not being safely supported.</p> <p><b>Involving people to manage risks: Score 3</b></p> <p>People were supported with managing risks. Individual risk assessments were in place. These included hoarding, medication, continence, finances, activities, mobility, accessing the community and communication, for example.</p>

KLOE	Applicable Regulations	Comments
		<p>There were risks associated with self harm and there was clear guidance on how to support and how to focus on things people liked and how to distract when people exhibited these behaviours.</p> <p>Risk assessments identified how to reduce risks and support people and had been reviewed and updated, where needed. For example, the hoarding support plan, for one person, identified that staff should collect a bag of recycling each day and daily care notes showed that this was happening.</p> <p>There was a social relationship and network risk assessment in place, for one person. The information was not always clear about the current status of a relationship. There was an open safeguarding, and reference to not being in contact, but also reference to visiting ending at 20.30 hours. It was not clear what the risks were and whether they should or should not be meeting with the other person. <b>(SR 1)</b></p> <p>PBS (positive behaviour support) plans were in place. These included an overview of the person, goals for the plan, behaviours of concern, triggers, active strategies and reactive and crisis intervention.</p> <p>Specialist support tracker meetings were carried out on a bi-monthly basis. This reviewed incidents from the last quarter for each person. They met with people being supported and staff to find out their understanding of the current PBS needs of people using the service. Evidence was seen of support plans being updated appropriately.</p> <p>Staff knew how to support people with their routines. For example, one person greeted people by shaking their hand and then doing high fives, staff advised that when this happened you should count to three for each manoeuvre and say finish or they would continue doing this. It was seen that the person responded to this.</p> <p>The lead for the PBS team had provided training for in relation to debriefing. These were completed following incidents. These included a review of the event, what was learnt and what needed to be done following an incident.</p> <p>There were plans to further develop debriefs to include people using the service.</p> <p>Restrictive practices were not in use although monitoring was in place.</p> <p><b>Safe environments: Score 3</b></p> <p>The service continuity plan had been updated in January 2024.</p>

KLOE	Applicable Regulations	Comments
		<p>Care service risk assessments were in place including oil heaters, flammable creams, display screen equipment, electrical safety, first aid, food preparation and serving, ligature, window restrictors and lone working. These were reviewed on a regular basis.</p> <p>CoSHH (Control of Substances Hazardous to Health) assessments were in place and there was a register to identify the substances used in the service.</p> <p>There were systems in place to monitor the safety of the environment through the QUOODA system. Checks were carried out on a schedule of daily, weekly, monthly and quarterly.</p> <p>Fire checks included a monthly grab bag check, daily fire patrol, emergency light checks, fire alarm door release, monthly fire drill, monthly fire extinguisher checks and fire doors checks. These were seen to be up to date.</p> <p>Other checks included internal and external lighting, carbon monoxide, nurse call point, laundry equipment, water flush, window restrictors and water temperatures. All these checks were also up to date.</p> <p>The majority of assessments and servicing schedules were in place including gas safety, electrical and fire risk assessments.</p> <p>PAT testing updates had not been recorded onto the system, although there was proof of completion through an email. It needs recording onto system. The fire alarm servicing and the emergency lighting did not have any proof of completion, and this was being chased. <b>(SR 2)</b></p> <p>PEEPS (personal emergency evacuation plans) were in place. These included medical conditions, special consideration, assistance required and assessed level of risk. These were generally seen to identify needs, however, for one person who hoarded items and risk assessments identified a fire risk, this was not included in the PEEP. <b>(SR 3)</b></p> <p>Grab bags included service the continuity plan, emergency response plan, floor plan, emergency contacts, emergency blankets, waterproof ponchos and first aid. There were keys to open internal doors, in the event of an emergency.</p>



KLOE	Applicable Regulations	Comments
		<p>Safer food better business was in use and there were safety checks carried out in the kitchen. Safety checks on the probes were outside the recommended temperatures, this was because staff were recording in Fahrenheit rather than centigrade, which the manager addressed at the time.</p> <p><b>Safe and effective staffing: Score 2</b></p> <p>There was a large staff team that underpinned staffing levels. Support was provided to people in line with assessed needs. Some people needed one-to-one or two-to-one support and there were some shared hours. There was enough staff on duty at night.</p> <p>Funding did not dictate staffing levels, where one person was funded for one-to-one support, two-to-one support was provided, although a funding review had been carried out.</p> <p>There were team leaders who oversaw individual shift manager and the deputy managers actively worked with people using the service.</p> <p>Recruitment was managed by HR team from head office. They carried out all checks as required by regulation.</p> <p>Two sets of staff records were selected at random for review to confirm safe recruitment practices. Those records viewed contained all necessary documentation, including an application form, interview questions, references, a medical questionnaire and disclosure and barring checks (DBS). Right to works checks were in place along with proof of ID and address.</p> <p>It was noted that full employment histories were not routinely in place, and this is required by Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. For example, there was no work history for one person before 2012. <b>(SR 4)</b></p> <p>The medical questionnaire for one recorded that they had 156 days absence in the last two years and had been absent from work for health reasons. It also recorded that they would not be able to 'sit for up to 8 hours with a scheduled break as they 'have to stand up for like an hour or less because of my back which I once had an accident with'. There was no further information and no record of a risk assessment in relation to this which would be good practice. The manager felt that this had been reviewed, but the information could not be located. <b>(SR 5)</b></p>

KLOE	Applicable Regulations	Comments
		<p>Staff were issued with contracts.</p> <p>Staff were supported to be aware of their responsibilities and accountabilities through training and support. When new staff started an induction was in place and there was evidence seen of completed inductions.</p> <p>Staff were supported with training. This was primarily online through the training provider Your-Hippo.</p> <p>Training included safeguarding, medication awareness, Mental Capacity and Deprivation of Liberty Safeguards, health and safety, food safety, autism, equality and diversity, privacy and dignity, fire safety, GDPR, infection control, manual handling and learning disability.</p> <p>Staff also received face-to-face training in PROACT SCIPr, fire marshal and SALT. Dementia training had just been introduced.</p> <p>Staff said they felt well supported and supervisions were happening.</p> <p>Assessments of individual knowledge and understanding of staff competencies in relation to Health and Safety/ Fire, IPC and Food Hygiene, MCA and Safeguarding and medication were in place.</p> <p><b>Infection prevention and control: Score 3</b></p> <p>People were protected from the risks associated with the spread of infection. A new cleaning rota had been implemented. This had been personalised for communal areas and individual flats. A review of a sample of cleaning schedules identified that these were being completed.</p> <p>There were suitable cleaning products in place and a CoSHH (control of substances hazardous to health) register was in place.</p> <p><b>Medicines optimisation: Score 3</b></p> <p>Medicines were managed safely.</p> <p>Medicines were currently being kept in a clinical room in a locked cabinet. This, however, was being reviewed and cabinets were to be moved into people's bedrooms or flats, which would support the supported living model of the service.</p> <p>Temperatures were taken of the room on a daily basis.</p>

KLOE	Applicable Regulations	Comments
		<p>There were systems for ordering medicines and any returns. There were systems for people to take their medicines out with them when they went out for the day or to visit family.</p> <p>A sample of medication administration records (MAR) charts were reviewed, those seen had been completed accurately. Although, where the code 'O' was used to indicate 'other', there was no reference to what the 'O' indicated. <b>(SR 6)</b></p> <p>Additions to MAR charts, which were handwritten were signed by two staff to ensure accuracy, which is good practice.</p> <p>Medication countdown records were maintained to ensure that the correct number of medicines were kept for each person.</p> <p>People had an individual medication file which included their profile, medication administration record (MAR) charts, as and when needed medicine (PRN) protocols, body maps and medication stock.</p> <p>PRN protocols identified dose, route and side effects for example. For medicines such as paracetamol or co-codamol, the reason for taking was for 'pain', but not what the pain was. Staff knew which medicine to administer for which pain, i.e. paracetamol for headache, but this was not recorded on the PRN protocol. <b>(SR 7)</b></p> <ul style="list-style-type: none"> <li>• This service scored 71 (out of 100) for this area.</li> </ul>
<p><b>Outcome:</b> The service is considered safe</p> <p>'Safe' is defined by the CQC as meaning "<b>people are protected from abuse and avoidable harm</b>".</p> <p><b>Characteristics of services the CQC would rate as 'Good' in this area are those displaying evidence through systems, processes and practice which reflect:</b> People are protected from avoidable harm and abuse.</p> <p><b>SRG RATING:</b> <b>Good</b></p>		

KLOE	Regulations	Comments
Effective	<p><b>Regulation 9: Person Centred Care</b></p> <p><b>Regulation 11: The need for Consent</b></p> <p><b>Regulation 12: Providing Safe Care and Treatment</b></p> <p><b>Regulation 14: Meeting Nutrition and Hydration Needs</b></p> <p><b>Regulation 15: Premises and Equipment.</b></p> <p><b>Regulation 17: Good Governance</b></p> <p><b>Regulation 19: Staffing</b></p>	<p><b>Assessing needs: Score 3</b></p> <p>Prior to moving people were supported with a full assessment of need. This included working with any professionals involved, current providers or the hospital and families, where involved.</p> <p>Assessment included personal care, continence care, health, nutrition, communication, mobility, and behaviours. Internal teams were included if there were individual specialist needs.</p> <p>As part of the assessment, staffing levels were considered, to ensure that there were enough staff to meet people's needs.</p> <p>Where possible, people were supported with a transition process, although this was not always possible, if people moved in through an emergency process.</p> <p>One person had recently moved in as an emergency. Records showed that needs were assessed as far as possible, and assessments and support plans were implemented as staff got to know the person.</p> <p><b>Delivering evidence-based care and treatment: Score 3</b></p> <p>Staff accessed internal and external support to ensure that people were supported with appropriate care and treatment to meet their needs.</p> <p>Where one person had dementia, specialist dementia care training had taken place, to ensure that staff knew and understood how to support the person.</p> <p>Training had been provided for one person from the health care team at the hospital, before they moved in.</p> <p>SALT (Speech and language therapy) assessments were carried out. Guidance was in place, where needed to support people with modified diets and staff had received training in this.</p> <p>O.T. (occupational therapy) input had been provided in relation to concerns around skin care for one person.</p> <p>Staff were also working with the O.T. to adapt a shower, so the person could move into another room, which would be more suitable for their needs.</p>

KLOE	Regulations	Comments
		<p>The PBS (positive behaviour support) visited and met with people. They spoke with staff, reviewed incidents and updated support plans as required.</p> <p><b>How staff, teams and services work together: Score 3</b></p> <p>The service worked with social and health care professionals in the community. These included blood tests, CT scan, G.P., psychiatry, learning disability review and medication reviews. The district nurse visited twice a week to support one person.</p> <p>Sexual health appointments had been arranged to support where needed.</p> <p>There were internal specialist practitioners who supported the service. This included the PBS (Positive Behavioural Specialist) practitioner and the SALT (Speech and Language therapist) specialist. The internal specialist team worked proactively with the service to provide guidance for staff.</p> <p>Hospital passports were in place and a sample viewed identified that they used the traffic light approach which included red, things you must know about the person, amber, important to the person, green, likes and dislikes. Those viewed were completed appropriately.</p> <p>The manager had introduced internal competency assessments to support staff. A competency quiz for the understanding of PBS plans were in place. These were used to assess individual knowledge and understanding of individual needs.</p> <p>The manager had also introduced a support plan competency assessment which included questions about area of these such as PEEPS, diet, and any food modification, why people took specific medication, and interventions. This was to promote knowledge and help staff to research why they have specific areas of support in their support plans. Evidence of completed competencies were seen with staff being supported to expand their knowledge.</p> <p><b>Supporting people to live healthier lives: Score 3</b></p> <p>People were supported to access health care appointments and professionals within the community.</p> <p>Each person had a hospital passport and people were supported with annual reviews of their health.</p>

KLOE	Regulations	Comments
		<p>Where people had individual health conditions, such as one person suffered with leg ulcers. There was information in the care plan about how to support the person with this, what caused it and how it affected the person and the support needed.</p> <p>Where people were at risk of constipation, this was identified and assessed with guidance in place for staff to follow.</p> <p>Individual nutritional needs were identified, and people were supported with healthy eating plans. Diet and nutritional needs were monitored.</p> <p><b>Monitoring and improving outcomes: Score 3</b></p> <p>When one person had moved into the service, they had presented severe challenging behaviours and had needed the support of two staff in the home and three staff in the community. Through PBS guidance and continuity of support, they now were supported by one member of staff, which had improved outcomes for them. Where they would use areas of the home inappropriately as a toilet, through the positive support they now no longer did this.</p> <p>People were supported with regular reviews of their care and support needs. De-briefs of incidents supported to monitor behaviours and input from the PBS team supported positive changes to individual support.</p> <p><b>Consent to care and treatment: Score 2</b></p> <p>The Mental Capacity Act 2005 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 make decisions, any made on their behalf must be in their best interests and as least restrictive as possible.</p> <p>Mental Capacity Act (MCA) assessments were in place. These included consent to support, padded hat, medication, activities and community access, mobility, domestic and daily living duties, and personal care.</p> <p>There was a lack of information in individual MCA assessments. For example, where people were to detail if past and present wishes had been considered, the response was yes, with no further detail. There was a lack of information about how people were supported to maximise their understanding of</p>

KLOE	Regulations	Comments
		<p>the decision, although in more recent MCA assessments there was evidence that this was being further developed. <b>(ER 1)</b></p> <p>One person was under a Community Treatment Order. Staff knew and understood the conditions included in this. Information was included in the support plans and staff worked positively with the person to support these conditions.</p> <p>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). Applications were made in relation to DoLS.</p> <ul style="list-style-type: none"> <li>• <b>This service scored 70 (out of 100) for this area.</b></li> </ul>
<p><b>Outcome:</b> The service is considered effective</p> <p>'Effective' is defined by the CQC as meaning <b>“people’s care, treatment and support, achieves good outcomes, promotes a good quality of life and based on the best available evidence”</b></p> <p><b>“Characteristics of services the CQC would rate as ‘Good’ in this area are those displaying evidence that people’s outcomes and feedback about the effectiveness of the service describes it as consistently good”.</b></p> <p><b>SRG RATING: Good</b></p>		

KLOE	Regulations	Comments
<b>Caring</b>	<b>Regulation 9: Person-centred care</b>	<b>Kindness, compassion and dignity: Score 3</b>

KLOE	Regulations	Comments
	<b>Regulation 10: Dignity and respect</b>	<p>There was a positive rapport between people and staff. Staff understood and were sensitive to people's emotional triggers and how people expressed and communicated their feelings through their behaviour.</p> <p>People were supported to maintain contact with family and friends and maintain relationships with others.</p> <p>People were treated and supported well. One person said that staff supported them.</p> <p>Systems were in place to protect people's privacy and confidential information. All service user care records were stored electronically with all personal information managed and stored securely.</p> <p>Staff spoke to people in respectful manners and listened to what they had to say.</p> <p><b>Treating people as individuals: Score 3</b></p> <p>People were supported to choose how they wanted to spend their day and staff listened to their preferences and choices.</p> <p>People were supported to maintain their interests and take part in activities they enjoyed. Each person had an individual timetable and activity programme to help them structure their time.</p> <p>People were supported to access community activities and where needed; additional support was provided for people to get the maximum benefit from the activity.</p> <p><b>Independence, choice and control: Score 3</b></p> <p>People were supported to manage as much for themselves as they could and maintain their independence with regard to personal care and eating and drinking, for example.</p> <p>There were good examples of people managing their own daily activities with staff support. This included meal preparation and household duties such as organising their laundry.</p> <p>One person had been supported to purchase a mobile phone.</p> <p>Discussions staff evidenced that people could make decisions about how they wanted to spend their day and were able to choose what they wanted to do and when.</p> <p>People's choices and preferences were included in their care plans. Key workers regularly met with people to discuss their care needs and wishes.</p>



KLOE	Regulations	Comments
		<p><b>Responding to people’s immediate needs: Score 3</b></p> <p>Daily meetings helped to identify any immediate needs.</p> <p>Staff recognised indicators of when people were becoming agitated or unsettled or wanted to take part in a particular activity and responded to these.</p> <p>Referrals were made to external health or social care professionals if concerns about their welfare were identified.</p> <p><b>Workforce wellbeing and enablement: Score 3</b></p> <p>Staff well-being was considered. It was reported that there had been some unrest in the service towards the end of 2023. Staff had raised their concerns with the operations manager, and they had followed this up. This had resulted in a change in the management team and a more visible presence of senior management.</p> <p>Staff reported that they were now happier in their role and felt that they were being supported.</p> <p>Following a staff survey in November a number of actions had been implemented in order to support staff. These included an employee assistance programme, a wage stream, which enabled staff to access a portion of their wages during the month if they needed extra support and the re-introduction of the above and beyond scheme which identified staff who had gone the extra mile for people.</p> <ul style="list-style-type: none"> <li>• <b>This service scored 75 (out of 100) for this area.</b></li> </ul>
<p><b>Outcome:</b> The service is considered as Caring.</p> <p>‘Caring’ is defined by the CQC as meaning <b>“that the service involves and treats people with compassion, kindness, dignity and respect”</b></p> <p><b>“Characteristics of services the CQC would rate as ‘Good’ in this area are those displaying evidence that people are supported and treated with dignity and respect and are involved as partners in their care”.</b></p> <p><b>SRG RATING: Good</b></p>		

KLOE	Regulations	Comments
<b>Responsive</b>	<p><b>Regulation 9: Person Centred Care</b></p> <p><b>Regulation 12: Providing Safe Care and Treatment</b></p> <p><b>Regulation 16: Receiving and Acting on Complaints</b></p>	<p><b>Person-centred care: Score 3</b></p> <p>Staff knew people and understood individual needs and worked with people on an individual basis. Daily care records showed that people were supported to take part in pastimes and activities of their choice.</p> <p>People were supported as individuals, in line with their needs and preferences. Staff supported people with promoting positive outcomes and people's care plans were regularly monitored and reviewed.</p> <p>Support plans were being updated with a more personalised approach. These included personal care, activities, mobility, medication, communication, accessing the community, health care needs and finances.</p> <p>Information was person-centred including preferences about likes and dislikes. Where one person could refuse support, there was information on how to support with this.</p> <p>Communication passports have been fully reviewed and re-written and keyworkers had sat down with people and completed these. A sample of two were reviewed for people who did not verbalise, and they contained information on how to support with communication needs. One person had certain phrases they would use, which indicated specific support needs. These were not included in the communication plans but would be good practice to do so. <b>(RR 1)</b></p> <p><b>Care provision, integration, and continuity: Score 3</b></p> <p>Staff worked with health and social care professionals, both internally and externally to promote outcomes for people.</p> <p>Reviews of care were undertaken.</p> <p><b>Listening to and involving people: Score 3</b></p> <p>Service user meetings were taking place. The last one was held on 29<sup>th</sup> February 2024. People were given the opportunity to discuss a range of areas such as activities, meals, general items for the home and safeguarding. Where people identified actions, staff supported these to happen. For example, purchasing specific items or visiting a place of interest.</p>

KLOE	Regulations	Comments
		<p>People were allocated with keyworkers who supported them with regular reviews and achieving any outcomes that people had chosen.</p> <p>People were able to speak with the manager when they needed support. During the visit one person had requested to meet with the manager as they had some concerns they wanted to discuss. The manager was responsive and met with them to alleviate their concerns.</p> <p>There were plans to introduce family meetings on a quarterly basis, which was identified in the service improvement plan.</p> <p>There was a complaints procedure in place and people could speak to staff in person or use e-mail to contact the manager or deputy managers if they preferred.</p> <p>Any complaints and concerns were taken seriously and acted on. There had been three complaints raised since January 2024. There was evidence that these were reviewed and investigated either formally or informally as required.</p> <p><b>Equity in access: Score 3</b></p> <p>People could access care, treatment, and support when they needed to and in a way that worked for them.</p> <p>There was a positive approach to ensuring that people were supported to access available resources. This included attending appointments or assessments.</p> <p>People were supported to access social and health care resources. When the new manager started at the service, they reviewed information and identified that people had not been paying rent or service charges because no support had been given to people in relation to this, through housing benefit. They had set this up and people had been supported to access housing benefit, which meant that their arrears could be paid.</p> <p>Staff advocated for people when attending G.P. appointments. They had worked with the G.P. to change one person's medicines, so these fitted in with their preferred lifestyle.</p> <p><b>Equity in experiences and outcomes: Score 3</b></p>

KLOE	Regulations	Comments
		<p>People were supported to go out and about in the community. Where people needed the support of two staff to access the community, staffing was arranged to support with this.</p> <p>People were supported with their preferences and staff listened to what people wanted to do. Each person had an activity plan to support them with their chosen preferences. These were reviewed as and when needed.</p> <p>People liked to go shopping, out for drives, visit the park and go to the zoo. As a group people would visit the pub and have a meal. One person enjoyed going to the park to play football.</p> <p>People's individual preferences were considered, one person only liked to go to the local shops and a café and staff supported them to do this. One person loved technology and they were supported with this. They had kept a broken washing machine as they liked to 'tinker' with this.</p> <p>Staff arranged group activities for people to take part in, such as arts and crafts and music and sing-along events.</p> <p>Staff were also currently reviewing access to college courses in September for some people using the service and had started the process.</p> <p>Goals and outcomes were now being developed and had been put into place. The manager was aware that these were in their infancy and needed further development. These were being reviewed. <b>(RR 2)</b></p> <p><b>Planning for the future: Score 2</b></p> <p>End of life support plans had not been developed. Current support plans tended to identify that people had not expressed any views and this had not been explored further. The manager was aware that this was an area of improvement. <b>(RR 3)</b></p> <p><b>Providing information: Score 3</b></p> <p>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</p>

KLOE	Regulations	Comments
		<p>they need in relation to communication. There was information available in a format suitable to individual needs.</p> <p>There was information available in different formats for people including alternative formats such as easy read guidance.</p> <p>Accessible menus were in place with pictures of different food items and there was an easy read complaints procedure.</p> <p><b>This service scored 71 (out of 100) for this area.</b></p>
<p><b>Outcome:</b> The service is considered as Responsive.</p> <p>Responsive is defined by the CQC as meaning “that the service meets people's needs”.</p> <p><b>“Characteristics of services the CQC would rate as ‘Good,’ are those that people’s needs are met through the way services are organised and delivered.”</b></p> <p><b>SRG RATING: Good</b></p>		

KLOE	Regulations	Comments
Well led	Regulation 12: Providing Safe Care and Treatment	<p><b>Shared direction and culture: Score 3</b></p> <p>The manager was aware of their legal responsibilities and submitted notifications to CQC for significant events that had occurred at the service. They had been open and transparent following the identification of historical issues, some of which had including safeguarding issues and contacted the local authority and CQC to advise of their findings and actions they were taking.</p>

KLOE	Regulations	Comments
	<p><b>Regulation 17: Good governance / Record Keeping</b></p> <p><b>Regulation 19 - Fit and Proper persons employed</b></p>	<p>There was a positive move to promote choice and educate staff to support people to make choices about their day-to-day living. There was a commitment to promoting more independence and develop more skills especially daily living for people using the service and to include and involve people in their daily living choices.</p> <p><b>Capable, compassionate and inclusive leaders: Score 3</b></p> <p>A new manager had recently taken over the day to day running of the service and had just been registered with CQC.</p> <p>The manager was supported by two deputy managers, who were all visible within the service.</p> <p>Staff feedback was positive regarding confidence in the management team. They reported that morale was now good and that they felt valued and appreciated. They said that there was more of a focus on positive staff practices and less on negative feedback.</p> <p>Staff said the manager was open and approachable. They now felt that had direction and that their opinions mattered. One member of staff said they would 'chain the manager to their desk, if they threatened to leave'.</p> <p>Staff were also appreciative of the involvement and support from the senior team and said they visited the service. Staff reported that the senior team were accessible, and they could contact them if they needed to.</p> <p><b>Freedom to speak up: Score 3</b></p> <p>A daily meeting had been implemented to share information of what was happening on a daily basis and reviewed any immediate issues. Staff said this had helped to promote communication.</p> <p>Regular team meetings with staff were being held, where their views were heard and suggestions on improvements could be made.</p> <p>Staff said they felt listened to and concerns they had raised towards the end of the previous year had been positively acted on.</p>

KLOE	Regulations	Comments
		<p>Staff surveys had been completed and there were plans to carry out another survey specific to evaluate current staff moral as the last survey had identified some negativity. Conversations with staff evidenced that they no longer felt negative about the service or demoralised.</p> <p>QR Codes for whistleblowing were in place if staff wanted to report anything anonymously.</p> <p>A suggestion box had been installed.</p> <p><b>Workforce equality, diversity and inclusion: Score 3</b></p> <p>There were policies and procedures in place for equality and diversity and staff received training. Consideration had been given to staff well-being and this had a positive effect on the service.</p> <p><b>Governance, management and sustainability: Score 3</b></p> <p>Systems were in place to assess, monitor and improve the service. Audits and checks were in place. These were happening on a weekly, monthly, and quarterly basis. These included:</p> <ul style="list-style-type: none"> <li>➤ Operational Audit quarterly- Admin</li> <li>➤ Operational Audit quarterly- QOL/IPC</li> <li>➤ Medication quarterly Area Manager's Audit</li> <li>➤ Manager's monthly Support Plans and Risk Assessments Audit</li> <li>➤ Monthly Health and Safety/ Infection Control Audit</li> <li>➤ Manager's monthly Finances Audit</li> <li>➤ Monthly Data Protection Manager's audit</li> <li>➤ Manager's monthly Medication Audit</li> <li>➤ Night time Audit</li> <li>➤ Manager's Walk Around Audit</li> <li>➤ Weekly Medication Shift Leader's Audit</li> </ul>

KLOE	Regulations	Comments
		<p>➤ <b>Weekly Vehicle Maintenance Audit</b></p> <p>Audits were identifying where there were shortfalls. For example, the last two night time audits had not met compliance. The January 2024 audit had identified significant failings, but actions had been put into place and this had improved in February with only two areas of shortfalls.</p> <p>Weekly walk around audits picked up and identified areas of improvement with ongoing actions for staff to take.</p> <p>Audits and action plans were used effectively as a tool for continuous improvement.</p> <p>As part of the governance there was a service improvement plan in place. This included identified improvements in medication and health, incident management, environment, records and documentation, outcomes, activities and engagement, people and training, leadership and culture and systems and processes. This was detailed and in-depth and had identified many areas of improvement, which were being actively addressed.</p> <p>The QAF (quality assurance framework) was used to monitor the risk of profile of the service, breaches of regulations, audits, support plans, staffing, service interruption and complaints. The score for service was now at 84 which is in the amber and had been reduced by a significant amount following the implementation of actions.</p> <p><b>Partnerships and communities: Score 3</b></p> <p>The manager worked in partnership with others. When needed referrals to health and social care professionals were made and advice from these professionals was recorded in care plans and followed by staff.</p> <p>Staff also worked in partnership with families to ensure that they were kept up to date with any changes in individual needs. Positive feedback was seen with one family stating that staff were kind and sympathetic.</p> <p><b>Learning, improving and innovation: Score 3</b></p>



KLOE	Regulations	Comments
		<p>A new system for support planning was being implemented and was due to go live on 7<sup>th</sup> March 2024. In preparation of this, staff had been trained in the use of the new system and support plans were being migrated over.</p> <p>Managers meetings were held to share information and learning. There was a monthly quality managers forum. The last one was held in January 2024 and identified risk profiling and updates to good practice to promote ongoing learning.</p> <p>Learning from audits was in place. Where shortfalls were found, actions were implemented, and support sought to role out improvements into the service.</p> <p>One of the learning from actions was to support staff to understand how to record debriefs. All team leaders were trained on how to do debriefs. There was evidence that these have improved in recent months and were now happening, which was something which was not happening prior to this.</p> <p>These identified actions were addressed.</p> <p><b>Environmental sustainability – sustainable development: Score 3</b></p> <p>There was a policy and procedure for environmental sustainability in place.</p> <p>There was a positive move towards reducing the amount of paper used with electronic systems in use for rostering, care plans and staff records.</p> <p>Recycling took place and low energy lightbulbs were in use.</p> <p>CoSHH products were being reviewed and more environmentally friendly products were being sourced.</p> <p><b>This service scored 75 (out of 100) for this area.</b></p>
<p><b>Outcome:</b> The service is well led.</p> <p>Well Led is defined by the CQC as meaning “<b>that the leadership, management and governance of the organisation assures the delivery of high-quality and person-centred care, supports learning and innovation, and promotes an open and fair culture</b>”.</p> <p>Characteristics of services the CQC would rate as Good, are those where “<b>the service is consistently well- managed and led. The leadership,</b></p>		

KLOE	Regulations	Comments
governance and culture promote the delivery of high-quality, person-centered care, and the service has clear, consistent and effective governance, management and accountability arrangements”		
SRG RATING: <b>Good</b>		

## ACTION PLAN:

CQC KLoE SAFE							
By safe, we mean people are protected from abuse and avoidable harm.							
Reference Point	Recommendation Made	Action to be taken	Who By	Date to Complete by	Evidence of Completion	RAG Status	Comment
SR1	Ensure there is clear guidance about risk associated with relationships						
SR2	Obtain outstanding information and record onto QUOODA						
SR3	Include more information in the PEEPS in relation to risks associated with evacuating due to hoarding						

## CQC KLoE SAFE

By safe, we mean people are protected from abuse and avoidable harm.

SR4	Ensure there are full employment histories in place, from when people leave education						
SR5	Locate the information in relation to any assessments for medical questionnaire to ensure the service is assured of fitness or had made reasonable adjustments						
SR6	Record what 'O' (other) indicates on MAR charts						
SR7	Include more specific reason for administration on PRN protocols in relation to pain – such as what the pain is						

## CQC KLoE EFFECTIVE

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence

Reference Point	Recommendation Made	Action to be taken	Who By	Date to Complete by	Evidence of Completion	RAG Status	Comment
ER1	Continue to include more information in relation to maximising people's opportunities to understand the decision						

## CQC KLoE CARING

By caring, we mean that the service involves and treats people with compassion, kindness, dignity and respect.

Reference Point	Recommendation Made	Action to be taken	Who By	Date to Complete by	Evidence of Completion	RAG Status	Comment
CR1	No recommendations						

## CQC KLoE RESPONSIVE

By responsive, we mean that services meet people's needs.

Reference Point	Recommendation Made	Action to be taken	Who By	Date to Complete by	Evidence of Completion	RAG Status	Comment
RR1	<i>Include specific phrases that people use in their communication plans.</i>						
RR2	<i>Continue to develop individualised goals for people.</i>						
RR3	<i>Continue to develop end of life support.</i>						

## CQC KLoE WELL-LED

By well-led, we mean that the leadership, management and governance of the organisation assures the delivery of high-quality and person-centred care, supports learning and innovation, and promotes an open and fair culture.

Reference Point	Recommendation Made	Action to be taken	Who By	Date to Complete by	Evidence of Completion	RAG Status	Comment
WR1	No recommendations						