



AUDIT REPORT

Cornfields

Date of Visit: 9th and 10th September 2024

Private & Confidential
SRG CARE CONSULTANCY LIMITED

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Service Name: Cornfields

Provider: Liaise (South) Limited

Address of Service: 98 Roman Road, Winklebury, Basingstoke, RG23 8HD

Date of Last CQC Inspection: 16th and 20th March 2018

Ratings

CQC's Overall Rating for this Service:




Good



SRG Overall Rating for this Service:

Good



KLoE Domain	Rating		Overall Score
Is the service safe?	Good		72 (out of 100)
Is the service Effective?	Good		75 (out of 100)
Is the service caring?	Good		75 (out of 100)
Is the service responsive?	Good		75 (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 9th and 10th September 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 observation of interactions between people who use the service and staff, conversations with the Manager, Deputy Manager, discussions with staff, a tour of the building and review of key documentation.

SUMMARY OF OUTCOME

Cornfields is registered with CQC and provides accommodation for persons who require nursing or personal care. It's category of registration is a Residential Home and has specialisms/services in; Caring for adults under and over 65 years who have a Learning Disability. The service provides accommodation for up to three people of which are supported in At the time of this audit the home had an occupancy of two people.

Some of the people who live at Cornfields have communication difficulties and/or cognitive impairments; therefore, we observed some interactions between staff and people being supported to ensure they were comfortable with the support / engagement that they were having. We read care plans for two people, we checked four staff recruitment files and records to confirm staff training and supervisions had occurred appropriately. We checked medicine records and the records pertaining to the operation of the service, including quality assurance audits, minutes of staff meetings, H&S and Fire related documentation.

Cornfields have Blyssful available for all service user information. Staff input daily occurrences via tablets such as nutrition, personal care and support provided. Support Plans were seen in files. Cornfields currently use the My Hippo e-learning that staff complete.

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.

RATINGS

It is the overall view of the consultant undertaking this review that while several recommendations are made, subject to these being acted upon and concluded that the service would likely achieve those CQC KLoE ratings as specified within each section of the report. Ratings are applied as per those conditions set out within the CQC KLoE Prompts and Ratings Scales.

Please note that this is the opinion of the reviewer carrying out each audit based on the evidence gained during the review visit and using this to evaluate compliance against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

KLOE	Applicable Regulations	Comments
Safe	<p>Regulation 12 (f) and (g) Safe Care and Treatment</p> <p>Regulation 13: Safeguarding users from abuse and improper treatment</p> <p>Regulation 17: Good Governance</p> <p>Regulations 18 & 19: Staffing - Fit and Proper persons employed</p> <p>Regulation 20: Duty of Candour</p>	<p>Learning culture – Score 3 Accident and Incident forms were completed on Radar. There was a clear process in place indicated if any further investigation that may be required, debriefs with staff, and escalation as part of Safeguarding processes in line with Manager and Operational Manager sign off.</p> <p>The service also has a PBS lead in place who is a great support around incident management, with reference to support plans and how risks are addressed.</p> <p>Monthly reviews were in place and an analysis was completed. Information is shared with all staff to ensure an open and transparent learning culture with staff aware and engaging with any action plans that are implemented and any lessons learned. There was evidence of this being completed via staff meetings and within supervisions. For additional knowledge checking with staff informal training ‘huddles’ could be implemented and discussions in handovers as to what constitutes an accidents and incident, recognition and reporting. (SR1)</p> <p>Safe systems, pathways and transitions – Score 3 There was an onsite maintenance person in place. All jobs were raised on a ticket system’ which both the Registered Manager and Deputy felt worked.</p> <p>There was clear evidence of weekly fire alarm testing and monthly fire drills that staff had attended.</p> <p>Health and Safety audits were being completed on a monthly basis. These included checks around COSHH and first aid boxes. There was also a defib in place.</p> <p>As discussed during my visit, although the Defib gives very clear instructions, staff would benefit from an informal training session around the use of the Defib which addresses any anxieties they may also have. (SR2)</p>

KLOE	Applicable Regulations	Comments
		<p>Risk assessments for people being supported were in place in relation to their support plans around medication, epilepsy, falls, accessing the community etc. All risk assessments seen identified the nature of the hazard, consequence, who is at risk, current control measures and the overall risk level. These were reviewed on a monthly basis or when risks changed and were discussed with the team.</p> <p>Safeguarding – Score 3 Safeguarding notifications to the local team and CQC were being completed when required.</p> <p>Any Safeguarding matter is taken seriously, investigations and any lessons learned are followed through. I also saw documentation in place that evidenced staff are also asked about their knowledge around Safeguarding in supervisions and as part of competency checks. This is also an agenda item in staff meetings.</p> <p>All staff are required to completed mandatory safeguarding training at the commencement of employment. Yearly refreshers are in place.</p> <p>Involving people to manage risks – Score 3 Where possible people being supported were involved with identification of risks. One particular person being supported could not work with new staff who did not know her which was a methodical process to ensure any 1:1 required was managed appropriately, with gradual introduction/exposure of new staff. There were also clear plans in place that contained comprehensive information around what potentially could happen if staff were not involving/managing risks appropriately.</p> <p>Staff are aware of and work with ‘least restrictive practice’. Where restrictions were in place, for example around the locked door, and bed rails the appropriate documentation had been completed for DoL’s.</p>

KLOE	Applicable Regulations	Comments
		<p>There was a great emphasis on accessing the community. There were lots of planned trips in line with peoples' goals and aspirations. This clearly underpinned' right support, right care and right culture in line with CQC requirements and evidence of a person-centred service.</p> <p>There was evidence that this is also discussed in staff meetings and supervisions.</p> <p>Safe environments – Score 2</p> <p>People being supported were kept safe by the provision of a locked door, the house is situated down a small drive which is on a busy road so this is imperative. The appropriate DoL's paperwork was in place to support this.</p> <p>All visitors are required to sign in and out. In addition, one person being supported was extremely sensitive to new people entering the building. There was a process in place to ensure all new people had their photo taken of both themselves and of their car to ensure that this helped as much as possible with a new person being onsite and the potential to disrupt/cause undue anxiety and risk towards staff and/or the visitor if this was not adhered to.</p> <p>Each person being supported had a personalised room in line with their favourite people, themes, colours etc.</p> <p>Communal areas always had staff presence. There was a large kitchen with a conservatory area that had a Perspex roof that had been painted with a product to help with the glare from the sunlight. This meant unfortunately that the roof looked extremely dirty and unpleasant when looking up.</p> <p>There was also access down to the large garden at the back with a very old and dilapidated building which I understand was once a cricket shed. This looks both unsightly and unsafe and should be removed. (SR3)</p>

KLOE	Applicable Regulations	Comments
		<p>Each area of the home had a risk assessment in place. These were regularly reviewed or if there were any changes.</p> <p>Safe and effective staffing – Score 3 Staff files seen were compliant. However, as discussed with the Registered Manager there should be an audit in place to randomly select staff files to ensure compliance with a particular focus on work histories and the DBS process/updates to ensure all staff have a current DBS within the past five years unless on the update system where yearly checks should be in place.</p> <p>All new staff are carefully inducted into the service and work gradually with people being supported in line with their acceptance of new staff and risk presentation around change.</p> <p>As discussed during my visit with both the Registered Manager and the Deputy, in addition to the documentation via Blyssful, a separate folder is to be prepared as a visual document for all new members of staff about each person being supported, a complete overview/profile, risks, likes and dislikes as a precursor to reading all support plans/risk assessments and histories. This helps in the initial stages of getting to know a person being supported and having information to hand at a glance which is important during the induction period. (SR4)</p> <p>Staff rotas were in place. In addition to the Registered Manager there are two staff during the day with the deputy also supporting where needed with community visits and 1:1. There is also one member of staff as a waking night. This is reviewed/considered as if risks change then additional staff maybe required.</p> <p>Infection prevention and control – Score 3 Staff were seen wearing the required PPE when supporting with personal care and meals, hairnets were being worn during the preparation and serving of meals.</p>

KLOE	Applicable Regulations	Comments
		<p>There were apron and gloves stations situated around the building.</p> <p>Daily cleaning schedules were in place that are checked as part of the shift handover. As discussed, the addition of mattress cleaning and checks has now been added to the document.</p> <p>All staff are required to have a competency check each year that includes questioning around infection control measures and demonstrating good handwashing procedures.</p> <p>Medicines optimisation – Score 3</p> <p>The medication is kept within a locked cupboard in the kitchen area. There were no controlled drugs prescribed at the time of my visit.</p> <p>Annual competency checks were completed for all staff around medication and the use of Buccal.</p> <p>PRN protocols were in place and reviewed yearly or as required. These were of a good standard.</p> <p>Hardcopy MAR charts were viewed.</p> <p>All separate medication folders had the MAR chart with the running stock balance completed.</p> <p>Each person being supported had a ‘How I like to take my medication’ so it was clear what support was required and how.</p> <p>Medication mental capacity assessments were also seen in the folder.</p> <p>Where creams were applied, there was the corresponding body map in place to clearly highlight the area.</p> <p>Audits were being completed. These included the weekly audit that the shift leader is responsible for, monthly medication audit and quarterly audit by the Operations Manager.</p>

KLOE	Applicable Regulations	Comments
		<p>Medication reviews are held regularly to ensure 'least restrictive practice in line with the principles of 'STOMP'.</p> <p>This service scored 72 (out of 100) for this area.</p>
<p>Outcome: This service is considered as Safe. 'Safe' is defined by the CQC as meaning “people are protected from abuse and avoidable harm”.</p> <p>SRG RATING: Good</p>		

KLOE	Regulations	Comments
Effective	<p>Regulation 9: Person Centred Care</p> <p>Regulation 11: The need for Consent</p> <p>Regulation 12: Providing Safe Care and Treatment</p> <p>Regulation 14: Meeting Nutrition and Hydration Needs</p> <p>Regulation 15: Premises and Equipment.</p> <p>Regulation 17: Good Governance</p> <p>Regulation 19: Staffing</p>	<p>Assessing needs – Score 3 People had a full assessment before placement to ensure the service could sufficiently meet their needs. At present there is one vacancy within the house, however due to the complexities of one person being supported, careful consideration has to be given as to who will fit into the current mix without affecting the dynamics within the house.</p> <p>In formation is sought from past placements, GP, family and the referring authority and where possible, gaps in history are explored.</p> <p>‘About Me’ was seen on the system Blyssful. This gave a comprehensive account of the person being supported, preferences and for one person, objects of reference to help her and staff communicate as she was non-verbal. This worked very well with understanding from both parties to ensure their needs were met.</p> <p>This information was a catalyst for the formulation of support plans and risk assessments to further inform staff how each person was to be supported in a person-centred way.</p> <p>Delivering evidence-based care and treatment – Score 3 There was a good awareness of current guidance and best practice around learning disability and autism.</p> <p>Each person being supported had links to the various professionals and teams required to support them. During my visit I was able to speak to the osteopath who was providing exercise and movement to one of the people to improve posture and mobility. He was exceptionally knowledgeable and obviously knew the person well and contributed to her care and treatment.</p>

KLOE	Regulations	Comments
		<p>There was good evidence of how people were to be supported, for example use of Makaton, for one person who would self-harm by biting herself if unfamiliar staff were talking with her there was a very good stress reduction plan in place.</p> <p>There was evidence of support plans and risk assessments being reviewed on a monthly basis or as required. In addition, yearly care reviews were in place. Ensure that when a yearly care review is organised that anyone not attending has been asked to submit information which is relevant to the twelve-month period, exactly who has been invited and a clear review of all plans is evident. (ER1)</p> <p>To further embed 'person-centred care, ensure all staff understanding of what constitutes person-centred care, make reference to Regulation 9 of the health and Social Care Act 2008(Regulated Activities) Regulations 2014 in staff meetings, manager walk rounds, supervisions and competency-based spot checks. (ER2)</p> <p>How staff, teams and services work together – Score 3</p> <p>All staff employed are required to complete mandatory training via e-learning on My Hippo, at the start of their employment and yearly updates or as required. Face to face training is also in place for Safeguarding, BLS, Moving and Handling and Epilepsy with buccal training.</p> <p>In discussion with the Registered Manager there is still an outstanding training for staff for the Oliver McGowan training that requires actioning as this is now a requirement from CQC. (ER3)</p> <p>At present Mandatory training is 98%, Combined 93% and Required 90%. Checks are in place to ensure staff training does not go out of date before the required updates.</p> <p>For additional good practice, ensure all staff are aware of medical conditions each person being supported has and how this may present itself. (ER4)</p>

KLOE	Regulations	Comments
		<p>This is a small service so there is not a 'champion' in each area but an overall who is the Deputy Manager who attends meetings and offers insight around Safeguarding, Nutrition etc for staff to be made aware of and to increase their knowledge and practice.</p> <p>There is good support for staff, face to face supervisions were completed 3 monthly which has a focus on Staff Wellbeing, Safeguarding, Health and Safety. In addition, direct observations are in place, health and safety, fire competency, IPC and food hygiene.</p> <p>Alerts are via the system Radar to ensure supervisions and appraisals are completed in a timely manner.</p> <p>Supporting people to live healthier lives – Score 3 People being supported are encouraged to get involved with menu planning. Provisions are then bought by staff and one of the people being supported will accompany.</p> <p>There were tyres in the garden used to grow vegetables such as spinach and beetroot. Whilst I was there the beetroot was being used in a hot meal. Staff seen enjoyed cooking and making healthy and interesting meals for people being supported.</p> <p>Staff were seen supporting one person with their meal in the conservatory area which was very quiet and in line with their nutritional support plan.</p> <p>As discussed during my visit, if a person being supported is drinking well each day and/or their food intake is not a cause for concern, then they can have food charts and fluid charts removed. If this changes and there becomes a clinical need these can always be reinstated. MUST were completed and reviewed each month.</p> <p>People were being weighed on a monthly basis.</p>

KLOE	Regulations	Comments
		<p>The dining experience is also referenced during manager walk rounds and observations to ensure staff are supporting people in line with their support plan and risk assessment.</p> <p>There was a monthly health check document seen that includes checks on feet, hands, ears etc and where required the appropriate appointments are then made if there are any concerns and/or a review is due.</p> <p>Opening and closing checks were in place for the kitchen. Food probing/temperature checks were in place.</p> <p>Kitchen areas were cleaned daily and deep cleans were in place with any relevant equipment checks.</p> <p>There was a lot of community engagement and choice for people being supported. Many photos were displayed around activities they had been a part of including in house such as cooking, out in the garden etc.</p> <p>Each person being supported had individual scrapbooks of activities they had completed, people that were important to them, holidays etc with captions in place.</p> <p>Monitoring and improving outcomes – Score 3</p> <p>There was good evidence of ‘goal setting’ with each person being supported. These were broken down into long-term and medium goals and ensured this was achievable.</p> <p>Ensure there is clear documentation in their support plans as to how and when goals are achieved what is this in relation to. I e. choice, care and dignity, social stimulation, communication etc. (ER5)</p> <p>Monthly keyworker meetings are held which also gives an opportunity for a review to establish what is working, if new goals need to be considered and general progress.</p>

KLOE	Regulations	Comments
		<p>Consent to care and treatment – Score 3</p> <p>Staff knowledge around capacity and consent is discussed in staff meetings and supervisions. As discussed during my visit giving staff scenarios and asking them to identify areas where capacity may be questioned is a good way of relating capacity to the five principles of MCA and gives good evidence that staff are continually being supported in this area to ensure application and knowledge.</p> <p>I was able to see that mental capacity assessments had been completed that were decision specific. Where there were areas of concern then the appropriate best interest documentation had been completed with DoL's application/authorisation in place.</p> <p>This service scored 75 (out of 100) for this area.</p>
<p>Outcome: This service is considered as Effective. 'Effective' is defined by the CQC as meaning “people's care, treatment and support, achieves good outcomes, promotes a good quality of life and based on the best available evidence”</p> <p>“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”.</p> <p>SRG RATING: Good</p>		

KLOE	Regulations	Comments
Caring	<p>Regulation 9: Person-centred care</p> <p>Regulation 10: Dignity and respect</p>	<p>Kindness, compassion and dignity – Score 3 It was very clear that dignity and respect for all underpins the service. I was made to feel very welcome by all staff and it was evident that staff were kind to the people being supported and wanted the best for them.</p> <p>I was able to speak to the mother and father of one person being supported who could not have been more complimentary about the company and the house their daughter lived in. This included the Registered Manager and all staff who worked with their daughter. This was also reflected in the Quality Feedback Questionnaire that they had completed.</p> <p>Although the daily notes recording was good and I saw evidence of good staff interactions, ensure these are clearly referenced in the notes especially around mood and gestures seen and what that may mean. In addition, staff would benefit from examples of what good notetaking looks like, what it includes etc to further support them with their record keeping skills. (CR1)</p> <p>Treating people as individuals – Score 3 Nothing appeared to be too much trouble when supporting people. Staff were enthusiastic and energetic and were quite clearly treating people being supported as an individual. There was also good evidence of how this would be actioned with the relevant support plans.</p> <p>Independence, choice and control – Score 3 There is a great focus on independence and choice which is reflected in support plans, all about me and daily activities chosen.</p> <p>Responding to people’s immediate needs – Score 3 As discussed earlier within the report, health need checks are in place and support for staff around the use of the defib will be considered.</p>

KLOE	Regulations	Comments
		<p>Workforce wellbeing and enablement – Score 3</p> <p>Staff are given the opportunity to discuss their wellbeing during supervisions. In addition, the Registered Manager and the Deputy are very supportive of staff and make themselves available if staff need additional support.</p> <p>If external support is required then HR would be contacted.</p> <p>This service scored 75 (out of 100) for this area.</p>
<p>Outcome: The service is considered as Caring. ‘Caring’ is defined by the CQC as meaning “that the service involves and treats people with compassion, kindness, dignity and respect”</p> <p>“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”.</p> <p>SRG RATING: Good</p>		

KLOE	Regulations	Comments
Responsive	Regulation 9: Person Centred Care Regulation 12: Providing Safe Care and Treatment Regulation 16: Receiving and Acting on Complaints	<p>Person-centred care – Score 3 PBS plans seen were very detailed with lots of details around potential triggers and how support should be offered. These were all written by the PBS lead in conjunction with staff supporting the person. Comprehensive reviews were in place.</p> <p>Within medical and health support plans there was lots of detail around sensory needs. One person being supported had a sensory box, it was also very clear in the support plan they did not like physical contact which was very important for staff to know about as this may have then triggered hitting of staff which would be unintentional but would be in response to their support plan not being followed.</p> <p>All support plans seen were very detailed and very person-centred and complimented the risk assessments in place.</p> <p>Care provision, integration, and continuity – Score 3 There was evidence of good integration with community services and care provision. Any concerns were raised if required to the appropriate provider. The service was a good advocate for the people it supported.</p> <p>Listening to and involving people – Score 3 There was a clear process in place to ensure people were listened to. I saw a document ‘how to raise a concern’ which was easy read and contained many pictures.</p> <p>However, ensure that all relatives and family of people being supported are periodically reminded of the complaints process and check any low-level concerns are also recorded in line with’ Duty of Candour. (RR1)</p>

KLOE	Regulations	Comments
		<p>As discussed with the Registered Manager, consideration needs to be given to ensuring any compliment is followed up and recorded on 'Radar'. If verbal feedback/compliments are given about staff, seek documented evidence. (RR2)</p> <p>Equally ensure that feedback is sought from fellow professionals such as the visiting osteopath as this is an important element of the CQC New Inspection Framework.</p> <p>Equity in access – Score 3 Referrals to external professionals are in place and followed up where required.</p> <p>Equity in experiences and outcomes – Score 3 In line with identified needs and outcomes it was clear that all PWS had equal access both within the home and in the community.</p> <p>Planning for the future – Score 3 This is always a sensitive area which was being managed well by the management with families in particular. Where there are any gaps and/or discussions are not had/unable to be completed, ensure there is clear documentation in place as evidence of awareness of plans for the future cannot be discussed and the reasons why. (RR3)</p> <p>Providing information – Score 3 Information is stored electronically where possible. Information is given to people being supported in an 'easy read format' if required. Staff will then discuss certain elements with them. Ensure all staff are aware of what accessible information standards are and the five principles. This can be discussed in handovers, supervisions and staff meetings. (RR4)</p> <p>This service scored 75 (out of 100) for this area.</p>

KLOE	Regulations	Comments
		<p>Outcome: The service is considered as Responsive. Responsive is defined by the CQC as meaning “that the service meets people's needs”.</p> <p>“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”.</p> <p>SRG RATING: Good</p>

KLOE	Regulations	Comments
Well led	<p>Regulation 12: Providing Safe Care and Treatment</p> <p>Regulation 17: Good governance / Record Keeping</p> <p>Regulation 19 - Fit and Proper persons employed</p>	<p>Shared direction and culture – Score 3 There was an open and transparent culture within the staff group. The Registered Manager and Deputy obviously have a shared vision of what a good service should be, how it is delivered and monitored and above all the impact on the people being supported.</p> <p>Capable, compassionate and inclusive leaders – Score 3 Walk rounds were being completed by the management team that included direct observations around how people were being supported in line with their support plan and risk assessments. Out of hours visits were also in place. There was very much a ‘team’ approach to the running of the service and a ‘family feel’.</p> <p>Freedom to speak up – Score 3 Staff meetings are held on a monthly basis. Evidence was seen of recent staff meetings and the structure. There was also evidence of CQC and Inspections and the New Framework being discussed at these meetings.</p> <p>Night staff meeting notes were also viewed that contained evidence of discussions around incidents, safeguarding, debriefs and any lessons learned.</p> <p>People being supported were also in attendance in order for them to be a part of discussions, decision making and an awareness of what is going on within their home and compliance.</p> <p>There were also house meetings to discuss issue more pertinent to people being supported, activities, menu-planning etc.</p> <p>Staff surveys were being completed.</p>

KLOE	Regulations	Comments
		<p>Relatives have regular discussions with the management team as required and there was also evidence of completion of surveys. Ensure any verbal feedback given is clearly recorded (WR1). There had been one person being supported whose family had completed a survey where a couple of elements were poor in relation to senior management oversight which needs addressing/sign off to ensure in line with Duty of Candour the family have the opportunity to discuss further.</p> <p>Workforce equality, diversity and inclusion – Score 3 There was a diverse and inclusive workforce. Equality was evident and there are equal opportunities for all to develop. Evidence of this was seen in supervisions and appraisals.</p> <p>Governance, management and sustainability – Score 3 There was a comprehensive audit programme in place that outcomes any actions required and by whom. These were generally completed by the Registered Manager and Deputy.</p> <p>In addition, there was a quarterly audit for support plans and risk assessments completed by the Operational Manager.</p> <p>There was evidence of discussion in staff meetings of these.</p> <p>Partnerships and communities – Score 3 Partnership and community working is important to the service with evidence of networking and always looking to work even better with stakeholders</p> <p>Learning, improving and innovation – Score 3 As identified earlier in this report, the service is very open and transparent and both the Registered Manager and Deputy are always looking for better ways to work and to continue to improve the service to people they are supporting and the staff that work within the home.</p>

KLOE	Regulations	Comments
		<p>Environmental sustainability – sustainable development – Score 3</p> <p>The service is aware of environmental sustainability and continues to strive to be even better in this area. They also consider ‘green’ credentials of suppliers when purchasing services or materials.</p> <p>I also gave the Registered Manager a document that can be used to evidence how you are working in relation to environmental sustainability that you score yourself against with any actions that you identify that need to be completed.</p> <p>This service scored 75 (out of 100) for this area.</p>
<p>Outcome: This service is considered as being well led.</p> <p>Well Led is defined by the CQC as meaning “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”.</p> <p>Characteristics of services the CQC would rate as Good, are those where “the service is consistently well- managed and led. The leadership, 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”</p> <p>SRG RATING: Good</p>		

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	Staff huddles with reference to accident and incident differentiation						
SR2	Defib Training						
SR3	Roof and cricket shed						
SR4	Visual support document						

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	Evidence of attendance at yearly reviews						
ER2	Regulation 9						
ER3	Oliver Mc Gowan Training						
ER4	Staff awareness of medical conditions						
ER5	Goal achievements documentation						

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	Record keeping skills						

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	Low level Concerns						
RR2	Compliments recording						
RR3	End of life						
RR4	Accessible Information standards						

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	Recording of verbal feedback						