



AUDIT REPORT

Liaise (Southeast) Supported Living Service

Date of Visit: 4th and 5th November 2024

Private & Confidential
SRG CARE CONSULTANCY LIMITED

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Service Name: Liaise (Southeast) Supported Living Service


Provider: Liaise

Address of Service: The Board Room, 15 Sea Lane, Worthing, West Sussex, BN12 5UP


Date of Last CQC Inspection: 5th March 2020.

Last Review: 6th July 2023

Ratings

CQC's Overall Rating for this Service:	Good	
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SRG Overall Rating for this Service:	Outstanding	
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KLoE Domain	Rating		Overall Score
Is the service safe?	Good		78 (out of 100)
Is the service Effective?	Good		83 (out of 100)
Is the service caring?	Outstanding		95 (out of 100)
Is the service responsive?	Good		85 (out of 100)
Is the service well-led?	Outstanding		93 (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 on one the 4th and 5th November 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 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 Service users, who used the service. These included conversations with the Manager, Deputy Manager, Team leader, Support Staff, People they support and Relatives, and a review of all feedback and review of key documentation.

SUMMARY OF OUTCOME

Liaise (Southeast) Supported Living Service is registered with the CQC. The service provides care and support to people living in 'supported living' setting, so that they can live independently as possible.

People who received a service had a learning disability and complex needs including communication impairments, physical health needs and complex behaviour. At the time of the inspection six people were receiving a service from one location.

People were tenants in a shared house in a residential street. Each person had tenancy agreements with the landlord. The property was over two floors and had been fully adapted to meet the needs of people who lived there. People had their own bedrooms and bathrooms and shared the communal areas and garden.

We read care plans, we checked staff recruitment files and records to confirm staff training, supervisions and competencies 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.

Liaise (Southeast) Supported Living Service use Blyssful Software for all service user information. Staff input daily occurrences via the tablet such as nutrition, personal care and support provided. Care Plans were seen on the software. The service uses the homes documents Software for staffing records, YourHippo for e-learning that staff complete, Radar is used for auditing, and polices etc. Quooda is used for compliance checks and Liaise Maintenance Service Portal is used for reporting any maintenance concerns/call outs and budget records.

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 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 conducting 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 Liaise (Southeast) Supported Living uses Blyssful electronic platform for all people’s care plans and risk assessments.</p> <p>We checked information for three people.</p> <p>There were two Incidents in September relating to medication errors. These had been investigated and logged on Radar.</p> <p>Lessons learned said the incidents would be discussed during the staff meeting in October, however these incidents did not appear to be in the staff meeting meetings. (SR1)</p> <p>The manager advised Team meetings were conducted Bi- monthly, minutes were in place to evidence this. The last staff meeting was on the 15th October 2024 with an action plan in place to address any issues.</p> <p>Safe systems, pathways, and transitions – Score 3 The provider had systems and processes in place to ensure people were appropriately protected from the risks of coming to avoidable harm or suffering abuse.</p> <p>Accidents and incidents were recorded.</p> <p>People were aware of what constitutes an accident and incident, and all incidents were logged, from bruises, behaviours, and any concerns.</p> <p>Safeguarding – Score 4 Systems and processes to safeguard people from the risk of abuse.</p>

KLOE	Applicable Regulations	Comments
		<p>Systems and process protected people from the risk of abuse. Information about safeguarding processes were available to staff.</p> <p>When speaking to staff they were aware of how and what to report if they had any concerns. The service was open and transparent in reporting.</p> <p>There were no open safeguarding's.</p> <p>Where safeguarding had taken place, these were logged and investigated with relevant external professionals notified.</p> <p>Where there are safeguarding's, the service should ensure these are discussed to learn from these and prevent them happening again.</p> <p>Safeguarding training was showing as over 100% compliant.</p> <p>Involving people to manage risks – Score 3</p> <p>Care plans were person centred and provided guidance for staff to follow.</p> <p>Care plans showed goals and preferences and aims and objectives to meet these.</p> <p>The manager was still working on care plans and adding more detail.</p> <p>It did take time to find the appropriate care plan I was looking for, for example, most care plans like Medical and Health Support, including medication, wellbeing, sensory needs, mobility and diet and nutrition were all under one care plan.</p>

KLOE	Applicable Regulations	Comments
		<p>It did not clearly identify the person had a PEG in place, and I had to read through a lot of information before I found this, to look at specific care plans for high-risk needs so clear for staff to read/access. (SR2)</p> <p>Risks to people were identified and assessed. People were supported by a flexible approach to risk management which enabled them to take positive risks. Comprehensive risk assessments were carried out to enable people to receive care safely and take part in activities of their choosing.</p> <p>Where possible people were involved in managing risk, where people did not have capacity BI/MCA was completed.</p> <p>Care plans showed evidence that families were involved in planning of care and provided a history on the person.</p> <p>Safe environments – Score 3</p> <p>The living environment was clean and tidy, and free from any mal odours.</p> <p>The garden area was well maintained and had a bird table so the service users could feed the birds.</p> <p>There were regular checks and an effective maintenance system to make sure the home remained a safe place to live. The PPM was showing at 100% compliant.</p> <p>The decoration and adaptations made to the environment supported people's individual needs and promoted independence. The property was fully accessible and included bespoke adaptations such as kitchen worktops and appliances that were instantly height adjustable to accommodate people who used a wheelchair.</p> <p>Some areas of the home do require painting, and some radiators were rusting and coming away from the walls. (SR3)</p>

KLOE	Applicable Regulations	Comments
		<p>Safe and effective staffing – Score 3 The home was recruiting for staff, which was on-going due to some long-standing staff leaving.</p> <p>Agency staff were used to help cover any staff shortages.</p> <p>On observations the staff did not appear to be rushed and were spending time with the service users.</p> <p>Staff confirmed that they felt there was enough staff on duty to meet people's needs.</p> <p>Recruitment procedures were checked to assess compliance with Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>Employment records were checked for three people which included obtaining a full employment history, proof of identify and address, references, right to work checks and checks with the Disclosure and Barring Service (DBS).</p> <p>The DBS helps employers make safer recruitment decisions and help prevent unsuitable people from working in care services and was renewed every three years.</p> <p>Staff training was reviewed, and the service was 100% compliant.</p> <p>Infection prevention and control – Score 3 Infection control training was 100% complaint.</p> <p>Monthly IPC Audit is completed, the last one completed was 18th September score of 97%.</p> <p>The laundry area was clean and tidy.</p>

KLOE	Applicable Regulations	Comments
		<p>Staff were seen to using PPE.</p> <p>The home was clean and tidy.</p> <p>Medicines optimisation – Score 3</p> <p>Medication systems were reviewed, and findings as follows:</p> <ul style="list-style-type: none"> • Medication was seen to be locked away securely in individual service users' rooms. • All signatures were in place on the MAR charts. • Room temperature and fridge checks were conducted daily and recorded. • There was useful information in place supporting the administration of PRN medication. • Creams, eye drops and liquids had open dates. <p>Medicine competencies are completed annually.</p> <ul style="list-style-type: none"> • This service scored 78 (out of 100) for this area.
<p>Outcome: The 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 4 People's needs were met by a holistic approach to assessing, planning and delivering care and support. People had comprehensive assessments prior to receiving a service to ensure their needs could be met. The service users had 1-1 support in place.</p> <p>The service worked closely with other external agencies on sharing information for the best outcome for the person.</p> <p>The service had received a quality audit by the CHC in October before a new person was authorised to move in, with a positive outcome.</p> <p>People had risk assessments in place, and these were reviewed.</p> <p>People who had difficulty swallowing or were at risk of choking had been assessed by the speech and language therapy team (SALT). People's support plans identified what types of food they could eat and what support they might need to eat and drink.</p> <p>One person had a PEG feeding tube as they were at high risk of choking. There was evidence the service had worked closely with the dietitian who visited every three months to review.</p> <p>The service had also contacted the dietitian to attend the service when the PEG had come out of place which was dealt with in a timely manner.</p> <p>The home had keyworkers in place and would have monthly key worker meetings, this system was effective as the keyworkers build a relationship with the service users, the service users can also choose their preferred staff member they can relate to more, this helps them to achieve their goals and targets. One person was showing an alert for an overdue Monthly Keyworker catch up (ER1)</p> <p>Delivering evidence-based care and treatment – Score 3 Staff were following people's documented wishes, which was recorded in their daily notes.</p>

KLOE	Regulations	Comments
		<p>Notes were not seen to be very detailed and more around basic task (ER2)</p> <p>How staff, teams and services work together – Score 3 The service collaborated with other professionals. There was evidence that assessments were obtained from other professionals when people started using the service.</p> <p>There were clear systems in place to maintain continuity of care. Each person had a hospital passport. This helped to ensure other professionals would have the information they required if the person was admitted to hospital.</p> <p>Supporting people to live healthier lives - Score 3 Service users had access to a GP, they would be supported to contact the GP as required and go to the surgery with staff, those service users who were unable to the GP would visit the service.</p> <p>Service users were supported to attend appointments, for example, Annual blood test, dentist or hospital appointments.</p> <p>The community dentist was visiting the service at the time of the audit to see service users who could not attend a dentist.</p> <p>People were weighed monthly, and the service reported any concerns.</p> <p>The kitchen area was clean and tidy. Open and close checks were in place.</p> <p>People were weighed monthly or as required, so weights could be monitored.</p> <p>The food was home cooked and looked appetising and nutritious, the service users had a choice at mealtimes, if they did not like what was on offer, they had a choice of another option. Pictures were used so people could be promoted and encouraged to make their own decisions.</p> <p>Staff made nutritional smoothies for people.</p>

KLOE	Regulations	Comments
		<p>People had input into the menu planning and could choose the meals they would like on the menu.</p> <p>Monitoring and improving outcomes – Score 3 The staff use iPads to log the daily records.</p> <p>Diet and fluid intakes were monitored, and charts were in place to evidence their intake.</p> <p>Consent to care and treatment – Score 4 The service worked in line with the principles of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). As far as possible, people made their own decisions. If it was necessary, people had had appropriate support to make decision in their best interests and in the least restrictive ways possible.</p> <p>DoLS referrals had been made and were documented into the care plan.</p> <p>3 DoLS were Submitted to the Court. 2 were pending an assessment.</p> <p>The service had involved other professionals the SALT and Physio team for the support of one person, he was often reluctant to take his first mouthful of drink which was making it impossible for staff to support him.</p> <p>Staff noticed when his hands were gently placed under his tabard he seemed to relax and would have a drink.</p> <p>Once they were removed his hands, they were hovering above him and he was reaching out and trying to grab things and staff, which made it difficult for staff to support him.</p> <p>The service and professionals agreed it was the least restrictive approach to encourage him to place his hands under his tabard, which was not causing him any distress.</p> <p>This was added to his DoLS as a form of restraint and clearly documented into his care plan.</p>

KLOE	Regulations	Comments
		<p>Staff had received training in MCA and demonstrated a good understanding of their responsibilities. Staff spoke of the need for presuming people had the capacity to make decisions and to ensure people were supported in the least restrictive way.</p> <ul style="list-style-type: none"> This service scored 83 (out of 100) for this area.
<p>Outcome: The 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>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 4 The atmosphere in the service was calm.</p> <p>People were at the centre of their care and support and contributed on how to spend their days.</p> <p>Staff were seen taking time to talk to people, all staff seemed happy, relaxed, and engaging.</p> <p>The service had received compliments from people who use the service such as: 'Thank you so much for taking care of xx like your own family, you have been a second home to him'.</p> <p>Support plans for communication were in place and person centred, one person who cannot communicate verbally uses a communication aid to communicate through text to speech. His care plan is very detailed for staff to follow how the aid works and how to best support him.</p> <p>Family surveys from Oct 2024 were positive, with feedback such as:</p> <ul style="list-style-type: none"> • Always made to feel welcome. • The home is very well run and managed. • Property appears well maintained. • Lovey photos are displayed of the residents. <p>Client surveys from 2024 were reviewed, and were all positive with comments as follows:</p> <ul style="list-style-type: none"> • My support workers are friendly. • Support workers respect my rights and dignity. • I am asked if I would like to join in with activities, I feel safe here. <p>People had names on their room doors so they could locate their rooms.</p> <p>There were do not disturb signs on doors when staff were supporting with personal care, or they were having private time.</p>

KLOE	Regulations	Comments
		<p>I spoke to one family member who was visiting her son, he had moved into the service 4 weeks ago. She spoke very positive of the service and staff and said they were all great. She explained, 'The atmosphere is like home and my son XX loves it here, he is very happy and always smiling. I am so glad I found this place'.</p> <p>One service user said he was 'happy at the home' and the 'staff were all good'.</p> <p>Treating people as individuals – Score 3 Care plans contained information about respecting and promoting people's dignity.</p> <p>Staff used appropriate communication methods to enable people to be involved in planning and reviewing their care.</p> <p>People had communication care plans in place, this guided and supported staff on how to communicate effectively with the person.</p> <p>People had in place consents and mental capacity assessments and there was evidence that people were asked for consent and encouraged to make their own choices and decisions daily.</p> <p>The service had no recent or open complaints. The last complaint was in May 2024, which was a complaint from a neighbour regarding a drainage concern, this was logged by the manager and resolved.</p> <p>There was a complaints procedure displayed; this was in an easy read format with included pictorial symbols.</p> <p>Independence, choice, and control – Score 4 Independence is encouraged with the clients where possible, in line with their support plans and risk assessments.</p> <p>People chose how to spend their days and had input into their care planning, and if they did not have the capacity to do, the service sought input from the families.</p>

KLOE	Regulations	Comments
		<p>People were supported to make choices about their care. Consideration was given to service users preferences on who they wanted to support them, to pair them with a staff member who worked well with them.</p> <p>People were enabled to make choices for themselves by staff who ensured they had the information they needed. For example, there were options displayed on the fridge accompanied with photos of meal choices.</p> <p>People had the opportunity to go food shopping with the staff.</p> <p>Responding to people's immediate needs – Score 4 There is access/referral to the appropriate agencies/external healthcare providers where required to support with any outstanding needs provision.</p> <p>The service advised that one person had moved into the service with a very poor diet and issues with constipation that required the input from the District Nurse team to have enemas. A lot of the constipation concerns were around poor nutritional intake, before moving into the service. The service worked closely with the person to address this, by taking their time at mealtimes with them, and ensuring they had the support and meal options they like to eat and healthy balanced diet.</p> <p>By doing this the person now only requires intervention with their bowels PRN, whereas before it was 3-4 times a week.</p> <p>Handover of shifts were completed for continuity of care.</p> <p>Workforce wellbeing and enablement – Score 4 Staff surveys were reviewed in 2024, there was a positive responses and feedback as follows:</p> <ul style="list-style-type: none"> Over 90% of staff said the people we support are treated with kindness and respect. <p>Were there were some negative comments and feedback, for example:</p> <ul style="list-style-type: none"> 50% of staff said there was not enough staff to do my job properly.

KLOE	Regulations	Comments
		<p>The manager had raised an action plan, which included, you said we did feedback form and discussed in team meetings on how this feedback could be addressed.</p> <p>The provider sent out a Newsletter every three months to people who used the service.</p> <p>The service had nominated a service users and team member to be added to the Newsletter. This was due to an amazing story that involved the service user and staff member. The service user had visited London Art Gallery and Exhibition and produced a book on his adventures from his trip. The book was published and was on Amazon, with all the proceeds made going to the service user to help fund his future adventures.</p> <p>Staff supervisions were conducted every three months, and Appraisals were conducted yearly.</p> <p>Staff competencies covered, Infection Control, Medication, MCA/DOLs, safeguarding and service led competencies like PEG feeding etc.</p> <ul style="list-style-type: none"> This service scored (95 out of 100) for this area.
<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: Outstanding</p>		

KLOE	Regulations	Comments
Responsive	<p>Regulation 9: Person Centred Care</p> <p>Regulation 12: Providing Safe Care and Treatment</p> <p>Regulation 16: Receiving and Acting on Complaints</p>	<p>Person-centred care – Score 4 The environment was clam and relaxed.</p> <p>People had support to follow their interests and take an active part in the wider community.</p> <p>People were supported to go on trips out, for example one person had recently had a trip to London and attended the Art Exhibition.</p> <p>People choose what they wanted to do and how to spend their days.</p> <p>Activities were person centred to the person's needs.</p> <p>Care plans were in place with long term goals and targets so staff could help the service users achieve these.</p> <p>People enjoyed swimming lessons, bike rides, shopping trips, a trip to Legoland and meals out.</p> <p>The service supported people to go on holiday, one person went to Legoland for their 30th birthday.</p> <p>The service had made a book of memories photos for sharing with people.</p> <p>The service celebrated special events, like Halloween, Pancake Day, and Christmas.</p> <p>The service had supported the people to have a bus pass to make it easier to go out on trips.</p> <p>On the day of the audit staff were supporting one person with sensory activity, they had set up the lounge area, with music and sensory lights, and supporting him to do gentle exercises that had been recommended by the physio. The service user appeared to be enjoying this and was smiling.</p> <p>Staff were seen accompanying service users to go out into the community.</p>

KLOE	Regulations	Comments
		<p>People and relatives were fully involved in the planning of people's care and support where possible.</p> <p>There were photos displayed around the home of the people who lived at the service, from trips out, and events within the home, which made it homely.</p> <p>The service took people to visit other services where they had made friends.</p> <p>One service user is always making jokes and has a good sense of humour, staff supported him to make a video of this and sent it to Britain's Got Talent as he wanted to be put through. The staff also supported him to make two books which had funny stories and involved his family and staff members, he was showing me the books with staff.</p> <p>People's bedrooms had been personalised with their own pictures, furniture, and belongings.</p> <p>Care provision, integration, and continuity – Score 3 Staff collaborated with other professionals such as the GP, Psychiatric team, learning disabilities team, to help improve people's quality of life.</p> <p>Listening to and involving people – Score 4 Quality assurance surveys were given out to family, staff, and service users, last surveys were given out in 2024, and feedback had been analysed with action plans in place.</p> <p>There were prompts and guidance displayed to guide people on how to raise any concerns.</p> <p>Service user and staff meetings were in place.</p> <p>There was a suggestion box for staff to make suggestions on how the service could improve, this was checked weekly by the manager.</p> <p>Equity in access – Score 3</p>

KLOE	Regulations	Comments
		<p>The staff rotas are completed in advance on a rolling rota basis, so all shifts can be covered in adequate time to ensure the services are fully staffed.</p> <p>There was an on-call procedure in place which staff were aware off so there was support 24/7.</p> <p>Equity in experiences and outcomes – Score 3 One service user preferred female support worker to support them, which the service provided.</p> <p>Planning for the future – Score 4 People had input into their future wishes/plans which were incorporated into their care plans.</p> <p>One person who lived at the service had recently passed away and the service had a plaque made up in his memory, this was going to be placed in the garden and planted with a tree.</p> <p>Providing information – Score 3 The service is aware of the accessible information standards. Ensure all staff are equally aware and if documentation needs to be provided in an alternative format this is recognised and provided. UK GDPR requirements are being met.</p> <p>There was a service user information in place in the foyer, where people can access the complaints procedure.</p> <p>The service had the CQC rating displayed.</p> <ul style="list-style-type: none"> This service scored (85 out of 100) for this area.
<p>Outcome: The service is considered as Responsive. Responsive is defined by the CQC as meaning “that the service meets people's needs.” “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 4 The Registered Manager fully understood her roles and responsibilities and duty of candour.</p> <p>The manager and deputy were very knowledgeable of the service and service user's needs.</p> <p>The provider sends out a Company Newsletter every three months, where good practice and success stories can be shared within the homes.</p> <p>The manager stated that they have one to one supervision with their line manager every 12 weeks.</p> <p>The Operational Manager comes to the service to support and conducts quality audits.</p> <p>They managers attend monthly managers meetings, and they are sent an agenda and can add anything they wish to discuss the next one is planned for 13th November.</p> <p>The manager had received a compliment from the CHC quality audit, in which they commented on how she was an excellent manager.</p> <p>The manager's office was in a separate building to the service, but the manager did attend the service daily and still had good oversight of the running of the service. This was also confirmed by the staff team.</p> <p>Capable, compassionate, and inclusive leaders – Score 4 The leadership within the home was exceptionally good, the manager/deputy was very organised in their approach, and the service promoted a positive culture, which is person centred, open, inclusive, and empowering, which achieves good outcomes for people.</p>

KLOE	Regulations	Comments
		<p>The Registered Manager and deputy were knowledgeable of the service user's needs and was seen interacting with them throughout the visit and staff.</p> <p>Freedom to speak up – Score 4 The whistleblowing policy was available for staff to access through the Radar App.</p> <p>Staff surveys were sent in 2024 to give the staff the opportunity to share their views, the manager and deputy were working on an action plan to ensure the feedback raised was addressed.</p> <p>There was a managers clinic made available for staff to attend every Thursday, this gave them the opportunity to speak to the management team 1-1, the notice advised staff on times/dates to attend.</p> <p>There was a suggestion box for staff to add any feedback/suggestions on how to improve the service or give general feedback on what has gone well.</p> <p>In the staff toilet there was information for them to access on the Companies Visions and Values, and information on DoLs, whistleblowing and duty of candour.</p> <p>Staff spoken to felt comfortable to raise any concerns.</p> <p>Staff advised they enjoyed working at the home, they had received good training and training on more specific areas such as Epilepsy.</p> <p>Staff said the manager and deputy were both approachable and supportive.</p> <p>Workforce equality, diversity, and inclusion – Score 4</p>

KLOE	Regulations	Comments
		<p>Policies and Procedures are in place to support with equality and diversity, staff can access these through their Radar App.</p> <p>Staff had access to further education opportunities and some staff had enrolled onto their level 2/3 Health and Social care course.</p> <p>The service had organised a staff Christmas party and service user Christmas parties.</p> <p>The manager organises staff events for team building, the staff also vote for outings they would like to do like to happen.</p> <p>The manager had recently nominated a staff member for the Above and Beyond award for her continue efforts on going over and above to support service users.</p> <p>Governance, management, and sustainability – Score 4 There was good auditing in place, which was conducted weekly, monthly and every quarter.</p> <p>The audits covered areas such as managers walk around, weekly medication, monthly finance audit.</p> <p>Audits had action plans in place.</p> <p>The monthly Audits was completed on Radar, and covered H&S, IPC, Support Plans, Finance, and Medication, actions were then put in place to work through any shortfalls.</p> <p>The manager conducted OOH visits, where she would arrive at a service OOH to ensure the service was safe and running effectively.</p> <p>Partnerships and communities – Score 4</p>

KLOE	Regulations	Comments
		<p>There was evidence of working in partnership with other organisations.</p> <p>The service worked with other healthcare professionals and stakeholders to ensure they shared best practice, gained up to date knowledge of new innovations and learned from others. We saw evidence of effective, collaborative working with a broad cross section of health and social care professionals throughout the audit.</p> <p>The service makes referrals to other agencies as required Information is shared when necessary, and this information is shared in line with UK GDPR requirements. The service is clear about what needs it can meet and consults with other providers and agencies for the benefit of the person using services.</p> <p>Learning, improving and innovation – Score 3</p> <p>The manager promoted transparency and honesty. The manager was open and honest throughout the inspection process and had a good understanding of their duty of candour. They openly shared information with people and their relatives when things had gone wrong and were transparent with any learning from this.</p> <p>There were robust measures to monitor quality, safety, and the experience of people within the service. Quality assurance was embedded within the culture and running of the service.</p> <p>The monthly Audits was completed on Radar, and covered H&S, IPC, Support Plans, Finance, and Medication, actions were then put in place to work through any shortfalls.</p> <p>There was a Fire folder in place that had the following documents:</p> <ul style="list-style-type: none"> • Business Continuity plan • Fire safety policy • Emergency response plan

KLOE	Regulations	Comments
		<ul style="list-style-type: none"> • Service user emergency information. • Emergency contact numbers • Individual PEEPS <p>Environmental sustainability – sustainable development – Score 3 The services used a digital recording system, however they still used paper-based files for person files/ grab file which did duplicate a lot of information.</p> <ul style="list-style-type: none"> • This service scored (93 out of 100) for this area.
<p>Outcome: This service is considered as 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: Outstanding</p>		

ACTION PLAN: Liaise (Southeast) Supported Living Service

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	Lessons learned	To ensure communicated and discussed with team					
SR2	Care plans	To look at high risk needs being clear and identified and having specific care plans for these					
SR3	Environment	Some areas need a decoration and radiators require attention					

CQC KLoE EFFECTIVE

By effective, we mean that people's care, treatment, and support achieve 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	To ensure keyworker reviews are completed as per alert	To complete					
ER2	Daily notes	To ensure more detailed on how person was supported and spent the day					

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
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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
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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-centered 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
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