



# AUDIT REPORT

## Baytrees

**Date of Visit: 2<sup>nd</sup> & 3<sup>rd</sup> December 2024**

Private & Confidential  
SRG CARE CONSULTANCY LIMITED

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**Service Name:** Baytrees

**Provider:** Liaise (South) Limited

**Address of Service:** 246 Old Worting Road, South Ham, Basingstoke, Hampshire, RG22 6PD

**Date of Last CQC Inspection:** Inspection: 2<sup>nd</sup> July 2018 last review 6<sup>th</sup> July 2023

## Ratings

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

Good



**SRG Overall Rating for this Service:**

Outstanding



KLoE Domain	Rating		Overall Score
Is the service safe?	Good		84 (out of 100)
Is the service Effective?	Good		79 (out of 100)
Is the service caring?	Outstanding		95 (out of 100)
Is the service responsive?	Outstanding		95 (out of 100)
Is the service well-led?	Good		81 (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 2<sup>nd</sup> & 3<sup>rd</sup> December 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 and People they support, and a review of all feedback and review of key documentation.

### SUMMARY OF OUTCOME

Baytrees is registered with CQC and provides residential care for up to four people who require personal care. Its category of registration is Residential homes and has specialisms/services in: Caring for adults with learning disabilities and/or autism.

The home is a house over two floors, which is set within a residential area, which has been furnished to meet individual needs, there were four people living at the service at the time of the audit.

During the visit it was observed that the staff were responsive to people's needs and treated them with dignity and respect. It could be seen that the people who lived in the home were encouraged to make their own decisions and were actively involved in how they wished to spend their days. The home had a warm and homely atmosphere and people were seen to be able to use access the home freely.

We read care plans for four people, we checked two 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.

Baytrees 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. Baytrees currently uses the homes documents Software for staffing records, Your Hippo 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><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 4</b></p> <p>Baytrees is a Care Home for people with learning disabilities and/or autism. At the time of the inspection there were four people living at the home. The home is an adapted building with bedrooms, shared living spaces and a garden for people.</p> <p>Learning from safety incidents was embedded within the home. Where there was an accident or an incident, care plans and risk assessments were updated with changes in need and discussed in staff meetings, a 1-1 staff briefing and reflective practice when then completed with staff.</p> <p>The service was transparent, all incidents had been logged on radar and were detailed.</p> <p>The manager advised Team meetings were conducted monthly, this was via F2F, and staff could also attend virtually, lessons learnt was discussed, this was also evidenced in the meeting minutes.</p> <p>The service had a team meeting on the 29/09/2024 where they discussed the outcome of the recent Internal Mock Inspection. The minutes were detailed about what actions were needed to address any concerns as a team.</p> <p>The service also had a team meeting on the 29/11/2024, where they discussed as a team a client whose behaviours were increasing, and how to best support them/documentation and updates given from the manager regarding a request made for additional hours to support.</p> <p>Feedback surveys from families said they were kept up to date on any incidents and the manager would send them a monthly report.</p> <p>One family who does not have access to emails, the manager will post them a paper copy of the report.</p> <p><b>Safe systems, pathways, and transitions – Score 3</b></p>

KLOE	Applicable Regulations	Comments
		<p>The provider had processes in place to ensure safe systems, pathways and transitions were maintained. Records showed staff communicated with other professionals and services and made sure people experienced smooth transitions when using or moving between healthcare and other care services.</p> <p>People had health passports in place.</p> <p>Families advised that they participated in the care planning and support.</p> <p>Feedback from the client survey was positive and people said they felt safe at the home.</p> <p><b>Safeguarding – Score 3</b>            People were protected from avoidable harm, staff understood how to recognise signs of abuse, and the actions needed if abuse was suspected.</p> <p>The service was open and transparent in reporting.</p> <p>On speaking to staff, they confirmed they knew how to raise a concern.</p> <p>There was no open safeguarding's, the last safeguarding was over a 12 months ago.</p> <p>Staff had completed safeguarding training and the provider's safeguarding policy guided staff about different types of abuse and how to raise a concern to ensure people were protected. Any safeguarding concerns were recorded appropriately and reviewed to ensure the relevant professionals were notified. There were monitoring systems in place to ensure that lessons were learnt from incidents.</p> <p><b>Involving people to manage risks – Score 4</b></p>

KLOE	Applicable Regulations	Comments
		<p>Staff were aware of potential risks people may face and how to support them. People's care plans were regularly reviewed and in response to any change in needs.</p> <p>One person who has behaviours of concern has a detailed PBS plan in place, the plan has documented early indicators and active strategies in place to support the client and staff.</p> <p>One person still enjoys trips out, but does lack awareness with road safety awareness, the risk assessment in place, encourages her to go out, but supportive measures are in place to help reduce the risk of harm.</p> <p>People are weighed weekly so any weight loss or gain can be addressed immediately.</p> <p>People were supported to bath and temperature checks were recorded.</p> <p><b>Safe environments – Score 3</b>  The living environment was clean and tidy, and free from any mal odours.</p> <p>The service users' rooms were large, and person centred, and could decorate their room how they liked to.</p> <p>There were regular checks and an effective maintenance system to make sure the home remained a safe place to live. These included an independent legionella and water safety risk assessment.</p> <p>There were regular checks on appliances and equipment and regular checks on safety items.</p> <p>On checking Quooda all checks, and servicing were compliant.</p> <p>The home would use Liaise Maintenance Service Portal to log and report any maintenance concerns within in the home.</p>



KLOE	Applicable Regulations	Comments
		<p>There was a fire alarm procedure displayed and an Emergency Response Plan.</p> <p>The Grab bag was in place with all contents in place. The manager was completing an audit on the Grab bag at the time of the audit and had ordered a new one.</p> <p>It was noted in the kitchen area, the paint was peeling away from the kitchen window seal above the sink, which meant it was hard to keep clean. <b>(SR1)</b></p> <p><b>Safe and effective staffing – Score 4</b> The home employed 13 staff in total.</p> <p>The service had not used any agency staff for over 12 months.</p> <p>The service made sure there were enough qualified, skilled, and experienced staff, who received effective support, supervision, and development.</p> <p>Staff worked together well to provide safe care that met people's individual needs. Systems were in place to ensure there was enough staff on shift to meet people's needs.</p> <p>The overall for compliance for training was as follows:</p> <ul style="list-style-type: none"> <li>• 100% Mandatory</li> <li>• 99% Combined</li> <li>• 99% Required</li> </ul> <p>The service had recently reduced the night staffing to one at night instead of two.</p> <p>No clients at night were receiving 1-1 care and support, this was only during the day.</p>

KLOE	Applicable Regulations	Comments
		<p>This was discussed in the staff meeting and staff also highlighted this in their Quality assurance staff surveys, as they felt it was not safe, due to the clients' high needs and unpredictable behaviours.</p> <p>On discussing this with the manager he advised that there was an on-call system in place to support the lone worker at night, as part of the lone working policy, another service would call the person every two hours at night to ensure they were okay and there were no concerns. If there was an emergency another member of staff would attend from another home close by. The day staff also stayed till 9pm to support the night staff at the busy period.</p> <p><b>Infection prevention and control – Score 3</b> Infection control training was over 90% complaint.</p> <p>The laundry area was clean and tidy.</p> <p>The two pedal bins in the laundry, one clinical waste and one general waste were broken, the foot pedal was not working. <b>(SR2)</b></p> <p>Staff were seen to be using PPE.</p> <p><b>Medicines optimisation – Score 3</b> The service made sure that medicines and treatments were safe and met people's needs, capacities, and preferences. People received their medicines as prescribed with the support from trained and competent staff. The service ensured people's medicines were ordered and stored appropriately and safely.</p> <p>Medication was stored in the main kitchen area in a locked cupboard but there was a risk assessment to say why this was not stored in people's individual rooms.</p>

KLOE	Applicable Regulations	Comments
		<p>There were temperature checks in place and a staff signature medication list.</p> <p>There was a sharp bin in place, this was in use, but no open/assembled date recorded. <b>(SR3)</b></p> <p>Staff received annual competencies in Medication and Bucal Midazolam</p> <ul style="list-style-type: none"> <li>This service scored (84 out of 100) for this area.</li> </ul>
<p><b>Outcome:</b> The service is considered as Safe. 'Safe' is defined by the CQC as meaning “<b>people are protected from abuse and avoidable harm.</b>”</p> <p><b>SRG RATING: 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> The service made sure people's care and treatment was effective by assessing and reviewing their health, care, wellbeing, and communication needs with them. For example, feedback from families were positive and they advised they participated in care planning and received monthly reports.</p> <p>The service worked closely with other external agencies on sharing information for the best outcome for the person.</p> <p>People had risk assessments in place, and these were reviewed.</p> <p>The home had keyworkers in place and would have monthly key worker meetings with the clients 1-1.</p> <p><b>Delivering evidence-based care and treatment – Score 3</b> The service planned and delivered people's care and treatment with them, including what was important and mattered to them. They did this in line with legislation and current evidence-based good practice and standards.</p> <p>Staff were seen asking people for consent before supporting them.</p> <p>One person had a visit from the Osteopath which he enjoyed.</p> <p><b>How staff, teams and services work together – Score 3</b> The service collaborated with other professionals. There was evidence that assessments were obtained from other professionals when people started using the service.</p> <p>For example, one person who was showing increased behaviours, the service had contacted the social worker to request additional hours to support, the person was also referred to the LD team and Consultant to review her medication. There were completed Incident forms for behaviours displayed.</p> <p><b>Supporting people to live healthier lives - Score 4</b></p>

KLOE	Regulations	Comments
		<p>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 had access to the dentist and opticians they would be supported to attend, but if they were unable to then home visits were available.</p> <p>Open and close checks were in place and there was a form on the front of the fridge for the staff to complete daily on a stock check which was all in place.</p> <p>The Safe food file was in place and all relevant checks were completed, fridge/freezer temporary checks, food temperature checks and cleaning schedules.</p> <p>The staff had recorded that there was an issue with the dishwasher being faulty which had been reported on the 2<sup>nd</sup> December.</p> <p>The was a menu for the day displayed and pictures to support.</p> <p>If people did not like the choice on the menu on the day, the staff would make them food to their liking, for example, on the day of the audit a client asked for a salad which the staff made for them.</p> <p>Food was homecooked and clients were seen also witnessed helping to prepare their meals, staff advised they are there to support them and promote their independence.</p> <p>People were weighed weekly or as required, so weights could be monitored.</p> <p><b>Monitoring and improving outcomes – Score 3</b> The staff use iPads to log the daily records.</p> <p>Daily records were in place on how people spent their day.</p> <p>Food charts were in place.</p>

KLOE	Regulations	Comments
		<p>Fluid charts were in place to monitor people's input and output.</p> <p>The client has had a recommended fluid target in place, for example one person target was 2000mls per day, there were quite a few occasions where she had only met half of this, but there was no explanation given as to why. <b>(ER1)</b></p> <p><b>Consent to care and treatment – Score 3</b></p> <p>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>Three DoLs were authorised, and one was pending, which was documented in the care plans.</p> <ul style="list-style-type: none"> <li>This service scored (79 out of 100) for this area.</li> </ul>
<p><b>Outcome:</b> The service is considered as Effective. '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>SRG RATING: Good</b></p>		

KLOE	Regulations	Comments
Caring	<p><b>Regulation 9: Person-centred care</b></p> <p><b>Regulation 10: Dignity and respect</b></p>	<p><b>Kindness, compassion, and dignity – Score 4</b></p> <p>People were at the centre of their care and support. We saw that staff respected people and their own private space, some people choose to spend the days in their rooms, whilst others came into the communal areas.</p> <p>Staff were seen to be knocking on people's doors before entering.</p> <p>Staff were calm and relaxed. During the visit staff were observed dealing with situations in a calm and responsive manner, which had a positive impact on the service.</p> <p>Support plans for communication were in place and person centred, one person who is unable to verbally communicate can communicate using Makaton signs or her own communication signs, which the staff have got used to.</p> <p>Family surveys from May 2024 were positive, with feedback such as:</p> <ul style="list-style-type: none"> <li>• "The manager and all staff are friendly and helpful."</li> <li>• "Our daughter has Epilepsy, there is a good protocol in place and all staff are trained to support our daughter."</li> </ul> <p>Families said they were kept informed and sent monthly reports. Families said their views and wishes are listened to and they felt they were informed/involved in the care planning and support.</p> <p>Client surveys from 2024 were reviewed, and were all positive with 100% of people being happy, with comments as follows:</p> <ul style="list-style-type: none"> <li>• 'Staff are all so good.'</li> <li>• 'I love where I live at Baytrees.'</li> </ul> <p>One client enjoys her daily drive out in the minibus, the manager and deputy support with this Mon- Fri whilst they are on duty and take her for a Costa Coffee, which she enjoys, the manager was seen supporting her with this on both days of the audit.</p> <p><b>Treating people as individuals – Score 4</b></p>

KLOE	Regulations	Comments
		<p>The service treated people as individuals and made sure people's care, support and treatment met people's needs and preferences. They took account of people's strengths, abilities, aspirations, culture and unique backgrounds and protected characteristics.</p> <p>People enjoyed trips out swimming, shopping, bowling, and golf.</p> <p>One person enjoys gardening and attends a weekly Green Fingers Garden club which staff support her to attend.</p> <p>Each client has a key worker with the key worker provision this will support person-centred care and enhancing staff's knowledge.</p> <p>One client comes to the office every day for her yellow paper, she also collects a daily gift from the office at 3pm which her family have sent for her, followed by having a cup of tea. This routine is important to her, which staff support her with daily, and this was evidenced on the audit.</p> <p><b>Independence, choice, and control – Score 3</b> The service promoted people's independence, so people knew their rights and had choice and control over their own care, treatment, and wellbeing. Staff respected people's individual choices and people's feedback confirmed this. People had POA in place which was documented.</p> <p>The home had access to a minibus, which was maintained and used for trips out, this was used on the day of the audit, when the staff went to do the homes food shop and took service users with them.</p> <p><b>Responding to people's immediate needs – Score 4</b> 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 behaviours were increasing, which resulted in her putting herself and others at harm/risk.</p>



KLOE	Regulations	Comments
		<p>The service was collaborating closely with the social worker and supplying documentation so they could look at increased 1-1 support hours for her.</p> <p>The family were fully involved, and the service had referred her to the LD team and consultant to review her Epilepsy medication. On speaking to staff, they were aware of the referral and confirmed she required more support.</p> <p>The PBS team were involved and were supporting.</p> <p><b>Workforce wellbeing and enablement – Score 4</b>  Staff surveys were reviewed in 2024, there was a positive response, and feedback as follows:</p> <ul style="list-style-type: none"> <li>• Over 80% of staff said they would be happy for their loved one to live at Baytrees.</li> <li>• Over 90% of staff knew what support the clients required.</li> <li>•</li> </ul> <p>Were there were some negative comments and feedback, the manager had raised an action plan, which included, you said we did feedback form and discussed in team meetings.</p> <p>The provider sent out a Newsletter every three months to family and friends. A Regional Newsletter was also sent out every six months.</p> <p>Staff supervisions were conducted, and Appraisals were conducted yearly.</p> <p>The service cared about and promoted the wellbeing of their staff and supported and enabled staff to always deliver person-centred care. Staff spoke highly of the support they received as an employee.</p> <p>One staff member said they had received training; the company is particularly good at supporting us and proving good training.</p> <p>The service was looking at introducing a quiz to test staff knowledge on Regulations which will also support with CQC inspections.</p>

KLOE	Regulations	Comments
		<p>The staff at Baytrees were nominated for the Above and Beyond awards for how well they have supported a client through her unsettled periods. The team were sent a sweet hamper to share as thank you.</p> <p>All staff spoken to felt supported and had good knowledge of the people they were supporting.</p> <ul style="list-style-type: none"> <li>This service scored (95 out of 100) for this area.</li> </ul>
<p><b>Outcome:</b> The service is considered as Caring. '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: Outstanding</b></p>		

KLOE	Regulations	Comments
Responsive	<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 4</b></p> <p>The service made sure people were at the centre of their care and treatment choices and they decided, in partnership with people, how to respond to any relevant changes in people's needs. Staff demonstrated they knew people well including their individual likes and dislikes and how they like to spend their day.</p> <p>For example, a person was asleep during lunch time, therefore, he woke after his meal and staff offered him a later lunch.</p> <p>The service celebrated special events, like Halloween and people's birthdays.</p> <p>People were supported to attend the Christmas markets, and relaxed panto to watch Sleeping Beauty.</p> <p>The service had the Christmas decorations displayed which clients helped with.</p> <p>On reviewing the care plan there was a lot of information in one care plan to cover the following: Medical, health and support, diagnosis, wellbeing, sensory needs, mobility, and diet nutrition.</p> <p>It was very lengthy and time consuming to read and there was difficulty trying to locate the area of care you required to review; this was also the view from the staff spoken to. <b>(RR1)</b></p> <p>People and relatives were fully involved in the planning of people's care and support where possible.</p> <p>Picture cards were used to identify the food options.</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>There was a photo album in place for individual clients where photos were added monthly of activities they had participated in, this was then used as a discussion with the client and could be shown to the families.</p>

KLOE	Regulations	Comments
		<p>On the day of the audit a staff member was supporting a client to go to town Christmas shopping. One person had received a visit from the Osteopath for a 1-1 session. One person enjoys music and has a weekly music therapy session.</p> <p>One person was receiving 1-1 activities with staff support, they were making Christmas cards for their families.</p> <p>People's bedrooms had been personalised with their own pictures, furniture, and belongings.</p> <p>One person who used the service had a man cave adapted for him in the garden, this was his safe space he liked to go to, it was decorated nicely, he had a music player, as he loves music.</p> <p><b>Care provision, integration, and continuity – Score 4</b> The service understood the diverse health and care needs of people and their local communities, so care was joined-up, flexible and supported choice and continuity. People's care and treatment was delivered in a way that met their assessed individualised needs.</p> <p>There was staff continuity at the service, which meant they knew the clients well and were able to respond to their needs.</p> <p><b>Listening to and involving people – Score 4</b> Quality assurance surveys were given out to family, staff, and clients, the last surveys were given out in May 2024, and feedback had been analysed with action plans in place and you said we did display from staff surveys but not families or clients. <b>(RR2)</b></p> <p>The feedback seen was positive from families and clients.</p> <p>One family member rated the appearance of the home from the outside and communal areas as poor, this was addressed by the service and works had been conducted to address this.</p> <p>Clients had 1-1 keyworkers meeting conducted monthly.</p>

KLOE	Regulations	Comments
		<p><b>Equity in access – Score 4</b>  The service made sure that people could access the care, support, and treatment they needed when they needed it. Staff supported people to access services when they needed to. A staff member told us, “We coordinate with healthcare providers to schedule appointments, assist with transport, and accompany residents when needed.</p> <p>The local PBS team attends the service every 12 weeks, this is a supportive visit to discuss any recent incidents and concerns.</p> <p>There was an on-call procedure in place which staff were aware of so there was support 24/7.</p> <p><b>Equity in experiences and outcomes – Score 3</b>  Staff actively listened to information about people who are most likely to experience inequality in experience or outcomes and tailored their care, support, and treatment in response to this.</p> <p>Feedback from surveys did not report any concerns in relation to any experience of discrimination and inequality.</p> <p><b>Planning for the future – Score 3</b>  People had EOLC plans in place, where people declined to complete the care plan this was documented. There was no receiving EOLC at this time.</p> <p><b>Providing information – Score 3</b>  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>The service supplied appropriate, accurate and up-to-date information in formats that were tailored to individual needs. For example, there were easy read formats in place.</p> <p>The service had a staff photo board in place, this had photos of all staff and their roles.</p>

KLOE	Regulations	Comments
		<ul style="list-style-type: none"> <li>This service scored (89 out of 100) for this area.</li> </ul>
<p><b>Outcome:</b> 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><b>SRG RATING: Outstanding</b></p>		

KLOE	Regulations	Comments
Well, led	<p><b>Regulation 12: Providing Safe Care and Treatment</b></p> <p><b>Regulation 17: Good governance / Record Keeping</b></p> <p><b>Regulation 19 - Fit and Proper persons employed.</b></p>	<p><b>Shared direction and culture – Score 4</b>  The service had a shared vision, strategy, and culture. This was based on transparency, equity, equality and human rights, diversity and inclusion, engagement, and understanding challenges and the needs of people and their communities. The Registered Manager took steps to ensure staff understood and demonstrated the services vision and culture in the care and support they provided to people.</p> <p>The manager was seen supporting staff with clients.</p> <p>Staff said the manager and deputy are so supportive when client xx has been unsettled, they will come and help us.</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><b>Capable, compassionate, and inclusive leaders – Score 4</b>  The service had inclusive managers at all levels who understood the context in which they delivered care, treatment and support and embodied the culture and values of their workforce and organisation.</p> <p>The manager had the skills, knowledge, experience to lead effectively. They did so with integrity, openness, and honesty. A staff member told us, “[Registered Manager and Deputy] are great, best managers I have had, they are supportive and will help us. This was seen on the audit the manager supporting staff and clients.</p> <p><b>Freedom to speak up – Score 3</b>  The whistleblowing policy was available for staff to access through the Radar App.</p>

KLOE	Regulations	Comments
		<p>The service fostered a positive culture where people felt they could speak up and their voice would be heard. Staff told us they felt confident to speak up and the Registered Manager would listen and respond appropriately. Staff attended regular meetings together to share information, ideas, or concerns.</p> <p>The manager had an open-door policy.</p> <p>There was a complaints policy displayed in an easy read format.</p> <p>There were no open complaints.</p> <p><b>Workforce equality, diversity, and inclusion – Score 3</b> Policies and Procedures are in place to support with equality and diversity, staff can access these through their Radar App.</p> <p>There was also a Policy folder in place for staff to read and sign, but some Policies in the file were overdue a review, for example the Epilepsy Policy said review date Sep 2023. <b>(WR1)</b></p> <p>The service had organised meals in the homes for staff to enjoy Christmas with the clients.</p> <p>The service valued diversity in their workforce. They work towards an inclusive and fair culture by improving equality and equity for people who work for them. The manager had taken steps to ensure that all staff had equal opportunities to develop in their career and undertake qualifications in health and social care.</p> <p>There were staff in the process of completing their Level 2-5 Diploma in Health and Social Care.</p> <p>There was a poster displayed in the managers office on Human Rights Act.</p>



KLOE	Regulations	Comments
		<p>Staff received annual appraisals and supervisions every 6-8 weeks which were recorded on Radar and all in date.</p> <p><b>Governance, management, and sustainability – Score 3</b>  The service had clear responsibilities, roles, systems of accountability and good governance. They used these to manage and deliver quality, sustainable care, treatment, and support.</p> <p>There were effective systems in place to monitor the service and where improvements had been identified, there was a system in place to report this and monitor progress.</p> <p>The manager conducted OOH visit on the 14/11/2024 to support staff.</p> <p>The service had a risk register in place, which highlighted the concern that clients had to share a toilet with another client and staff which could have an impact, on Right care, Right Culture and Right Support.</p> <p><b>Partnerships and communities – Score 3</b>  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>

KLOE	Regulations	Comments
		<p><b>Learning, improving and innovation – Score 3</b> The service focused on continuous learning, innovation and improvement across the organisation and local system. They encouraged creative ways of delivering equality of experience, outcome, and quality of life for people.</p> <p>The manager confirmed they have weekly team meetings, every 6-8 weeks a face-to-face meeting and Biweekly SMT meetings where they will have CPD training on different areas, for example the last meeting was on fire safety and asbestos.</p> <p><b>Environmental sustainability – sustainable development – Score 3</b> The services used a digital recording system.</p> <ul style="list-style-type: none"> <li>This service scored (81 out of 100) for this area.</li> </ul>
<p><b>Outcome:</b> This service is considered as 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, 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.</b>”</p> <p><b>SRG RATING: Good</b></p>		

## ACTION PLAN: Baytrees

### 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	Window seal kitchen	Reseal/paint					
SR2	Pedal bins laundry x 2	Replace					
SR3	Shap bin	To add open date and signature					

## 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	Review fluid chart targets	Review					

## 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

## 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	Review care plan section	Review					
RR2	You said we did feedback for clients and families from surveys	To implement					

## 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	Review policies	Review					