SRG Care Consultancy & Training

AUDIT REPORT

Birchwood House

Date of Visit: 21st and 22nd August 2024

Private & Confidential
SRG CARE CONSULTANCY LIMITED

Contents:

Service Name: Birchwood House

Provider: Liaise (London) Limited

Address of Service: 97 Browning Road, Newham, London, E12 6RB

Date of Last CQC Inspection: 16 August 2022

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	65 (out of 100)
Is the service Effective?	Good	70 (out of 100)
Is the service caring?	Good	75 (out of 100)
Is the service responsive?	Good	67 (out of 100)
Is the service well-led?	Good	71 (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 21st and 22nd August 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 operations manager, acting manager, discussions with staff, discussions with one person who used the service, a tour of the building and review of key documentation.

SUMMARY OF OUTCOME

Birchwood House is registered with CQC and provides accommodation for persons who require nursing or personal care It's category of registration is a care home in; Caring for adults under 65 years, caring for adults over 65, mental health conditions, physical disabilities, sensory impairments and learning disabilities. The service provides accommodation for up to seven residents. At the time of this audit the home had six people using the service.

Care records and staff files were reviewed. 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 were reviewed.

The service uses Blyssful for care plans, RADAR for quality assurance and monitoring and recording events and actions and QUOODA for health and safety. Staff input daily occurrences via tablets such as nutrition, personal care and support provided.

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	**Regulation 12 (f) and (g) Safe Care and Treatment** **Regulation 13: Safeguarding users from abuse and improper treatment** **Regulation 17: Good Governance** **Regulations 18 & 19: Staffing - Fit and Proper persons employed** **Regulation 20: Duty of Candour**	**Learning culture:** Score 3 Accidents and incidents were recorded. There had been a significant decrease in incidents in recent months. It was reported that this was because people were now being more proactively engaged and taking part in more activities which was having a positive impact on their daily lives. A sample of the incidents viewed evidenced that staff were completing these appropriately. Staff were supported with debriefs, these reviewed the event, what was learnt and what needed to be done after event. There was limited in the debriefs ad they did not lend themselves to checking how staff were feeling after any particular incidents. This may be worth considering. **(SR 1)** There was evidence that lessons learnt were considered. For example, for one person to ensure that they were supported to have regular visits to relatives and the storage of keys. Daily debriefs/handovers were happening where any untoward events were discussed. Staff meetings also evidenced that protocols introduced as a result of lessons learnt and changes to practice were discussed, this helped to ensure that staff were made aware of changes made. **Safe systems, pathways and transitions:** Score 3 Where incidents were reviewed and concerns were identified in relation to individual needs, both internal and external referrals were made. This included the involvement of the registered provider's practitioner development team including the speech and language therapy (SALT) and positive behavioural specialist (PBS) teams. Good working relationships had been developed with internal and external professionals to promote safe pathways of care. **Safeguarding:** Score 3 People were protected from the risk of harm. Effective safeguarding procedures were in place and staff spoken with knew and understood how and who to report any concerns to.

KLOE	Applicable Regulations	Comments
		One person spoken with said they felt safe living in the home. People were supported by staff either on a one-to-one or two-to-one basis, in line with their assessed needs, to ensure they were kept safe. The operations manager and acting manager understood their responsibilities to report any safeguarding issues to the local authority safeguarding team. One person could make allegations against staff, information on how to manage this was included in the PBS plan. **Involving people to manage risks:** Score 2 Risk assessments were in place for: Support with free and structured time and Relationships. Meaningful activities, including any activities outside of the home, education, work, daily living. Relationships, including personal, social and family. Support with Financial matters. Personal support including morning, evening routines, continence management, hygiene, and oral health. Communication Support. Medical and Health support, incl. medication, diagnoses, wellbeing, sensory needs, mobility, diet and nutrition. Different areas of risk were included within the individual risk assessments. However, it was often difficult to identify different sections of the risk assessments and individual risks as they were not separated out and 'ran' into each other. This means that there is a potential that some risk information could be missed. **(SR 2)** Some risk assessments viewed did not contain adequate information on how to manage and mitigate individual risks. For example: The 'Personal Care including morning, evening routines, and continence management, Hygiene Oral Care Risk Assessment' for one person referred to the personal care This person would not accept

KLOE	Applicable Regulations	Comments
		personal care, but there was no reference in the risk assessment, which included statements such as 'prompt and encourage to have a wash or shower'. There was information in the support plan, but there needs to be clear guidance within the risk assessments. **(SR 3)** One person had left the home unescorted and visited a relative. Although they had come to no harm, this was the second time they had left the home and there was no proper risk assessment in place. There was no information in the support plan. **(SR 4)** It would also be good practice to implement a missing person protocol in the event of this happening again and the person cannot be immediately located, and the police need to be involved. **(SR 5)** It was reported that there were no physical interventions used. Positive Behaviour Support (PBS) plans were in place. These identified the support needs, any triggers and early indicators and how to support the person. These were linked to any PBS information in the Blyssful system. Staff knew and understood how people's behaviours could affect their daily living and were responsive when people needed reassurance. **Safe environments:** Score 3 Systems were in place to monitor health and safety within the environment. An electronic system known as QUOODA was used to monitor the health and safety of the service. There were a range of checks in place which were completed on a daily, weekly and monthly basis. Evidence was seen that these were up to date. These included: Monthly fire alarm door release, weekly fire alarm test, monthly fire extinguisher check, monthly emergency light check, monthly fire door check, weekly carbon monoxide and monthly fire drill. Internal and external lighting, call points, weekly water flush, monthly ladder check, weekly window restrictors, monthly lift check, monthly grab bag, weekly fire doors, monthly carbon monoxide and weekly plug checks. Water temperatures were tested on a monthly basis. **Safe and effective staffing:** Score 2

KLOE	Applicable Regulations	Comments
		Everyone living at the service were supported with a range of one-to-one support hours. Appropriate staffing levels were consistently maintained, so that people's needs were met. It was not possible to review the recruitment files as the acting manager did not have access to the SharePoint files. A request for information to be sent following the visit did not happen. A new induction had been introduced for new staff members, although there had been no new staff starting at the service. The staff training matrix was viewed. Training included both mandatory and required training. Mandatory training included, safeguarding, Mental Capacity and Deprivation of Liberty Safeguards, medication awareness, learning disability, autism, equality and diversity, food safety, fire safety, GDPR and data protection, infection control, health and safety, manual handling and privacy and dignity. Required training included your role, personal development, mental health, nutrition, oral health, PROACT-SCIPr, person centred care, positive behaviour support, medication administration, key working, dementia, British sign language, CoSHH, diabetes, duty of candour, duty of care, IDDSI, end of life and epilepsy. Staff training was primarily up to date, with most areas being 100% compliance. There was minor some slippage in relation to training, but this had been identified on the RADAR action plan. The types of competency assessments completed for staff using the service had recently been reviewed and staff were now completing competencies in medication only. The matrix showed that these were at 100%. Staff had supervisions and reported that they felt well supported. **Infection prevention and control:** Score 3 People were protected from the risk of infection. Staff had received training in food hygiene and infection control. There were cleaning schedules that ensured cleaning tasks were completed either on a daily, weekly, or monthly basis.

KLOE	Applicable Regulations	Comments
		There were systems in place in the kitchen to maintain safety. Safer food, better business was in use. There was evidence that kitchen was kept clean. **Medicines optimisation:** Score 2 Medication was not always managed safely. It had been difficult to maintain appropriate temperatures in the hot weather. Systems for monitoring these had not been robust, and staff had still been taking temperatures earlier in the morning rather than at hotter times of the day. Temperatures viewed during the day showed that they were too high. More robust systems need to be put into place to manage the storage of medication. **(SR 6)** There were systems for ordering medicines and any returns. A sample of medication administration records (MAR) charts were reviewed, those seen had been completed accurately. Medication countdown records were maintained to ensure that the correct number of medicines were kept for each person. PRN (as and when medicines) protocols were seen and these included the medication details, reasons for use, signs, and symptoms to be managed, alternative suggestions, conditions to administer, when medical advice should be sought any side effects and actions taken after. However, Paracetamol does not identify for what pain, only states pain relief, not if for headaches for example. The variable dose section was not completed. **(SR 7)** Boxes of tablets did not routinely have dates of opening in place. **(SR 8)** Medication profiles were in place. • This service scored 65 (out of 100) for this area.

KLOE	Applicable Regulations	Comments
Outcome: The service is considered safe 'Safe' is defined by the CQC as meaning "**people are protected from abuse and avoidable harm"**. **Characteristics of services the CQC would rate as 'Good' in this area are those displaying evidence through systems, processes and practice which reflect:** People are protected from avoidable harm and abuse. **SRG RATING: Good**		

KLOE	Regulations	Comments
Effective	**Regulation 9: Person Centred Care** **Regulation 11: The need for Consent** **Regulation 12: Providing Safe Care and Treatment** **Regulation 14: Meeting Nutrition and Hydration Needs** **Regulation 15: Premises and Equipment.** **Regulation 17: Good Governance** **Regulation 19: Staffing**	**Assessing needs:** Score 3 Support plans were regularly reviewed, and regular reviews were in place to ensure people's current needs were being met. Observations gave assurance that staff knew and understood the people living in the home. **Delivering evidence-based care and treatment:** Score 3 There were internal specialist practitioners who supported the service. This included the Positive Behavioural Specialist (PBS) practitioner, speech and language therapist (SALT). They supported with various aspects including assessments and involvement in care planning. Assessments in the Blyssful systems had not been fully utilised. There was a process for oral care assessment, and this had not been completed on any of the care records viewed. **(ER 1)** The hospital passport for one person stated that staff should refer to the attached eating and drinking guidelines, but these were not attached. **(ER 2)** One person had epilepsy, although they were not subject to frequent seizures. Both an individual support plan and risk assessment was in place. There was good evidence that the O.T. had visited on person and staff had acted on their recommendations. **How staff, teams and services work together:** Score 3 Information was shared with other health care professionals. There was good evidence that referrals were made, and staff collaborated with these professionals to implement recommendations and changes to how people were supported. Staff worked positively with the hospital to support one person in line with a community treatment order. There was good evidence that staff worked with other social and health care professionals and evidence was seen of input from the chiropody team, psychiatrist, G.P., Orthoptics and dietician. People were supported to attend appointments for scans.

KLOE	Regulations	Comments
		Medication reviews were taking place and people were supported with an annual health check and to attend local authority reviews. **Supporting people to live healthier lives:** Score 3 People were supported to live healthier lives. Consideration was given to healthy diets and people were supported with their nutritional needs. People were supported with their nutritional needs and weights were monitored along with their MUST and level of risk. Weights were taken monthly. People were supported with assessments from the SALT team, but the information was not always included in the support plan. **(ER 3)** Staff carried out regular monthly health checks where they checked people were maintaining healthy skin conditions, foot care, hand care, dental care, weights, any concerns in relation to continence and if there were any health concerns. These were seen to be happening on a regular basis. **Monitoring and improving outcomes:** Score 3 There was guidance within the support plans in relation to the frequency of checks to carried out, such as monitoring for seizure, night safety checks and safety checks. For one person, the epilepsy risk assessment stated they were to be checked every 15 minutes when they were in their room alone. However, during the night, checks were only happening two hourly. Although it was reported that the person was not at high risk from seizures, consideration needs to be given to the guidance within the risk assessments or support plans. **(ER 4)** Where night checks were happening for one person the the support plan identified they needed three hourly checks at night, although staff tended to record two-hourly checks, however, these were happening on a regular basis. **Consent to care and treatment:** Score 2

KLOE	Regulations	Comments
		The Mental Capacity Act (MCA) 2005 requires that as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to make decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Consents and MCA assessments had not been updated for some of the people living in the home. MCAs had been migrated from the old system, but not updated and transferred to the new system. This meant that they were not in line with the providers systems. There was an action to address this. **(ER 5)** Some people did not have MCA support plans and risk assessments in the Blyssful system, while others did, while others did, which meant that there was an inconsistent approach. **(ER 6)** One person was subject to Community Treatment Order (CTO) under the Mental Health Act, 1983. They were under the clinical care of the Community Recovery Team, and every three months they were recalled to hospital to receive specific treatment. There was documentation in place to support this and detailed information in individual support plans. One person needed to have showed gels locked away, as they tended to use it all in one go. They had agreed to this, but there was no record of any consent. **(ER 7)** People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. This is known as Deprivation of Liberty Safeguards (DoLs). Applications had been made appropriately. • This service scored 70 (out of 100) for this area.
Outcome: The service is considered 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"**		

KLOE	Regulations	Comments
"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". **SRG RATING: Good**		

KLOE	Regulations	Comments
Caring	**Regulation 9: Person-centred care** **Regulation 10: Dignity and respect**	**Kindness, compassion and dignity:** Score 3 Individual privacy and dignity were taken into account. Individual needs were taken into account and there was information for staff on how to promote individual privacy and dignity. Observations showed staff speaking kindly and with compassion to people. People appeared comfortable in the presence of staff and had good relationships with staff. People's privacy and dignity was respected. Support plans reflected how to ensure that people were treated with dignity and that staff respected their privacy which supporting with personal care. The acting manager said they involved people and their families as much as they can in making decisions about their care and support. Staff said people were given choices and asked what activities they would like to do. **Treating people as individuals:** Score 3 Support plans included information about people's diverse needs, such as religious and cultural needs and preferences, where relevant. Support plans included details of different religious festivals and celebrations that people like to attend and specific customs which people liked to take part in. A Ramadan iftar party had been held. People were supported to visit the mosque of their choice and celebrate events such as Eid and easter. There was information about culturally appropriate food and support plans were reflective of individual faiths and references. One the day of the visit a member of staff was supporting a person to prepare a specialist dish from their home country, which was a favourite of theirs. **Independence, choice and control:** Score 3

KLOE	Regulations	Comments
		People's independence, choice and control was encouraged and respected. We spoke to one person who told us they chose how to spend their time and could make their own choices. They said that staff respected their independence. Support plans identified how to support people with maintaining their independence. There was information around supporting with daily living skills and encouraging people with completing tasks such as laundry and cleaning of their rooms. There was a positive rapport between people and staff. It was seen that people's choices were respected and they could choose how they wanted to spend their day and what activities they wanted to take part in. People were supported to maintain contact with family and friends and maintain relationships with others. People were treated and supported well. One person spoken with said that staff treated them well and were always kind. **Responding to people's immediate needs:** Score 3 People were supported to choose how they wanted to spend their day and staff listened to their preferences and choices. Key worker meetings were happening on a monthly basis. These gave people the opportunity to discuss their goals, health issues, what had gone well, anything they felt they had achieved and anything there were proud of. These also have people the opportunity to raise any concerns. Referrals were made to internal or external health or social care professionals if concerns about people's welfare were identified. **Workforce wellbeing and enablement:** Score 3 Staff were supported with debriefs following any incidents. Through supervision, staff well-being was monitored. Staff had been provided with a blue light card, which entitled them to discounts. There was an employee assistance programme in place.

KLOE	Regulations	Comments
		• This service scored 75 (out of 100) for this area.

Outcome: This service is considered as caring.

by the CQC as meaning **"that the service involves and treats people with compassion, kindness, dignity and respect"**

"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".

SRG RATING: Good

KLOE	Regulations	Comments
Responsive	**Regulation 9: Person Centred Care** **Regulation 12: Providing Safe Care and Treatment** **Regulation 16: Receiving and Acting on Complaints**	**Person-centred care:** Score 3 Consistency is needed when writing support plans when referring to people who were being supported. Terminology varied and included both 'I' / 'my' and 'me' alongside using the person's name, both their first name and their surname. At other times just people's initials were referred to in the support plans. This does not promote a person-centred approach. **(RR 1)** Appropriate staffing enabled people to be supported in the way they wanted to be supported. Routines were flexible so people were supported with personal care, meal preparation and assistance with daily living at times that met with their needs. Staff told us they would always give people choices and involve them in their care. The manager told us care is built around the individual and what their needs are. **Care provision, integration, and continuity:** Score 3 Staff worked with health and social care professionals to promote outcomes for people. Reviews of care was undertaken. People were support to access health care professionals both internally and externally as needed and as identified throughout this report. Staff supported people to maintain regular contact with families and kept them up to date with progress or updates about their relatives. **Listening to and involving people:** Score 2 There was evidence that regular house meetings were held. These were held individually with people, but staff checked with everyone who took part their opinion on the food, activities, any complaints and if they would like to do anything or need any support. It was positive to see the interactions and people putting forward their ideas. The next meeting was not always a true reflection of previous actions to assess and review whether they had been completed, which would be useful to do. **(RR 2)** Key worker meetings were happening on a regular basis. People had opportunities to discuss activities, family relationships, things people would like to change, and what had gone well and if there were any

KLOE	Regulations	Comments
		achievements. There was little reference to any particular goals and any particular progress towards any and it would be useful to develop this. **(RR 3)** A survey had been sent out to people using the service, but there had been no responses. It would be useful to think of ways to support people to participate in surveys. **(RR 4)** There was no recent survey for relatives, a previous survey did identify positive feedback, although there was only one response. Staff remained in regular contact with families It might be useful to consider additional ways of collating any feedback from relatives. **(RR 5)** There had been no complaints, one person had raised a complaint, but later recanted this. One person said if they had any concerns, they were happy that staff would listen to them. **Equity in access:** Score 3 One person spoke positively of how staff were supporting them to become more independent. They said that they wanted to move into the own home and staff were supporting them to learn daily living skills. There was good evidence of a transition plan where the person was learning daily living skills to help them become more independent. Staff also described how they were supporting this person to learn new skills, to encourage and promote their independence. Staff supported people to access health care professional support in the community. People were not disadvantaged by staffing levels and were supported to access **Equity in experiences and outcomes:** Score 3 Staff provided people with person-centred care and people were given choices and encouraged to follow their routines, interests, and encouraged to maintain contact with friends and relatives so that their independence was promoted, and social isolation minimised. Staff reported they do their best to provide opportunities for people to experience different activities and support people with community access.

KLOE	Regulations	Comments
		Different events had been promoted which included a 'mocktail day', to promote swallow awareness, world book day, mother day, fathers' day, an Easter party and an Eid party. One person had recently attended a family wedding, where they had enjoyed themselves. People liked to go out and about in the community, they enjoyed walks in the park, football in the park, visiting cafés and local shops, playing pool and going bowling. People also enjoyed travelling around on public transport. One person enjoyed playing the piano, one person enjoyed spending time on their iPad, and another enjoyed arts and crafts. People were supported with their cultural preferences. People were supported to attend a church or temple. Different religious ceremonies were celebrated, and people's preferences were included in their support plans. **Planning for the future:** Score 2 No-one in the home was receiving end of life care at the time of the visit. People living at the service were young and had limited understanding of dying and death. There was no information around end of life, support plans tended to identify that the person had no interest or to contact parents. It would be worth looking at ways of developing this. **(RR 6)** **Providing information:** Score 3 A communication folder was in place. This included pictorial references which were grouped together in sections, such as oral care, road safety, appointment, flushing the toilet, doing laundry and going to the park. There was easy read guidance for people to help explain certain activities such as appointments and health conditions. There was also information available in the home with the complaint's procedure on display. The communication support plan for one person lacked detail, the goals and preferences were to understand basic information about the person and the guidance was to 'adhere to communication

KLOE	Regulations	Comments
		passport in communicating.' The communication passport had a review date of January 2022 and was under the 'Sequence' brand. Therefore, there was a lack of confidence of how appropriate and up to date this documentation was, alongside having no information in the actual support plan. **(RR 7)** Staff reported that they used now and next stories to support people to communicate and plan their day, but there was limited information about how this was implemented. **(RR 8)**. • This service scored 67 (out of 100) for this area.
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."** **SRG RATING:** **Good**		

KLOE	Regulations	Comments
Well led	**Regulation 12: Providing Safe Care and Treatment** **Regulation 17: Good governance / Record Keeping** **Regulation 19 - Fit and Proper persons employed**	**Shared direction and culture:** Score 3 Staff values were discussed at team meetings with discussions around professionalism, and interactions with other staff, people and visitors. There was an expectation of upholding standards and throughout the visit staff were observed to act with professionalism and interactions with people using the service were seen to be kind and caring. The Right support, right care, right culture values had been discussed at the team meeting in April to help staff understand the principles of the guidance and how to implement in practice. Staff spoke positively about how they supported people and one person sad that staff listened to them. **Capable, compassionate and inclusive leaders:** Score 2 There was currently no manager in post. There was an acting manager supporting the service during an interim period, whilst a new manager was being recruited. They were knowledgeable about the people living in the home and understood the needs of everyone using the service. There had been a lack of robust handover from the previous manager, although the acting manager knew the people living in the service, they were not aware of some information, such as when an internal health professional visited and what the outcome was. They reported a better handover would have been useful. There was an operations manager, who also supported the service. There was an open and transparent culture which acted on concerns raised and protected people in line with safeguarding and whistleblowing procedures. There was an aim to promote more independence for people using the service. **Freedom to speak up:** Score 3 There were processes in place that gave staff opportunities to contribute their thoughts and ideas and be heard.

KLOE	Regulations	Comments
		There was an open-door policy which encouraged staff to seek management support if needed. Staff meetings were also held on a regular basis. Topics differed at different meetings, which gave staff opportunities to discuss a range of areas, but the focus was on people using the service, values, compliance and support provided to people. Staff said that team meetings gave them the opportunity to contribute. The last staff survey was in November 2023 and there was a 'you said, we did' report which identified action taken, such as providing more information about staff benefits and advance learning. A more recent staff survey had been sent out. Staff said they had opportunities to feedback both the acting manager and the operations manager. Staff said they felt well-supported. **Workforce equality, diversity and inclusion:** Score 3 The management team worked with staff to arrange flexible working hours and individual cultural needs were considered when staff requested annual leave. Policies and procedures were in place for equality and diversity. Staff were supported with reasonable adjustments so they could balance their working and home life. Staff reported that they felt well supported by the larger organisation. Staff received training in equality and diversity. **Governance, management and sustainability:** Score 3 Audits had recently been reviewed and an updated system had been implemented. Service level audits had changed slightly and now included: ➢ Manager walkaround ➢ Medication shift leader weekly ➢ Managers monthly medication audit

KLOE	Regulations	Comments
		➢ Monthly health and safety / infection control ➢ Monthly vehicle maintenance audit ➢ Managers monthly finance audit It was noted that many of the internal audits were assessed as outstanding, which meant that the areas had scored 99 - 100%. When reviewing the audits, it was noted that there was no supporting evidence to identify why particular areas were compliant. This is an area that needs addressing. (It should be noted that this had been identified by the operations manager). **(WR 1)** There were three levels of audits for medication. ➢ Medication shift leader weekly audit ➢ Managers monthly medication audit ➢ Quarterly operations manager medication There seemed to be some disparity between the audits. The shift leader weekly audits for the 17 and 24 July rated the findings as outstanding. The monthly manager medication audit carried out on 14 July, also rated the findings as outstanding. However, the quarterly operations medication audit which was completed on 18 July rated the findings as inadequate. It is appreciated that the level and scrutiny of the different levels of audits will differ, however care needs to be taken to assess the level of disparity. I do suggest that the difference between the audits is reviewed. **(WR 2)** Provider oversight had improved. A new manager weekly report had been introduced. Managers were to send this to the operations manager on a Thursday and report on areas such as safeguarding, commissioned hours, assessments, recruitment issues, any staffing concerns, training compliance, update on outstanding radar actions/events and any good news stories. This helped the provider to maintain oversight of individual services on a weekly basis. This was supplemented by a weekly operations manager report.

KLOE	Regulations	Comments
		There was an operations manager audit which reviewed areas of the service including action plan progress, incidents of concern, outstanding complaints, training, supporting documents such as health care, support plans, activities and engagement, health and safety, and maintenance of the environment. Where shortfalls were identified, actions were made. The frequency of this was currently being reviewed. The quality team were now undertaking regular checks on support plans and would send actions through to the RADAR system. The quality team had also visited and carried out a mock CQC style inspection, they were in the process of preparing the report. Two new systems for maintaining ongoing oversight had been introduced known and Taim (trends and monitoring information) and Arc (assurance, risk and compliance). **Partnerships and communities:** Score 3 The service worked proactively with health and social care professionals in the community as identified within this report. There were positive partnerships with the internal specialist teams, which included SALT (Speech and Language Therapy), and PBS (Positive Behaviour Specialists). This ensured that individual care needs were reviewed. Families were supported to be fully involved with the service. **Learning, improving and innovation:** Score 2 Actions were developed from accidents, incidents, safeguarding and audits. These were maintained on the RADAR system with a record of the action, who was responsible, when the action was due for completion and whether it had been completed. At the time of the visit, many of the actions were still allocated to the previous manager, which meant the acting manager would not be aware of these or able to action them. **(WR 3)** The acting manager also did not have access to the SharePoint documentation, which meant that they were not able to access staff files to support the mock inspection process. **(WR 4)**

KLOE	Regulations	Comments
		There were regular manager meetings and the provider shared information and learning with the individual services. **Environmental sustainability – sustainable development:** Score 3 There was a positive move to promote recycling and reduce the use of paper and recycling was promoted. • This service scored 71 (out of 100) for this area.

Outcome: The service is well led.

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".**

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"**

SRG RATING: **Good**

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	*Consider including any reflection on how staff were feeling following any incidents.*						
SR2	*Ensure that risk assessments are separated so individual risks can be identified within the main risk assessments*						
SR3	*Ensure that risk assessments identify how to mitigate risks and clearly describe how to support people*						
SR4	*Ensure that there is a more detailed risk assessment in relation to the risk of one person absconding and that support plans include this information*						
SR5	*Implement a missing person protocol for use in the event of someone going missing and not being immediately located and police involvement is required.*						
SR6	*Implement more robust systems for managing the storage of medication.*						

CQC KLoE SAFE **By safe, we mean people are protected from abuse and avoidable harm.**							
	Ensure that temperatures are taken more frequently.						
SR7	*Ensure that PRN protocols contain all the required detail*						
SR8	*Ensure that boxes of tablets have dates of opening.*						

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	*Carry out oral care assessments.*						
ER2	*Ensure that all appropriate guidance is attached to different documentation*						
ER3	*Ensure that information from health care professionals is included in the support plans.*						
ER4	*Review monitoring records to ensure they are completed in line with support plan guidance.*						
ER5	*Ensure that MCA assessments are reviewed and updated.*						
ER6	*Implement MCA support plans for people*						
ER7	*Ensure that restrictions are made, ever with agreement with people that there is evidence that this had been agreed*						

CQC KLoE CARING By caring, we mean that the service involves and treats people with compassion, kindness, dignity and respect.							
Reference Point	**Recommendation Made**	**Action to be taken**	**Who By**	**Date to Complete by**	**Evidence of Completion**	**RAG Status**	**Comment**
CR1	NO RECCOMENDATIONS MADE						

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 the use of terminology when referring to people in the support plans. There should be a consistent approach*						
RR2	*Review actions from previous house meetings and identify whether they have ben achieved.*						
RR3	*Include progress towards any goals or ambitions that people may have.*						
RR4	*Consider ways to support people to provide feedback through surveys*						
RR5	*Consider how to collate additional feedback from relatives*						
RR6	*Consider how to support people or their relatives to develop end-of-life plans.*						
RR7	*Ensure information around communication support plans are up to date*						
RR8	*Ensure there is evidence of how communication such as now and next stories are used and implemented*						

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	*Ensure that where audits are assessing areas as outstanding that there is supporting evidence to demonstrate the findings.*						
WR2	*Review the different levels of medication audits and assess for any disparity or inconsistencies which may contribute to the different levels of findings.*						
WR3	*Ensure that actions are re-allocated to the correct person*						
WR4	*Ensure that acting managers have appropriate access to documentation*						