



AUDIT REPORT

Bramshaw House

Date of Visit: 5th and 6th June 2024

Private & Confidential
SRG CARE CONSULTANCY LIMITED

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Service Name: Bramshaw House

Provider: Liaise (South East) Limited

Address of Service: 13 Shakespeare Road, Worthing, BN11 4AR

Date of Last CQC Inspection: 27th September 2018

Ratings

CQC's Overall Rating for this Service:




Good



SRG Overall Rating for this Service:

Good



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

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

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

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

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

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

Overall Review Summary

INTRODUCTION

An audit, based on CQC KLoE, was undertaken by one SRG Consultant over two days on 5th and 6th June 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 people who used the service. These included observation of interactions between people who use the service and staff, conversations with the Manager, Deputy Manager, discussions with staff, a tour of the building and review of key documentation.

SUMMARY OF OUTCOME

Bramshaw House is registered with CQC and provides accommodation for persons who require nursing or personal care. It's category of registration is a Residential Home and has specialisms/services for people who have a Learning Disability, Mental health conditions, Physical disabilities and sensory impairments. The service provides accommodation for up to 10 people across two floors. At the time of this audit the home had an occupancy of 10 people.

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

Bramshaw House have Blyssful available for all service user information. Staff input daily occurrences via tablets such as nutrition, personal care and support provided. Care Plans were seen in files. They use Your Hippo platform for e-learning that staff complete.

DISCLAIMER

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

RATINGS

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

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

KLOE	Applicable Regulations	Comments
Safe	<p>Regulation 12 (f) and (g) Safe Care and Treatment</p> <p>Regulation 13: Safeguarding users from abuse and improper treatment</p> <p>Regulation 17: Good Governance</p> <p>Regulations 18 & 19: Staffing - Fit and Proper persons employed</p> <p>Regulation 20: Duty of Candour</p>	<p>Learning culture – Score 3 There was a positive learning culture within the home. There was electronic recording of accidents and incidents which were signed off by the management team. Each month a review was completed and an analysis of the results. If there were any action points and/or lessons to be learned these were implemented. For clearer oversight and best practice, ensure analysis is shared with staff via meetings and handovers and staff knowledge is checked as to what constitutes an accident and incident. (SR1)</p> <p>Safe systems, pathways and transitions – Score 3 The platform Quooda was viewed that recorded the required data for monthly emergency lighting checks, fire alarm door release systems, fire extinguishers etc and weekly fire alarm testing. Health, Safety and Fire competency checks are completed with staff on a yearly basis. Ensure there is also evidence that all staff attend a fire drill twice yearly. (SR2)</p> <p>Risk assessments for people being supported were in place in relation to moving and handling, slips trips and falls, behaviours that challenge, ligatures, creams, first aid, food preparation epilepsy, diabetes, choking, medication etc. All risk assessments have the identified hazard, consequence of this hazard, who is at risk, current control measures and the risk level identified.</p> <p>Safeguarding – Score 3 Any safeguarding notifications were being recorded electronically with the appropriate reference and CQC forms completed.</p>

KLOE	Applicable Regulations	Comments
		<p>There is a clear process in place to ensure that at each stage following a safeguarding, there is an investigation if required and focus on any lessons learned. The operations manager is required to review and sign off in addition to the Registered Manager being aware and completing their own process.</p> <p>Staff complete mandatory safeguarding training at the start of their employment. Yearly refreshers are in place.</p> <p>In addition, staff are also asked about safeguarding as a topic in their supervisions and as part of competency checks.</p> <p>Involving people to manage risks – Score 3 There was good evidence of positive risk taking and least restrictive practice.</p> <p>People being supported were encouraged to access the community. Holidays were arranged with the support of staff where numerous activities were accessed. This clearly demonstrated a model of care in line with ‘right support, right care and right culture’.</p> <p>Safe environments – Score 3 The front door was locked to ensure people being supported were safe.</p> <p>Health and safety checks were completed each day, and any concerns were reported and acted upon.</p> <p>Although the building is old there had been many updates. Staff had also been involved in painting communal areas in line with personal preferences of people using the service.</p> <p>The outside area at the back of the property had a railed pathway to ensure safe access in wheelchairs.</p>

KLOE	Applicable Regulations	Comments
		<p>Risk assessments were in place for each area. If there were any restrictions in place for people being supported there was evidence in place of a DoL's in place.</p> <p>Safe and effective staffing – Score 3 All staff working within the home were interviewed with the appropriate pre-employment checks in place. No staff member starts employment unless all checks are completed which includes a DBS check.</p> <p>Staff are fully inducted into the service and will shadow more experienced staff who will introduce them to the people they will be supporting and support them to understand and work with each person according to their needs and preferences.</p> <p>The induction programme seen made reference to understanding and reading specific policies and procedures and also made reference to the 6 C's. Staff were also required to complete the Care Certificate 15 standards of care.</p> <p>Rotas were in place. Staff were allocated each day to support people according to their care plan and allocated hours.</p> <p>I saw staff in particular at lunchtime being very organised as to who was with whom and ensuring that people were observed in communal areas at all times.</p> <p>Infection prevention and control – Score 3 All staff are required to complete infection control training at the start of employment. Yearly updates are in place. In addition, there are competency completed which include questioning around PPE and staff demonstrating handwashing procedures.</p> <p>Daily cleaning schedules are recorded. All seen were up to date.</p>

KLOE	Applicable Regulations	Comments
		<p>The home was clean and fresh with no obvious odours.</p> <p>Staff were seen wearing the appropriate PPE where required.</p> <p>Medicines optimisation – Score 3</p> <p>There had been some medication errors recently with some members of staff. This was being managed well and safely by the Registered Manager and Deputy. Staff were required to complete further training and competency assessments. Where there were still any concerns decisions were being made as to whether they would be removed completely from administering or would always need a second person to verify administration.</p> <p>The clinic room was clean and tidy. Medication was stored appropriately with the daily required temperature checks seen and up to date.</p> <p>MAR charts were viewed. Photos were in place for each person being supported with any allergies on the profile sheet and 'How I like to take my medication'. As discussed during my visit, any person being supported who receives thickened fluids as per SALT recommendations should have the guidelines present with the MAR chart in order for medication to be safely administered. (SR3)</p> <p>Daily stock checks were in place.</p> <p>Where creams were applied, there was the corresponding body map in place to clearly highlight the area.</p> <p>There was a record of any medication going out and coming back into the building if anyone went out for the day and/or had leave.</p>

KLOE	Applicable Regulations	Comments
		<p>PRN protocols were all in place, up to date and included good detail around when they should be given with recorded outcomes.</p> <p>There was evidence in support plans and hospital passports around management of pain, how this may be displayed in terms of facial expressions, posture etc.</p> <p>As part of 'best practice' and to increase staff knowledge, ensure staff are asked about the medication they are administering, what side effects they may see as part of their annual competency check. Manager walk rounds and 'group supervisions' also give additional opportunities to evidence this. (SR4)</p> <p>Staff are completing 'vital signs' with people who require it and/or there are any concerns before a GP and/or any emergency services are contacted. As discussed during my visit, staff should undergo training to evidence they are competent in this area. (SR5)</p> <p>Medication audits are being completed weekly, monthly and quarterly checks by the Operations Manager.</p> <p>Medication reviews are held regularly to ensure 'least restrictive practice in line with the principles of 'STOMP'.</p> <ul style="list-style-type: none"> This service scored 75 (out of 100) for this area.

KLOE	Applicable Regulations	Comments
<p>Outcome: This service is considered as Safe. 'Safe' is defined by the CQC as meaning “people are protected from abuse and avoidable harm”.</p> <p>SRG RATING: Good</p>		

KLOE	Regulations	Comments
Effective	<p>Regulation 9: Person Centred Care</p> <p>Regulation 11: The need for Consent</p> <p>Regulation 12: Providing Safe Care and Treatment</p> <p>Regulation 14: Meeting Nutrition and Hydration Needs</p> <p>Regulation 15: Premises and Equipment.</p> <p>Regulation 17: Good Governance</p> <p>Regulation 19: Staffing</p>	<p>Assessing needs – Score 3 Pre-admission details and assessments were discussed during my visit with GP summaries. This information which is presently in the PWS file will be scanned onto ‘Blyssful’ to ensure all relevant documentation is in one place. (ER1)</p> <p>‘All about me’ documents seen were comprehensive and gave a good history around the person being supported, their life history, preferences and any other relevant and important information staff should know in order to give the best support possible.</p> <p>Delivering evidence-based care and treatment – Score 3 I viewed several support plans and associated documentation. Those seen clearly indicated what level of support was required and from whom and additional information that was important for staff to know. For example, one PWS had a gastrostomy, the support plan identified clearly what this meant and why there was a need for a PEG and the input of the relevance of dietetic input from worthing hospital.</p> <p>All support plans and risk assessments were being reviewed each month with evidence of yearly reviews that included family, keyworker and PWS and if possible other professionals who were involved in their care.</p> <p>To further embed ‘person-centred care, ensure all staff understanding of what constitutes person-centred care, make reference to Regulation 9 of the health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in staff meetings, manager walk rounds, supervisions and competency-based spot checks. (ER2)</p> <p>How staff, teams and services work together – Score 3</p>

KLOE	Regulations	Comments
		<p>All staff are required to complete mandatory training at the start of their employment with yearly reviews in place or as required. This is a mixture of e-learning which is completed via 'Your Hippo' and face to face training for Safeguarding, BLS, Moving and handling and Epilepsy.</p> <p>The Registered Manager has spent time ensuring all are up to date before any training has expired. As discussed during my visit, to further embed staffs understanding as to why training is required and must always be in date – discuss the Health and Social Care Act Regulations – 18 which is staffing and also make relevance to Safe Care and Treatment – 12. This could be s part of a group supervision/discussion via handover etc and ensure this is recorded. (ER3)</p> <p>Training statistics seen indicated that 100% of staff were compliant with their mandatory training, required and combined.</p> <p>Also check that staff have an awareness of any 'medical condition' the PWS have to ensure there is evidence of their awareness and understanding as to how these medical conditions affect them. (ER3)</p> <p>Ensure there is a lead/champion in all aspects around care. For example, safeguarding, nutrition, dignity, infection control etc. (ER4)</p> <p>Although supervisions are being completed there were some that were not always completed on a regular basis (ER5) For example Team Leader AP.</p> <p>However, the content of the supervisions was comprehensive and included areas such as staff wellbeing, competencies completed/required, Health and safety etc. There were also additional requirements that 'keyworkers are to provide monthly updates to families around what activities they have completed, health needs etc.</p>

KLOE	Regulations	Comments
		<p>In addition, supervisions should also reference safeguarding and any accidents/incidents they may have been involved in and to equally evidence checking of awareness and continuing knowledge. (ER6)</p> <p>Yearly appraisals were being completed.</p> <p>Staff meetings are being held, ensure there is clear reference to the KLoEs/new inspection framework quality statements as part of the agenda. (ER6)</p> <p>Supporting people to live healthier lives – Score 3 Everyone being supported is given a choice as to what they want to eat and this forms part of the menu planning.</p> <p>I sat in the ‘American Diner’ area which has been decorated and updated with pictures which mean something to each PWS. They had chosen how they wanted this area to look which was absolutely great.</p> <p>As discussed during my visit, ensure a high stool has been purchased to ensure staff can sit at eye level if they have to support anyone rather than stand. (ER7)</p> <p>We also discussed the use of tabards for PWS as opposed to the plastic aprons which would be much more dignified and person-centred as they could choose their own colour and design. (ER8)</p> <p>Nutritional support plans were in place. Where required fluid and food charts were in place with evidence of regular weights being recorded and MUST completed and reviewed each month.</p>

KLOE	Regulations	Comments
		<p>Double check that anyone who has been referred to SALT and assessed that the documentation is scanned onto Blyssful and equally anyone who has food cut up into bite-sized pieces and have choking risk assessments in place that they have been referred to SALT/been assessed. (ER9)</p> <p>The dining experience is also referenced during manager walk rounds and observations to ensure staff are supporting people in line with their support plan and risk assessment.</p> <p>Checks were seen for kitchen opening and closing which included reference to food 'probing'. Cleaning schedules and equipment checks were in place.</p> <p>Each PWS had the required medical check-ups/referrals completed to ensure they had the required medical input.</p> <p>Daily activity boards were seen where PWS would choose what they wished to do with the appropriate activity tile in place. This included activities within the service and community engagement. As discussed during my visit, ensure that where PWS help with laying the table etc that this is added to their support plans with photographic evidence. (ER10)</p> <p>On the second day of my visit a singer was visiting who they all loved and paid a regular visit to the service.</p> <p>I was also shown various photos and videos of activities completed including 'sports day and the marking 20 years of the service.</p> <p>The individual' scrapbooks' I saw which contained many photos of activities and visits out they had. Ensure these are dated and have the year entered for additional evidence to CQC or any inspector as to what has happened each year. (ER11)</p>

KLOE	Regulations	Comments
		<p>Monitoring and improving outcomes – Score 3 It was clear that there are ‘goals and outcomes’ for each PWS which they have been involved with. Ensure there is clear documentation in their support plans as to how and when goals are achieved what is this in relation to i.e. choice, care and dignity, social stimulation, communication etc. (ER12)</p> <p>Consent to care and treatment – Score 3 Mental Capacity assessments that were decision specific were in place with regular reviews. Where required best interest decisions and meetings had been held and the appropriate applications for DoLs in place.</p> <p>Staffs complete training around consent and capacity, understanding is also is explored in supervisions.</p> <ul style="list-style-type: none"> This service scored 75 (out of 100) for this area.
<p>Outcome: This service is considered to be Effective. ‘Effective’ is defined by the CQC as meaning “people’s care, treatment and support, achieves good outcomes, promotes a good quality of life and based on the best available evidence”</p> <p>“Characteristics of services the CQC would rate as ‘Good’ in this area are those displaying evidence that people’s outcomes and feedback about the effectiveness of the service describes it as consistently good”.</p> <p>SRG RATING: Good</p>		

KLOE	Regulations	Comments
Caring	<p>Regulation 9: Person-centred care</p> <p>Regulation 10: Dignity and respect</p>	<p>Kindness, compassion and dignity – Score 3 There was a warm and welcoming feel throughout the service from staff towards people they were supporting.</p> <p>I spoke with one family member who was singing their praises and was exceptionally complimentary about the care and support their relative received.</p> <p>Staff were enabling and respectful to all people they were supporting.</p> <p>With the recording in the daily notes this needs to be captured more, what interactions worked, detail around mood, recording if someone has smiled, laughed etc. (CR1)</p> <p>Treating people as individuals – Score 3 There is a great emphasis around choice and individuality which was a pleasure to see. Support plans around this were very detailed.</p> <p>Independence, choice and control – Score 3 There is a great focus on independence and choice which is reflected in support plans, all about me and daily activities chosen.</p> <p>Responding to people's immediate needs – Score 3 If needs change then these are reflected in support plans and risk assessments. This would in the main be due to a deterioration in health or additional needs being identified.</p> <p>Workforce wellbeing and enablement – Score 3 The Registered Manager and Deputy focus on staff wellbeing, if required additional support would be given/accessed via the HR department where external counselling may need to be considered.</p>

KLOE	Regulations	Comments
		<ul style="list-style-type: none"> This service scored 75 (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: Good</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 3 Several plans were viewed and were very detailed. For example, one person being supported used their hands to communicate and was very tactile. There was a clear plan for staff to read which went on to say what specific gestures meant.</p> <p>Another had a personal support care plan which was very extensive, detailing what exactly 1:1 support was required, what time frames worked best for them with both starting their day right through to bedtime and what restrictions had to be in place for his safety. For example, 1:1 support, use of a seatbelt in their care and camera in the room to monitor seizures.</p> <p>Care provision, integration, and continuity – Score 3 There was input from external services where required to support with any concerns around health, placement, funded hours, however, this has been challenging of late to ensure all have the required hours to access the community etc.</p> <p>Listening to and involving people – Score 3 There was a ‘how to raise a concern’ document in the entrance hall and how to complain which was an easy read guide with lots of pictures.</p> <p>Any complaints raised would be investigated appropriately within the required timeframes.</p> <p>In line with Duty of Candour, ensure relatives are reminded about the complaint’s procedure and all low-level concerns/grumbles are also recorded as part of the complaints process. (RR1)</p> <p>Ensure that all compliments received, or any conversations held are documented and whether these are from relatives, friends and fellow professionals. (RR2)</p>

KLOE	Regulations	Comments
		<p>Equity in access – Score 3 Referrals to external professionals are in place and followed up where required.</p> <p>Equity in experiences and outcomes – Score 3 In line with identified needs and outcomes it was clear that all PWS had equal access both within the home and in the community.</p> <p>Planning for the future – Score 3 DNR'S were seen for some people being supported. However, this is always a sensitive area which needs to be handled carefully with PWS and their families. For anyone not wishing to discuss this, ensure there is clear documentation in place to evidence attempts to engage with the family around this and or if it is not felt appropriate at this stage then the reasons why. (RR3)</p> <p>Providing information – Score 3 The service is working towards as much personal data as possible being electronic rather than hard copy and that data is only kept if required.</p> <p>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.</p> <ul style="list-style-type: none"> • This service scored 75 (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”.</p> <p>“Characteristics of services the CQC would rate as ‘Good’, are those that people’s needs are met through the way services are organised and delivered”.</p> <p>SRG RATING: Good</p>		

KLOE	Regulations	Comments
Well led	<p>Regulation 12: Providing Safe Care and Treatment</p> <p>Regulation 17: Good governance / Record Keeping</p> <p>Regulation 19 - Fit and Proper persons employed</p>	<p>Shared direction and culture – Score 3 I was welcomed into the service by one of the team leaders who quite clearly was proud where she worked and ensured she went through the signing in and fire procedure and gave reasons why this information was given. This organisation and positivity were apparent throughout my two days and this is testament to a positive culture that everyone is part of which is driven by the Registered Manager and Deputy.</p> <p>Capable, compassionate and inclusive leaders – Score 3 The Registered Manager completed walk rounds that also included direct observations around how people were being supported, was it in line with their support plan and delivered in a person-centred and dignified way.</p> <p>In addition, the Registered Manager will often pop in at the weekend to check all are ok and staff feel supported. However, as discussed ensure these visits are recorded as 'out of hours' as further evidence of support and visibility within the service. (WR1)</p> <p>The Registered Manager and Deputy work closely together and it was apparent they communicate with each other well.</p> <p>Freedom to speak up – Score 3 There were monthly staff meeting dates visible on the entrance noticeboard.</p> <p>The Registered Manager is also looking at 'parent forums' to give relatives an additional platform to speak up alongside surveys. In 2023 surveys had been completed with PWS with a summary around activities and choice, meals, colours for their rooms and keyworker meetings. Overall, the results were very positive.</p>

KLOE	Regulations	Comments
		<p>The last PWS was on 29/05/24.</p> <p>Staff surveys had last been completed in May 2023. Thirteen staff completed and 61% agreed it was a supportive and welcoming environment. Ensure surveys are completed for 2024 and the results made available and evidence of discussion in staff meetings. (WR2)</p> <p>Staff meeting notes were seen for April 2024.</p> <p>There was a comprehensive agenda that included results from audits, people who were being supported and their experiences, multi-disciplinary team and operational team feedback, Health and Safety, Medication and ensuring the service was operating with the 'right care, right support and right culture'. We spoke with one family member who felt that if there were any concerns at all she could raise this with the management team and/or operational manager. There were always opportunities to give feedback and/or have discussions about the serviced and/or their family member. However, it was noted that relatives' meetings are not regularly in place which requires actioning. (WR3)</p> <p>Verbal feedback is often given. As discussed during my visit, ensure all feedback is clearly documented. (WR3)</p> <p>Workforce equality, diversity and inclusion – Score 3 There was a diverse and inclusive workforce. Equality was evident and there are equal opportunities for all to develop. Evidence of this was seen in supervisions and appraisals.</p> <p>Governance, management and sustainability – Score 3 There was an extensive audit programmed in place with evidence where actions had been completed and any learning outcomes.</p>

KLOE	Regulations	Comments
		<p>Monthly audits were being completed by the management team. In addition, there were quarterly audits for support plans and risk assessments with an overview of audits also completed by the operational team.</p> <p>Reference was made to the specific Regulation of the Health and Social Care Act 2008.</p> <p>Partnerships and communities – Score 3 Partnership and community working is important to the service with evidence of networking and always looking to work even better with stakeholders.</p> <p>Learning, improving and innovation – Score 3 The service strives to continue to be better and improve alongside new innovations and research.</p> <p>There is an existing action plan that includes evidence of monthly keyworker meetings in place, lessons learned discussed at team meetings and in supervisions, debriefs completed post incident, goals/outcomes reviewed with the PWS, daily notes and review of PRN protocols.</p> <p>Environmental sustainability – sustainable development – Score 3 The service is aware of environmental sustainability and continues to strive to be even better in this area.</p> <p>They also consider ‘green’ credentials of suppliers when purchasing services or materials.</p> <ul style="list-style-type: none"> This service scored 75 (out of 100) for this area.
<p>Outcome: This service is considered as being well led.</p> <p>Well Led is defined by the CQC as meaning “that the leadership, management and governance of the organisation assures the delivery of high-quality and person-centred care, supports learning and innovation, and promotes an open and fair culture”.</p>		

KLOE	Regulations	Comments
		<p>Characteristics of services the CQC would rate as Good, are those where “the service is consistently well- managed and led. The leadership, governance and culture promote the delivery of high-quality, person-centered care, and the service has clear, consistent and effective governance, management and accountability arrangements”</p> <p>SRG RATING: Good</p>

ACTION PLAN:

CQC KLoE SAFE

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

Reference Point	Recommendation Made	Action to be taken	Who By	Date to Complete by	Evidence of Completion	RAG Status	Comment
SR1	Staff knowledge re accidents and incidents						
SR2	Fire drills						
SR3	SALT documentation with MAR						
SR4	Staff knowledge re side effects of medication						
SR5	Vital Signs training						

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	Pre-admission details						
ER2	Regulation 9						
ER3	Regulation 12 and 18						
ER4	Leads/Champions in each area						
ER5	Track of supervisions						
ER6	New Inspection Framework						
ER7	High stool						
ER8	Tabards						
ER9	SALT referrals						
ER10	Photographic evidence						
ER11	Scrapbooks dated						

ER12	Achievement of goals						
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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	More detail in daily notes recording						

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	Complaints Procedure						
RR2	Compliments						
RR3	Planning for the future documentation						

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	Out of hours visits recording						
WR2	Survey Results						
WR3	Relatives Meetings						