



# AUDIT REPORT

**Chantry**

**Date of Visit: 18<sup>th</sup> and 19<sup>th</sup> June 2024**

Private & Confidential  
SRG CARE CONSULTANCY LIMITED

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**Service Name:** Chantry

**Provider:** Liaise (South East) Limited

**Address of Service:** 6 Chantry Road, Worthing, BN13 1QN

**Date of Last CQC Inspection:** 24<sup>th</sup> November 2021

## 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		75 (out of 100)
Is the service caring?	Good		75 (out of 100)
Is the service responsive?	Good		71 (out of 100)
Is the service well-led?	Good		68 (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 18th and 19th 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, Team Leaders and staff, a tour of the home and review of key documentation.

### SUMMARY OF OUTCOME

Chantry 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 adults over and under 65 years of age who have a Learning Disability, Physical disabilities and sensory impairment. The service provides accommodation for up to 6 people across two floors. At the time of this audit the home had an occupancy of 6 people.

Some of the people who live at Chantry 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 three 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.

Chantry have Blyssful available for all service user information. Staff input daily occurrences via tablets such as nutrition, personal care and support provided. 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><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 3</b> Accident and Incidents are logged with a robust system in place of reviewing at senior level. If required, the appropriate safeguarding's are then raised.</p> <p>Monthly reviews were in place and an analysis was completed. Accidents and Incidents are on the agenda for staff meetings. However, ensure that all staff are aware of exactly what constitutes and accident and incident to ensure an open and transparent learning culture with staff aware and engaging with any action plans that are implemented and any lessons learned. This should be completed via staff meetings, supervisions and exploration of knowledge checks via manager walk rounds. <b>(SR1)</b></p> <p><b>Safe systems, pathways and transitions – Score 2</b> Maintenance is on sight with additional support planned. I was not able to see maintenance checks due to changes in the system, accessing past documentation was not possible during my visit. This was going to be addressed with the Quality Team.</p> <p>There is a new ticket system in place which I was shown. Dates were present when work was requested but it was not clear about target dates for completion which should be addressed. <b>(SR2)</b></p> <p>Attendance at fire drills was being completed on 'Your Hippo'. However, this should be recorded with Fire and Safety checks with clearer evidence of who has attended. All staff should have a fire drill at least twice per year. <b>(SR3)</b></p> <p>Monthly vehicle maintenance and Health and Safety audits were in place. The Health and Safety audit checks first aid boxes, COSHH, hoists, slings, emergency lighting and fire extinguisher checks.</p> <p>Risk assessments for people being supported were in place in relation to moving and handling, slips trips and falls, creams, first aid, food preparation epilepsy, diabetes, choking, peg, medication etc. All</p>

KLOE	Applicable Regulations	Comments
		<p>risk assessments have the identified hazard, consequence of this hazard, who is at risk, current control measures and the risk level identified.</p> <p><b>Safeguarding – Score 3</b>  Safeguarding notifications to the local team and CQC were being completed when required. There was one open Safeguarding at present, meetings had been held.</p> <p>Any Safeguarding matter is taken seriously, investigations and any lessons learned are followed through.</p> <p>Staff are also asked about their knowledge around Safeguarding in supervisions and as part of competency checks. This is also an agenda item in staff meetings.</p> <p>All staff are required to completed mandatory safeguarding training at the commencement of employment. Yearly refreshers are in place.</p> <p><b>Involving people to manage risks – Score 3</b>  People being supported were involved in their care as much as possible. The focus was very much a ‘can do’ attitude from staff.</p> <p>Staff are aware of and work with ‘least restrictive practice’. Where restrictions were in place, for example around the locked door, lap-belts and bed rails the appropriate documentation had been completed for DoL’s.</p>

KLOE	Applicable Regulations	Comments
		<p>People being supported were accessing the community daily with the support of staff. Plans were in place for trips and holidays. This model of care was in line with 'right support, right care and right culture'. Ensure all staff are aware of this and checks around their knowledge are also sought in supervisions, manager walk rounds and staff meetings. <b>(SR4)</b></p> <p><b>Safe environments – Score 3</b></p> <p>There is a locked front door to ensure all people being supported are safe and equally people who were not staff, regular visitors or family and friends could not just walk into the building. There was a signing in and out book to ensure all were aware who was in the building and with reference to fire regulations. Each person being supported had a personalised room in line with their favourite people, themes, colours etc.</p> <p>Communal areas always had staff presence. These were light and airy and very homely. There had recently been a karaoke machine purchased with the people being supported were having great fun with. Staff and a family member were all enjoying the experience.</p> <p>Each area of the home had a risk assessment in place. These were regularly reviewed or if there were any changes.</p> <p><b>Safe and effective staffing – Score 2</b></p> <p>Several staff files were seen. All staff were required to complete an application form, were interviewed and pre-employment checks were all completed, which included a DBS. As discussed with the Deputy during my visit – ensure all staff have a complete ten-year work history and/or education. One member</p>



KLOE	Applicable Regulations	Comments
		<p>of staff had a one-year gap on their CV which had not been explained (CK). <b>(SR5)</b> Staff file audit checks should be in place.</p> <p>Staff are fully inducted into the service and will shadow more experienced staff who will introduce them to the people being supported. This will include information around the persons 'About Me', support plans and risk assessments in place and how they wish to be cared for.</p> <p>Staff rotas were seen. Each day according to what staff are in, their hours etc will indicate who works with what person who requires support and their dedicated hours. This has been particularly challenging for all as some of the 1:1hours had been reduced by care package providers. Ensuing However, despite this, the service was still ensuring they were given the support they needed</p> <p><b>Infection prevention and control – Score 3</b> Staff were seen wearing the required PPE when supporting with meals or during personal care.</p> <p>There were apron and gloves stations situated around the building.</p> <p>Dail cleaning schedules were in place that are checked as part of the shift handover.</p> <p>All staff are required to have a competency check each year that includes questioning around infection control measures and demonstrating good handwashing procedures.</p> <p><b>Medicines optimisation – Score 2</b> One member of staff had a meeting during my visit as there was a discrepancy with the stock count and whether the person being supported had received their medication.</p>

KLOE	Applicable Regulations	Comments
		<p>Following this a further competency assessment was to be completed before they were able to administer medication again.</p> <p>I was informed that several staff each shift may be administering medication as part of support to the person they are on a 1:1 with. Although this is person-centred it also increases the risk of medication errors which should be given further consideration. <b>(SR6)</b></p> <p>Hardcopy MAR charts were viewed. However, the plan is for all will be on EMAR which will also help with medication administration and medication errors.</p> <p>All separate medication folders had the MAR chart with a separate running stock balance sheet.</p> <p>Each person being supported had a 'How I like to take my medication' so it was clear what support was required and how.</p> <p>PRN Protocols were seen. However, on the reverse of the MAR there was not a clear table to record the outcome of any PRN given so this requires addressing. <b>(SR7)</b></p> <p>Medication mental capacity assessment were also seen in the folder.</p> <p>Where creams were applied, there was the corresponding body map in place to clearly highlight the area.</p> <p>One person being supported had ambulance support on the 18/06/24 with the presence of an ambulance advice sheet. The outcome was to have regular fluids and pain relief, urine sample to the GP and to continue with prescribed medication. When the Deputy Manager and I checked the daily notes there was no reference to this information recorded by the senior/shift leader which was very unsafe. <b>(SR8)</b></p>

KLOE	Applicable Regulations	Comments
		<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. <b>(SR9)</b></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. <b>(SR10)</b></p> <p>Audits were being completed.</p> <p>Staff are required to have yearly medication training and yearly competency checks.</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"> <li>This service scored 65 (out of 100) for this area.</li> </ul>
<p><b>Outcome:</b> This 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:</b> <span style="color: green;">Good</span></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> All people being supported were assessed before admission and required documentation was in place. From this information ‘All about me’ documentation was completed on the electronic notes system Blyssful. This information formed a basis for support plans and risk assessments and identified choice, personal history with medical history and preferences to ensure that staff could support them in a person-centred way.</p> <p><b>Delivering evidence-based care and treatment – Score 3</b> Delivering any evidence-based care and treatment is in line with current guidance and best practice to support people with learning disabilities and autism. There are links with learning disability teams and associated professionals to ensure all care is discussed and relevant for each person being supported. I saw additional information that gave staff additional insight into some of the conditions of PWS. For example, Cerebral Palsy, there was extensive information around what this is and how it affected the PWS and how hydro and taking of regular muscle relaxant medication helped.</p> <p>Aims and objectives were clear, for example a preference to communicate verbally. A new communication pathway was being used that required the PWS to repeat themselves twice. A communication book was in place. The pathway was also in their room and a copy attached to their chair. In addition, Makaton and the Voca listening device was also being used.</p> <p>Support plans and risk assessments were reviewed regularly.</p> <p>Ensure that yearly care reviews are clearly documented and evidence of whom has been invited as part of the review and any additional information that other professionals may have submitted if they were unable to attend.</p>

KLOE	Regulations	Comments
		<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. <b>(ER1)</b></p> <p><b>How staff, teams and services work together – Score 3</b>            At the start of their employment staff complete mandatory e-learning training. Yearly reviews are in place. In addition, face to face training is in place for Moving and Handling, Safeguarding, BLS and associated medical conditions such as Epilepsy. Training compliance was 93% overall.</p> <p>Regular checks by the Registered Manager and Deputy are in place to ensure any member of staff who is due a refresher completes this before the date of expiry. Any staff member who is not in date would not be able to work until their required training was up to date. This ensures a safe service.</p> <p>Check that all 'needs specific' training is in place for all medical conditions to ensure staff have a good awareness and how these may affect them. <b>(ER2)</b></p> <p>There was a good focus on staff development. To further embed this, ensure there are 'leads' in each area of care. For example, nutrition, dignity, MCA etc. This both further enhances staff skill set and knowledge and embraces learning. PWS could also work alongside staff as part of their working together and giving a real sense of responsibility within their home such as checking the security at night.</p> <p>Supervisions and Appraisals were recorded on 'My Hippo'. At present 87.5% completion for supervisions and Appraisals 95.8%. They are currently completed every two months as a minimum.</p> <p>The content of the supervisions was comprehensive and included areas such as staff wellbeing, competencies completed/required, Health and safety 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. <b>(ER3)</b></p> <p>Staff meetings are being held. Notes seen from 25/04/24 evidenced discussion of appraisal objectives in supervisions, staff will have interactive quizzes with the shift leader around their knowledge of the home and PWS.</p> <p>The agenda included reference to safeguarding, incidents, debriefs, themes and any learning points. Ensure that staff are also made aware of the new CQC Inspection framework and how the Quality Statements impact Person-centred Care. <b>(ER4)</b></p> <p><b>Supporting people to live healthier lives – Score 3</b>            People being supported were seen to be eating meals in their preferred environment. One was eating in the kitchen which was still safe as staff were observing. Others ate supported in their room or in the main area. At the time of my visit two PWS were out for lunch with staff.</p> <p>Each person being supported had varying needs which were reflected in their IDDSI guidelines that were displayed in the kitchen and also in their hard copy file with evidence of SALT assessment. Ensure these are all present on Blyssful as well. <b>(ER5)</b></p> <p>Dysphagia risk assessments and nutritional support plans were in place and up to date.</p> <p>Where required people had adapted cutlery and ‘scoop dishes.’</p> <p>PWS were involved in choice about what they wanted to eat each day. Staff were then allocated to support with meal preparation and cooking.</p>

KLOE	Regulations	Comments
		<p>I was able to see staff supporting people with their meals. Staff were attentive and sat at the same level as the person being supported.</p> <p>For additional person-centred care, those PWS who require an apron would benefit from a personal 'tabard' of their own choosing and design instead of the plastic aprons. <b>(ER6)</b></p> <p>Where required fluid and food charts were in place with evidence of regular weights being recorded and MUST completed and reviewed each month.</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>There was plenty of evidence within support plans and documentation that PWS.</p> <p>Each PWS had the required medical check-ups/referrals completed to ensure they had the required medical input.</p> <p>Each day a 'board' is completed with tiles to show what plans, activities both internal and in the community, they wished to engage in and who will be supporting with this.</p> <p>Equally there was lots of evidence in personal scrapbooks and various photos of activities they had all individually completed.</p> <p>There was a lot of focus within their home of fun and laughter, the Karaoke sessions went down particularly well.</p> <p><b>Monitoring and improving outcomes – Score 3</b></p>

KLOE	Regulations	Comments
		<p>Each PWS had 'goals and outcomes.' These varied from specific trips out, holidays and visiting home and specific skills they wished to work on.</p> <p>Within support plans and where goals have been achieved or currently worked toward ensure there is additional information as to what this achieves for the PWS. For example, socialisation, confidence, communication. <b>(ER7)</b></p> <p><b>Consent to care and treatment – Score 3</b></p> <p>Where PWS lacked capacity to consent to care and treatment the appropriate applications and authorisations for DoL's were in place. As part of DoL's support plans were comprehensive that evidenced good outcomes, not making the assumption that the PWS could not make any decisions. There was good evidence of 'least restrictive options.'</p> <p>There was evidence of best interest meetings and decision making.</p> <p>There was also reference to family being sent support plans and risk assessments as part of the reviews. Ensure that there is evidence in place for Power of Attorney documentation where relevant. <b>(ER8)</b></p> <p>Staff complete training around consent and capacity, understanding is also explored in supervisions.</p> <ul style="list-style-type: none"> <li>This service scored 75 (out of 100) for this area.</li> </ul>
<b>Outcome:</b> This service is considered to be 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> ”		



KLOE	Regulations	Comments
<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: <b>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 3</b>  I spoke with many different staff and observed their interactions and the general feel of the home where PWS lived.</p> <p>It was clear that people are valued and respected, there was great attention to detail as to what people wanted to wear, looking colour co-ordinated with their personal possessions ready for the day.</p> <p>Everyone was treated in a dignified manner, if they required support around personal care and/or continence this was completed in their room with the door shut. Staff were seen knocking on doors, asking to go in and if they were ready to get up etc.</p> <p>Independence was encouraged, staff were supporting PWS with attending to their own laundry etc.</p> <p>With reference to the daily notes, this is an opportunity to really reflect what PWS have engaged in, for example if they went shopping for dinner, what did they buy, when they helped cook, what did they do. Include conversations staff have with them, responses, mood etc. The content of daily notes was also discussed with the team leaders with reference to person-centred care. <b>(CR1)</b></p> <p><b>Treating people as individuals – Score 3</b>  Every PWS has a daily routine that is in line with needs and preference. These included lots of detail to ensure individuality and independence.</p> <p>In addition, for those that required a PBS plan these also indicated what could be triggered by uncertainty and lack of choice for PWS.</p> <p><b>Independence, choice and control – Score 3</b></p>

KLOE	Regulations	Comments
		<p>There is a great focus on independence and choice which is reflected in support plans, all about me and daily activities chosen.</p> <p><b>Responding to people's immediate needs – Score 3</b>  Staff were very responsive, on the first day of my visit an ambulance was called due to concerns around seizure activity with one of the people being supported.</p> <p>They communicated well, were very organised and communicative to ensure other PWS were able to go ahead with their day but equally staff were available to ensure the paramedics also had staff support during the assessment. Fortunately, there was no requirement for hospitalisation.</p> <p><b>Workforce wellbeing and enablement – Score 3</b>  There was support for staff in place around wellbeing. Risk assessments were also completed with staff around the menopause and the effects to consider, mental health support etc that they may need help with.</p> <p>If staff were struggling with any aspect of their work or day they were encouraged to reflect and seek support.</p> <p>The Chantry Culture handbook also included reference to challenges at work staff may face around staffing, workload, burnout, feeling alone and poor work/life balance to reflect on and seek support.</p> <p>If required HR were in contact and additional support may be given via external services.</p> <ul style="list-style-type: none"> <li>This service scored 75 (out of 100) for this area.</li> </ul>

KLOE	Regulations	Comments
		<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:</b> Good</p>

KLOE	Regulations	Comments
<b>Responsive</b>	<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 3</b> Support plans seen included lots of reference to personal choice, what worked and goals to be achieved. Sensory needs support plans included the use of activities and experiences and sensory items that were positive, there was reference made to objects and lighting so staff could clearly see what was important and what worked.</p> <p>There was good detail in ‘Communication Passports’. For example, one PWS loved lights, fireworks and the feeling of wind on their face and communicated by facial expression.</p> <p>‘This is me’ documentation seen was very detailed and inclusive.</p> <p>Epilepsy support plans were very detailed with clear guidelines in line with medication support plans, what professionals were also involved and when reviews too place.</p> <p><b>Care provision, integration, and continuity – Score 3</b> People being supported had contact with external services as and where required. There have been many challenges around funded hours for people, this has caused the home to be stretched to provide the hours of care they wish to, in particular around community activity.</p> <p>There was clear continuity of care from within the persons home to ensure they had their needs met.</p> <p><b>Listening to and involving people – Score 2</b> An easy read document was seen around ‘how to complain’ which was a series of pictures with the whole process.</p> <p>There had not been any recent complaints. However, as part of Duty of Candour, relatives should be reminded of the complaint’s procedure, this could be sent via email/letter as evidence of this. <b>(RR1)</b></p>

KLOE	Regulations	Comments
		<p>I was informed that family meetings are to be in place as at present there is not a 'relatives meeting'. This must be actioned to support listening to and involving family.</p> <p>Various compliments had been received. As discussed during my visit, ensure that any verbal interaction with a family member, professionals etc is documented and/or evidence is requested via email/letter etc. <b>(RR2)</b></p> <p><b>Equity in access – Score 3</b> To ensure needs are met for all people being supported, there was evidence of the required referrals if and where required.</p> <p><b>Equity in experiences and outcomes – Score 3</b> 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><b>Planning for the future – Score 3</b> Because many of the people being supported are relatively young, this is always a difficult area to address. If a DNR is not in place and there is no end- of-life plan for whatever reason ensure this is clearly documented and/or if family do not wish to discuss this and deemed not appropriate at this stage. <b>(RR3)</b></p> <p><b>Providing information – Score 3</b> 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>

KLOE	Regulations	Comments
		<ul style="list-style-type: none"> <li>This service scored 71 (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”.</p> <p><b>“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”.</b></p> <p><b>SRG RATING:</b> Good</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 3</b> The culture of the home is one of inclusivity for all people being supported and ensuring maximum quality of life and achievement for them.</p> <p>The home embraces outside people, I was made to feel welcome throughout my two days and given support to access all required information.</p> <p><b>Capable, compassionate and inclusive leaders – Score 2</b> I spent time with the Registered Manager, Deputy and Team Leaders.</p> <p>The home felt organised. Handovers were seen and daily shift planners were in place to ensure a smooth day to day running of the home.</p> <p>Although the Deputy Manager was relatively new into the position it appeared that they worked well with the Registered Manager and took a lead in the running of the service.</p> <p>Walk Rounds are completed by the Registered Manager, as part of these I heard staff being asked about safeguarding and capacity.</p> <p>However, there needs to be more recorded evidence of ‘out of hours’ unannounced visits, this extra visibility evidences extra support to the team at times when they least expect it and increased oversight in line with Registered Manager roles and responsibilities in line with CQC expectations. <b>(WR1)</b></p> <p><b>Freedom to speak up – Score 2</b> Surveys were being completed. The last staff one was in November 2023- with over 90% compliance and positive responses.</p>



KLOE	Regulations	Comments
		<p>I also saw surveys/discussions completed with PWS. However, some of the questions should be reviewed in line with the new inspection framework I statements, and what is the purpose of these and what is the ideal outcome. For example, the question 'Do you have any safeguarding concerns?' This needs to be in an easier to understand format such as, are staff always kind to you? What would you do if you were worried with visuals such as thumbs up or down, smiley faces etc. Photos could also be added. <b>(WR2)</b></p> <p>Monthly staff meetings were held. The agenda was very comprehensive, going forward ensure there is clear reference to the I and we Quality statements with clear evidence of what staff understand by each and how they impact the home in which they work and if there is anything else they can contribute to or have an opinion about. <b>(WR3)</b></p> <p><b>Workforce equality, diversity and inclusion – Score 3</b> 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><b>Governance, management and sustainability – Score 3</b> Many audits were being completed around peoples' care, the running of the home, medication, health and safety etc. For additional embedding and feedback within staff meetings as part of 'lessons learned', ask staff why we complete audits, what is the purpose etc and record their responses. This further underpins and evidences 'Good Governance' and understanding. Refer to Regulation 17 of the Health and Social Care Act. <b>(WR4)</b></p> <p><b>Partnerships and communities – Score 3</b> Partnership and community working is important to the service with evidence of networking and always looking to work even better with stakeholders.</p>

KLOE	Regulations	Comments
		<p><b>Learning, improving and innovation – Score 3</b> Staff have the opportunity to learn and improve within the organisation. This is reflected by staff promotion to more senior roles.</p> <p>Within the organisation there is a lot of valuable experience and knowledge that all can benefit from which includes up to date research and service provision.</p> <p><b>Environmental sustainability – sustainable development – Score 3</b> The service is aware of environmental sustainability and continues to strive to be even better in this area. They also consider ‘green’ credentials of suppliers when purchasing services or materials.</p> <ul style="list-style-type: none"> <li>This service scored 68 (out of 100) for this area.</li> </ul>
<p><b>Outcome:</b> This service is considered as being 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:</b> 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	Target dates for maintenance						
SR3	Fire Drills						
SR4	Right Care, Right Support, Right Culture						
SR5	Staff file audit						
SR6	Medication						
SR7	PRN Outcomes						
SR8	Outcomes – medical visits						
SR9	Medication side effects						
SR10	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	Regulation 9						
ER2	Needs specific training						
ER3	Supervisions						
ER4	CQC New Inspection Framework						
ER5	SALT on Blyssful						
ER6	Tabards						
ER7	Goals and Outcomes						
ER8	Power of Attorney						

## 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 -requests in writing						
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						
WR2	User friendly Surveys						
WR3	I and We statements'						
WR4	Audits						