



AUDIT REPORT

Cornview

Date of Visit: 3rd & 4th of December 2025

SRG Care Consultancy Limited

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
Service Name: Cornview


Provider: Liaise (South) Limited






Address of Service: 124 Roman Road, Winklebury, Basingstoke, RG23 8HF

Date of Last CQC Inspection: 13th December 2018

Ratings

CQC's Overall Rating for this Service:	Good	
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SRG's Overall Rating for this Service:	Good	
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Key Questions	Rating	Overall Score
Safe	Good 	68 (out of 100)
Effective	Good 	70 (out of 100)
Caring	Good 	75 (out of 100)
Responsive	Good 	71 (out of 100)
Well-ed	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:

- 38% or lower = Inadequate
- 39 to 62% = Requires improvement
- 63 to 87% = Good
- 88 to 100% = Outstanding

Overall Service Commentary

INTRODUCTION

An audit based on the CQC Key Questions and Quality Statements, aligned with the Single Assessment Framework, was conducted by an SRG Consultant over two days on 3rd & 4th December 2025. 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.

TYPE OF INSPECTION

Comprehensive inspections take an in-depth and holistic view across the whole service. Inspectors look at all five key questions and the quality statements 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

To gain an understanding of the experiences of people using the service, a variety of methods were employed. These included observing interactions between people and staff, speaking with the Manager, Deputy Manager, and holding discussions with staff and people. A tour of the building was conducted, along with a review of key documentation. For people with communication difficulties and/or cognitive impairments, observations were made to ensure they appeared comfortable and content with the support they were receiving. Additionally, three care plans were reviewed, four staff recruitment files were checked, and records were examined to confirm that staff training and supervision had been conducted appropriately. Medication records and operational documents, such as quality assurance audits, staff meeting minutes, and health and safety and fire-related documentation, were also assessed.

OUR VIEW OF THE SERVICE

The service is a residential care home providing support for three people. People expressed feeling safe, and staff demonstrated a clear understanding of managing risks effectively. Managers investigated incidents thoroughly, taking appropriate actions to mitigate future risks. While the home was generally clean, one area requires refurbishment and repairs to take place. Equipment was well-maintained and met the needs of the people living in the home.

The home had adequate staffing levels, with staff receiving regular training and supervision. Medicines were managed effectively by staff. People and their families were actively involved in the assessment of their needs, which staff regularly reviewed. People had sufficient food and drink, and staff closely monitored their health, working collaboratively with medical professionals. Consent was sought before providing support, and families were involved in decisions made in the best interests of individuals who lacked capacity, though this was not always clearly documented. Records were updated following the inspection.

People were treated with kindness and compassion, with staff respecting their privacy and dignity. Staff recognised people as individuals and supported them in making choices about their care. However, opportunities for activities were limited, as the home was in the process of recruiting an activities coordinator. Despite

this, staff responded promptly to people's needs, and both people and their families felt involved in care decisions. Families knew how to provide feedback or raise concerns, and any issues raised were addressed promptly. People's preferences for end-of-life care were also explored.

Governance systems were in place, and identified actions were completed. The management team was visible and approachable, and staff reported enjoying their roles and feeling supported to provide feedback. Feedback from external partners about the service was positive.

PEOPLE'S EXPERIENCE OF THIS SERVICE

People and their relatives expressed positivity about the quality of care provided. They felt safe and actively involved in planning their care. Individuals were supported to make their own choices and were encouraged to maintain their independence wherever possible. One relative commented, *"I think it's safe, I have nothing but positive things to say"*.

Relatives noted that the staff were kind, respectful, and upheld their dignity. One relative shared, *"The staff are lovely, friendly, and always welcoming. Activities were available both inside and outside the home. People expressed satisfaction with the food. A relative noted "we are kept regularly updated and contacted for specific health updates"*.

People and their relatives felt comfortable raising concerns and confident that any issues would be addressed promptly. One relative mentioned, *"They are very responsive to suggestions"*.

For people unable to directly share their experiences, observations during the assessment were used to evaluate the quality of care. Staff sought consent before providing support and were fully interacting with people during support, communicating and ensuring they were happy with the care provided.

Both people and their relatives described the staff as caring and attentive. One person stated, *"The staff are caring and very good."*

People were familiar with staff and leadership, with one relative commenting, *"[Registered Manager] rings up and she updates us and checks its ok with anything needed"*

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

Our audit reports include an overall rating as well as a rating for each of the Key Questions.

There are 4 possible ratings that we can give to a care service;

Outstanding – The service is performing exceptionally well.

Good – The service is performing well and meeting regulatory expectations.

Requires Improvement – The service is not performing as well as it should, and we have advised the service how it must improve.

Inadequate – The service is performing badly and if awarded this rating by CQC, action would be taken against the person or organisation that runs the service.

Please be advised that this represents the professional opinion of the reviewer conducting the audit, based on the evidence gathered during the review visit. This evaluation considers compliance with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and is aligned with the CQC's current assessment framework.

Key Question	Applicable Regulations	Quality Statements and Comments
<p>Safe</p>	<p>Regulation 12: Safe Care and Treatment</p> <p>Regulation 13: Safeguarding Service Users from Abuse and Improper Treatment</p> <p>Regulation 17: Good Governance</p> <p>Regulation 18: Staffing</p> <p>Regulation 19: Fit and Proper persons employed</p> <p>Regulation 20: Duty of Candour</p> <p>Regulation 15: Premises and Equipment</p>	<p>Learning culture – Score 3</p> <p>The service had a proactive and positive culture of safety, based on openness and honesty.</p> <p>Staff listened to concerns about safety and investigated and reported safety events.</p> <p>Accidents and incidents were recorded, and there was evidence of review and action taken.</p> <p>The service had systems to learn from incidents and complaints.</p> <p>The details are recorded on the RADAR system and action points are tracked, and lessons learned were shared in team meetings.</p> <p>Staff have opportunities to participate in debriefing sessions following incidents. These encouraged people to review what had happened and be part of planning future support strategies.</p> <p>Safe systems, pathways and transitions – Score 2</p> <p>The provider worked collaboratively with people and healthcare partners to establish and maintain safe systems of care. Systems were in place to support smooth transitions between services when required. There were effective processes to ensure safety was routinely managed, monitored and communicated. People’s care records evidenced people’s needs and preferences to enable them to transition safely.</p> <p>Personal Emergency Evacuation Plans are in place PEEP with specific evacuation risks assessed and highlighted, such as flammable creams in daily use.</p> <p>Hospital passports are in place, however some details need updating to match current information. (SR1)</p> <p>Safeguarding – Score 3</p>

Key Question	Applicable Regulations	Quality Statements and Comments
		<p>The service worked with people, families and healthcare partners to understand what being safe meant to them and the best way to achieve that. Staff concentrated on improving people’s lives while protecting their right to live in safety, free from bullying, harassment, abuse, discrimination, avoidable harm and neglect. Staff demonstrated a good understanding of safeguarding and knew how to raise concerns about people’s safety or wellbeing.</p> <p>A safeguarding policy was in place and accessible to all staff, providing clear guidance on how to manage concerns. An updated policy of raising a concern/whistleblowing policy out was being circulated by the Manager and to ensure all team are reading to be updated.</p> <p>RADAR system any employee can raise a whistleblowing event that goes direct to the Head of Quality bypassing all other line management, the employee can mark as anonymous.</p> <p>Staff communicated respectfully and demonstrated positive, caring interactions with people.</p> <p>A relative said, “It is safe, very good consistent care”.</p> <p>Involving people to manage risks – Score 3</p> <p>The provider worked with people to understand and manage risks by thinking holistically. Staff provided care to meet people’s needs that was safe, supportive and enabled people to do the things that mattered to them. Risk assessments were person-centred and regularly updated. People, and their relatives, were involved in decisions about their safety, including best-interest processes where needed. Safety decisions made in people’s best interests followed recognised guidance and legislation. This approach enabled people to live safely in their homes and participate in community events and activities safely and well.</p> <p>Fire evacuation drills were logged on individuals’ handover records advising if evacuation was done safely during drill or any concerns.</p>

Key Question	Applicable Regulations	Quality Statements and Comments
		<p>Safe environments – Score 2 Health and safety of the service was monitored, and safety checks were in place as completed. There was an issue with fire alarm sounding throughout day one of the Inspection due to faulty fire door, this was reported on system to maintenance, Registered Manager resolved through support via video call, faulty call point which was reset and request is in for it to be changed. There was a leaking roof in the conservatory area which had a bucket in place to capture water. Mangers advised this was a reoccurring leak. Evidence was not seen of plan for repair. (SR2)</p> <p>Three COSHH cupboards are in place in the service, one in the kitchen was found as unlocked during the Inspection. (SR3)</p> <p>Security of the service was effective; the public are unable to enter freely.</p> <p>The service was generally clean, however redecoration of kitchen is required. The Registered Manager advised quotes have been received for refurbishment however no date is set to take place.</p> <p>Safe and effective staffing – Score 3 The provider made sure there were enough qualified, skilled and experienced staff, who received effective support, supervision and development. They worked together well to provide safe care that met people’s individual needs through using company bank staff to over rota gaps during recruitment. All required recruitment checks were in place. Staff received a range of training, and regular supervision and competency assessments.</p> <p>Staffing was based around people’s needs and preferences and people were undertaking the activities they wanted to do, including a wide range of community-based activities. Staff told us staffing levels allowed them to provide the support people needed. Managers demonstrated there was flexibility to adapt to people’s changing needs and preferences through the Sona system.</p>

Key Question	Applicable Regulations	Quality Statements and Comments
		<p>New staff told us their induction was comprehensive, enjoyable and prepared them well for their roles. Mandatory training included training in supporting people with a learning disability and autistic people, and individual specific PROACT- SCIPr- UK training in line with the Oliver McGowan Code of Practice (2025).</p> <p>Infection prevention and control – Score 3 The service assessed and managed the risk of infection. They detected and controlled the risk of it spreading and shared concerns with appropriate agencies promptly. Infection Prevention and Control (IPC) audits were completed regularly. Personal Protective Equipment (PPE) was used appropriately, and the home was clean. Relatives said, “The house is always clean and tidy”.</p> <p>Staff were wearing PPE appropriately, staff understood how to limit risk of infection spreading and said they have always got PPE available to them. Staff gave a thorough understanding of infection control and potential risks when questioned.</p> <p>Medicines optimisation – Score 3 The provider made sure that medicines and treatments were safe and met people’s needs, capacities and preferences. Staff involved people in planning, including when changes happened. People were given their medicines safely and in a timely manner. This was recorded on their medicines administration record (MAR) and medicines were stored safely and securely. A safe member observed made a recording process error accordingly to company policy, the staff member showed immediate transparency advising inspector of the error (signing on giving) and the usual process (dot, administration, signature), discussed with Registered Manager.</p> <p>Detailed guidance specific about each person, on how to administer medicines prescribed as and when people required them, was available to staff. The service had individual fire risk assessments in place for people who were prescribed paraffin-based skin products. There were records of people’s</p>

Key Question	Applicable Regulations	Quality Statements and Comments
		<p>preferences to indicate how they wanted their medicines to be administered. Records showed that staff had received medicines handling training. Staff competencies were assessed regularly to make sure they had the necessary skills. Records evidenced when medication error occurred, they were investigated and a HR process followed.</p> <p>Managers and members of staff, qualified to handle medicines regularly, completed audits (checks) to make sure that procedures were followed. A peer audit on medication took place in November was rated 75% good.</p> <p>National best practice guidance was followed including the principles of STOMP (stopping over-medication of people with a learning disability, autism, or both). People’s medicines were regularly reviewed by prescribers. Successful reductions with views to removal of psychotropic medication were evidenced.</p> <ul style="list-style-type: none"> • This service scored 68 (out of 100) for this area.

SRG RATING: GOOD – This service maximised the effectiveness of people’s care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

“Characteristics of services the CQC would rate as ‘Good’ Safety is a priority for everyone and leaders embed a culture of openness and collaboration. People are always safe and protected from bullying, harassment, avoidable harm, neglect, abuse and discrimination. Their liberty is protected where this is in their best interests and in line with legislation”.

Key Question	Regulations	Quality Statements and Comments
<p>Effective</p>	<p>Regulation 9: Person Centred Care</p> <p>Regulation 11: Need for Consent</p> <p>Regulation 14: Meeting Nutrition and Hydration Needs</p> <p>Regulation 18: Staffing</p>	<p>Assessing needs – Score 3</p> <p>The service made sure people received effective care and support based on thorough assessments of their health, wellbeing and communication needs. Assessments were completed before people joined the service to ensure their needs could be met, including consideration of protected characteristics and cultural needs. Information from these assessments was used to plan person-centred care in partnership with people, their families and professionals.</p> <p>Multidisciplinary input supported effective assessment and care planning. Health assessments enabled staff to monitor people’s wellbeing and provide timely interventions, while daily living assessments promoted independence and safety. Functional assessments informed positive behaviour support (PBS) plans, which set out strategies for supporting people, including when additional input from behaviour specialists was needed.</p> <p>Support plans were detailed and risk assessments included, evidenced with reviews.</p>

Key Question	Regulations	Quality Statements and Comments
		<p>Some information missing such as keyworkers are not listed, a condition noted in support plan was not within risk assessments. A profile identified epilepsy with no supporting plan or risk assessments mentioning, the Registered Manager rectified this immediately and letter from GP uploaded to the system confirming diagnoses.</p> <p>Delivering evidence-based care and treatment – Score 3 The service ensured care and treatment was planned and delivered in line with what was important to people. We received good feedback about how well people’s care reflected their needs and preferences. People’s routines, activity needs, and communication needs were being followed in line with people’s preferences. The staff team demonstrated this throughout the 2 days of the Inspection. The service documented where they were working with people, their representatives and any professionals to address any concerns. Relatives feedback informed us they were happy with activities and time away such as holidays and felt that it was “heartwarming the love that is shown to them (relative).”</p> <p>Daily records noted activity, outings, and any injuries or concerns on individuals records.</p> <p>Risk assessments are undertaken for trips out, however these were not routinely fully completed with sections such as medication and activity lead left blank. (ER1)</p> <p>How staff, teams and services work together – Score 3 The service worked well across teams and services to support people. People’s information are stored in the main electronic system which ensures all levels of employees in the service had the same access to the same information on individuals at all times. System highlighted updates to be read.</p> <p>Handovers are used on recorded system for day and night and also in person at shift changeover.</p>

Key Question	Regulations	Quality Statements and Comments
		<p>Staff sought advice from appropriate professionals and made referrals for specialist input when needed. Care records showed evidence of this. Information about people was shared effectively. Changes to care and treatment plans were communicated through handovers, team meetings and care records.</p> <p>Staffing rotas were planned flexibly to meet people’s needs and provide continuity of care, as noted earlier company bank staff are used to cover recruitment gaps. Bank staff were able to give detailed information on the individuals they were working with and how they communicate with them.</p> <p>Supporting people to live healthier lives – Score 3 Annual health checks with health professionals are in place, regular checks by staff team are recorded on individuals records. As noted earlier in the report, an Epilepsy icon was present on one individuals record profile, there was no evidence of having epilepsy was found in support plans or risk assessments of medical records. Discussed with Registered Manager, advised a medication which can be used for epilepsy treatment he takes for behaviour, this has been checked with GP and GP letter received to confirm diagnosis on 23/10/2025 Registered Manager took immediate action to remove icon and upload GP letter as attachment in support plan record on Blyssful.</p> <p>Daily activities include physical external activities such as walks out.</p> <p>The service ensured people received effective support to manage their health and wellbeing. People’s nutritional needs were met well, with information noted for staff such as “X tends to choose cakes or sweets for snack, staff have to make sure snack box is filled with other healthy options to encourage healthy and balanced eating. “</p> <p>People and their representatives had regular opportunities to discuss changes in their health and care with professionals and were fully involved in decisions.</p>

Key Question	Regulations	Quality Statements and Comments
		<p>Monitoring and improving outcomes – Score 2 Goals need reviewing and ensuring overall goal and breakdown of how to achieve detail is relevant to goal itself. Some that did have details of attempts were nothing to do with the goal itself, such as goal of cooking had details of preparing cups of tea. Some were noted as new goals where this had already been completed earlier in documentation. Some were noted as overdue review dates. Discussed examples with Registered and Deputy Manager. (ER2)</p> <p>The Manager evidenced a folder of overall year achievements linking with individual outcomes which is currently in progress of being completed as evidence.</p> <p>Consent to care and treatment – Score 3 People were lawfully deprived of their liberty where this was necessary to keep them safe. Staff upheld people’s rights under the Mental Capacity Act 2005 (MCA). They worked with people, families and professionals to ensure decisions reflected people’s wishes and feelings.</p> <p>Consents are logged within section of Best interest/consent under each support plan.</p> <p>People who lacked capacity to consent to their care had best interests’ decisions made appropriately on their behalf. Care plans contained decision-specific capacity assessments and evidence of best interests’ decision-making in line with legal requirements.</p> <p>Mental Capacity Assessments were decision specific and detailed how understanding was supported such as simplified language was used as well as visual aids/pictures to assist, easy read guides.</p> <p>Some staff were not able to answer questions on MCA & DoLS when asked. (ER3)</p> <p>Staff document consent in daily recordings</p>

Key Question	Regulations	Quality Statements and Comments
		<ul style="list-style-type: none"> This service scored 70 (out of 100) for this area.
<p>SRG RATING: GOOD- This service maximises the effectiveness of people’s care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.</p> <p>“Characteristics of services the CQC would rate as ‘Good’ People and communities have the best possible outcomes because their needs are assessed. Their care, support and treatment reflects these needs and any protected equality characteristics. Services work in harmony, with people at the centre of their care. Leaders instil a culture of improvement, where understanding current outcomes and exploring best practice is part of everyday work”.</p>		

Key Question	Regulations	Quality Statements and Comments
<p>Caring</p>	<p>Regulation 9: Person-centred Care</p> <p>Regulation 10: Dignity and Respect</p>	<p>Kindness, compassion and dignity – Score 3 People were treated with kindness compassion and dignity. We observed positive and respectful interactions throughout the Inspection. Staff respected people’s privacy and dignity.</p> <p>Staff were mindful of working in people’s homes, showing respect for personal space, belongings and privacy.</p> <p>Consent was sought before providing care, and people’s decisions were upheld.</p> <p>Staff treated colleagues from other organisations with kindness and respect.</p> <p>Feedback from relatives was positive, with comments such as “Staff are very good, very kind”.</p> <p>Treating people as individuals – Score 3</p>

Key Question	Regulations	Quality Statements and Comments
		<p>People were treated as individuals. Staff took account of people’s strengths, abilities, culture, protected characteristics and unique backgrounds. People’s lives reflected their personalities and interests.</p> <p>People were supported to make choices and decisions throughout the day, such as what to eat, how to spend their time and their care preferences.</p> <p>We saw people enjoying activities of their choice. Bedrooms were personalised and activities reflected people’s hobbies, strengths.</p> <p>Independence, choice and control – Score 3 The provider promoted people’s independence and choice and control over their care and wellbeing.</p> <p>Care plans supported people to develop self-care and daily living skills and set out the level and type of support required. People were supported to make choices in ways that suited them.</p> <p>Activities reflected people’s individual interests.</p> <p>Staff understood the importance of privacy and enabled people to spend time alone when they wished.</p> <p>Responding to people’s immediate needs – Score 3 The provider understood people’s immediate needs. Staff responded to people’s needs in the moment and acted to reduce discomfort, concern or distress.</p> <p>We observed staff using positive behaviour support (PBS) strategies to lessen anxieties and followed professional guidance to support people’s mental and physical health.</p> <p>Staff knew people well. New staff spoke of thorough induction process to get to know people to recognise subtle signs, such as changes in body language, which indicated a person might need more support.</p>

Key Question	Regulations	Quality Statements and Comments
		<p>Staff also knew how to seek specialist input from partner agencies and community services, ensuring people received appropriate support and guidance.</p> <p>Workforce wellbeing and enablement – Score 3 The service cared about and promoted the wellbeing of their staff and supported and enabled staff to deliver person-centred care.</p> <p>Staff felt supported by the manager and comfortable to approach managers and senior managers.</p> <p>There was a supervision policy which centred on open dialogue between the staff member and their supervisor. Supervision also offered the opportunity for personal development and learning.</p> <p>‘Liaise Life’ has gone live this week all employees have access via their own company email and access to all systems are in one place or ease of use. The people hub gives access to all workplace wellbeing offers such as EAP line and My Mind Pal App, wage stream for financial flexibility and information on reward and recognition, qualification and career opportunities.</p> <ul style="list-style-type: none"> • This service scored 75 (out of 100) for this area.
<p>SRG RATING: GOOD- This service maximises the effectiveness of people’s care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.</p> <p>“Characteristics of services the CQC would rate as ‘Good’ People are always treated with kindness, empathy and compassion. They understand that they matter and that their experience of how they are treated and supported matters. Their privacy and dignity is respected. Every effort is made to take their wishes into account and respect their choices, to achieve the best possible outcomes for them. This includes supporting people to live as independently as possible.”</p>		

Key Question	Regulations	Quality Statements and Comments
<p>Responsive</p>	<p>Regulation 9: Person Centred Care</p> <p>Regulation 17: Good Governance</p> <p>Regulation 16: Receiving and Acting on Complaints</p>	<p>Person-centred Care – Score 2</p> <p>Some daily recordings contained a good level of detail, and demonstrated choice listing the different food items offered as a snack and chosen and how the choice was indicated. Which personal care that consent was given for, and how it was given through signing or gesture. Which tasks were undertaken independently, with verbal prompts or full support required. Some recordings indicated the mood of individual and what expression or behaviour was identifying this mood.</p> <p>Not all recordings were consistent in detail, for example an individual was starting an orthopedic session, the record noted the session lasted five minutes however no other detail to indicate why, what behaviour was shown to stop the session after short time or that it was enjoyed for five minutes or not.</p> <p>One individuals personal care routine was listened to and part observed on day two of the Inspection. Staff recording was checked later in the day the record noted “X was supported to have his bath this morning. He was fully supported to have his personal care. His body dry with towel and apply zerocream as prescribed and savlon on the old wound on his forehead. He declined dressing up, after cleaning his body, he went to his bed immediately”. Content face picture was used next to this record.</p> <p>What was observed was not captured, we observed the individual was very distressed, although was consenting when asked for arm to lift, hands, face for cream etc there was screams and crying throughout and was banging his head on the floor, wall and slapping own forehead, none of this behaviour was recorded and it was not demonstrated as content no recorded on RADAR.</p>

Key Question	Regulations	Quality Statements and Comments
		<p>Records indicated this could be usual behaviours during personal care and PBS strategies were in place and being reviewed. The Registered Manager spoke to staff member to ensure staff member added further information to the record, this had not been completed by the end of the Inspection due to activities taking place. (RR1)</p> <p>The Deputy Manager & Registered Manager also advised of a behaviour monitoring paper sheet (scatter plot) being in place to capture behaviour and indicate to staff member to record on RADAR.</p> <p>Care provision, integration, and continuity – Score 3 People received care and support from services that understood their diverse health and social care needs. There was evidence of joined up and flexible care to meet peoples assessed needs.</p> <p>Processes were in place to promote community connections and opportunities, and staff rotas were designed around people’s activities and commitments. Feedback informed us people’s lives and wellbeing had been enhanced by these opportunities.</p> <p>Throughout the Inspection, people engaged in activity in their own environment or supported outside the service. As noted earlier in the report, this was reflected in their daily records.</p> <p>Managers ensured staff kept up to date with changes to support needs and checked to ensure changes were understood, an example evidenced was of PBS plan recently updated, a Knowledge Quiz has been created by PBS practitioner for staff to undertake to ensure they have read the changes and that the information is understood.</p> <p>Providing information – Score 3 The service ensured appropriate, accurate and up-to-date information was available in formats tailored to people’s individual communication needs. Staff were trained to use people’s preferred communication methods, as outlined in their care records. This service used social stories and Picture Exchange</p>

Key Question	Regulations	Quality Statements and Comments
		<p>Communication Systems (PECS) and assistive technology used for communication. We observed that information was available to people in easy-read formats, such as the complaints process.</p> <p>Communication assessments were part of people’s care planning pathway, and care plans reflected their individual communication needs. Some of the provider’s policies, were supported by pictorial symbols to aid people’s understanding.</p> <p>Listening to and involving people – Score 3 Feedback was sought from individuals, families, staff and professionals.</p> <p>Surveys evidenced individuals involvement “X put is thumbs up when asked about his home which means good. X likes his room and helped to choose the colour”.</p> <p>You said we listened responses are issued from feedback from staff surveys.</p> <p>The service made it easy for people or their representatives to share feedback or raise complaints about their care and support. Feedback from families indicated they were comfortable and confident in how to raise a concern.</p> <p>Equity in access – Score 3 The service ensured people could access the care and support they needed when required. People’s care plans reflected input and advice from medical and healthcare professionals. Care records showed appropriate referrals had been made to specialist services, and people attended routine medical check-ups and annual health reviews.</p> <p>Processes were in place to make sure people had timely access to healthcare and that important information was shared appropriately. Staff rotas were planned to ensure people were supported to attend appointments, and risk management plans considered people’s transport and accessibility needs.</p>

Key Question	Regulations	Quality Statements and Comments
		<p>Care records demonstrated ongoing consultations and collaboration with professionals involved in people's health and wellbeing.</p> <p>Equity in experiences and outcomes – Score 3 Staff and leaders listened to information about people who may experience inequality in their care or outcomes and adapted support accordingly. People's needs were met through a holistic approach to assessment, planning and delivery of care. Protected characteristics under the Equality Act 2010 were identified and recorded, and care plans reflected people's abilities and the things they could do independently.</p> <p>Staff treated people as individuals and provided support in a non-discriminatory way. They had completed training in equality and diversity and understood how to provide care that respected people's abilities, choices and lifestyles.</p> <p>Planning for the future – Score 3 People had opportunities to plan for important life changes, including at the end of their life.</p> <p>However, people's cognitive abilities meant it was not always meaningful or appropriate for them to engage fully in discussions about future care. It was noted on records where discussions had taken place with relatives.</p> <p>People's cultural and spiritual beliefs were recorded in their care plans and considered as part of their ongoing support.</p> <p>Hospital passport states: religion not stated, religious spiritual needs, none stated does not mirror support plan information Discussed with Registered Manager & Deputy Manager to record family opinion and support plan info to show explored in place of not stated.</p>

Key Question	Regulations	Quality Statements and Comments
		<p>A future plan was discussed of a garden summer house for one individual arising from other housemates being on holiday identified quiet calm behaviour within own space. No evidence was seen of the plan.</p> <ul style="list-style-type: none"> • This service scored 71 (out of 100) for this area.
<p>SRG RATING: GOOD- This service maximises the effectiveness of people’s care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.</p> <p>“Characteristics of services the CQC would rate as ‘Good’ People and communities are always at the centre of how care is planned and delivered. The health and care needs of people and communities are understood and they are actively involved in planning care that meets these needs. Care, support and treatment is easily accessible, including physical access. People can access care in ways that meet their personal circumstances and protected equality characteristics”.</p>		

Key Question	Regulations	Quality Statements and Comments
<p>Well led</p>	<p>Regulation 17: Good Governance Regulation 5: Fit and Proper Persons Employed - Directors Regulation 7: Requirements Relating to Registered Managers Regulation 18: Staffing Regulation 20A: Requirement as to Display of Performance Assessments</p>	<p>Shared direction and culture – Score 2 The culture in the home was welcoming and felt relaxed.</p> <p>The service had a shared vision, strategy and culture. Leaders promoted an open and inclusive culture. Clear values were communicated through team meetings and audits. Managers and staff shared these values and a commitment to providing person-centred care. However, the majority of staff were not able to answer questions on the company vision and values when asked. (WL1)</p> <p>Capable, compassionate and inclusive leaders – Score 3 The service had inclusive leaders at all levels who understood the context in which they delivered care, treatment and support and embodied the culture and values of their workforce and organisation. Leaders had the skills, knowledge, experience and credibility to lead effectively. They did so with integrity, openness and honesty.</p> <p>Managers were visible and approachable, staff described them as supportive.</p> <p>Relatives told us the managers were approachable and easy to contact. Relatives spoke positively about staff and managers.</p> <p>Freedom to speak up – Score 3 All staff spoken to felt supported well by management and were comfortable raising concerns or support requests, and felt confident to go to senior managers if required.</p> <p>Approachability was observed during the Inspection and the Registered Manager was seen actively involved and knowledgeable with individual support needs.</p> <p>Noted earlier in report a whistleblowing event can be raised anonymously on company system.</p> <p>Workforce equality, diversity and inclusion – Score 3</p>

Key Question	Regulations	Quality Statements and Comments
		<p>The service valued diversity in their workforce. They worked towards an inclusive and fair culture by improving equality and equity for people who worked for them. A range of policies were in place to guide staff on what was expected of them. Equality and diversity were embedded in policies and discussed with staff.</p> <p>The manager spoke of cultural and awareness days held in the service such as wearing green for awareness days.</p> <p>The Liaise Life facebook page enables staff to share their EDI celebrations and awareness days with others in the region and company.</p> <p>Governance, management and sustainability – Score 3 The service had clear responsibilities, roles, systems of accountability and good governance. They used these to manage and deliver good quality, sustainable care, treatment and support. They acted on the best information about risk, performance and outcomes, and shared this securely with others when appropriate. Governance systems included regular audits, action plans, and oversight by senior managers.</p> <p>The Deputy and Registered Manager worked well together.</p> <p>The Liaise life systems and quality hub ensures all systems and information are in one place for ease of management and efficiency, enables all employees to see the roles and responsibilities and how to contact individuals.</p> <p>Partnerships and communities – Score 3 The provider understood their duty to collaborate and work in partnership, so services worked seamlessly for people. They shared information with partners throughout their region and collaborated for improvement with peers.</p>

Key Question	Regulations	Quality Statements and Comments
		<p>The service shared learning through meetings and specific quality meetings.</p> <p>Managers and staff worked with people’s relatives and external partners to improve outcomes and maintain transparency.</p> <p>Learning, improving and innovation – Score 3 The service focused on continuous learning, innovation and improvement across the organisation and local system. They encouraged creative ways of delivering equality of experience, outcome and quality of life for people. They actively contributed to safe, effective practice and research. Continuous improvement was evident through audits, action plans, and updates to care systems. Lessons learned were used to aid continuous improvement.</p> <p>Environmental sustainability – sustainable development – Score 2 The Registered Manager advised there is no environmental policy, lights are turned off where rooms are not in use, waste is separated for recycling. (WL2)</p> <ul style="list-style-type: none"> • This service scored 68 (out of 100) for this area.

SRG RATING: GOOD- This service maximises the effectiveness of people’s care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

“Characteristics of services the CQC would rate as ‘Good’ There is an inclusive and positive culture of continuous learning and improvement. This is based on meeting the needs of people who use services and wider communities, and all leaders and staff share this. Leaders proactively support staff and collaborate with partners to deliver care that is safe, integrated, person-centred and sustainable, and to reduce inequalities”.

ACTION PLAN:

CQC Key Question - 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	Hospital passport updates						
SR2	Repair Completion						
SR3	COSHH cupboard						

CQC Key Question – EFFECTIVE

By effective, we mean that people’s care, treatment and support achieve good outcomes, promotes a good quality of life and is based on the best available evidence.

Reference Point	Recommendation Made	Action to be taken	Who By	Date to Complete by	Evidence of Completion	RAG Status	Comment
ER1	Form completion						
ER2	Goal oversight						
ER3	Staff knowledge MCA DoLS						

CQC Key Question - CARING

By caring, we mean that the service involves and treats people with compassion, kindness, dignity and respect.

Reference Point	Recommendation Made	Action to be taken	Who By	Date to Complete by	Evidence of Completion	RAG Status	Comment
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CR1	NO RECOMMENDATIONS MADE						
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CQC Key Question – RESPONSIVE							
By responsive, we mean that services are organized so that they 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	Person centred detail accurate recording						

CQC Key Question - 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	Vision and values						

WR2	Environmental policy/plan						
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