



AUDIT REPORT

Cornview

Date of Visit: 12th and 13th November 2024

Private & Confidential
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: 30th October and 1st November 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		72 (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 12th and 13th November 2024. The purpose of this review was to highlight in a purely advisory capacity, any areas of the service operation which should or could be addressed in order to improve the provision and recording of care and increase overall efficiency and compliance with CQC Standards and Regulatory Requirements.

Comprehensive inspections take an in-depth and holistic view across the whole service. Inspectors look at all five key questions to consider if the service is safe, effective, caring, responsive and well-led. We give a rating of outstanding, good, requires improvement or inadequate for each key question, as well as an overall rating for the service.

METHODOLOGY

Several different methods were used to help understand the experiences of residents who used the service. These included observation of interactions between people who use the service and staff, conversations with the Manager, Deputy Manager, discussions with staff, a tour of the building and review of key documentation.

SUMMARY OF OUTCOME

Cornview 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 in; Caring for adults under and over 65 years who have a Learning Disability. The service provides accommodation for up to three people. At the time of this audit the home had an occupancy of three people.

Some of the people who live at Cornfields have communication difficulties and/or cognitive impairments; therefore, we observed some interactions between staff and people being supported 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.

Cornfields have Blyssful available for all service user information. Staff input daily occurrences via tablets such as nutrition, personal care and support provided. Support Plans were seen in files. Cornfields currently use the My Hippo 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 Staff are encouraged to report all accidents and incidents. For example, one PWS had been crying for approximately 5-10 minutes. Prior to this they had become upset during personal care. The incident was explored further to understand why this may have occurred.</p> <p>Debriefs are in place following all incidents and any lessons that are learned will then be shared with staff.</p> <p>Staff should still continue to be supported around reporting of accidents and incidents and exploration of their understanding and knowledge via informal training sessions, supervisions and staff meetings. (SR1)</p> <p>The service also has a PBS lead in place who is a great support around incident management, with reference to support plans and how risks are addressed.</p> <p>If there are any Safeguarding concerns then these are escalated to the local team and CQC notifications completed if appropriate.</p> <p>Safe systems, pathways and transitions – Score 2 Risk assessments were in place alongside support plans. Those seen were for medication, falls, behaviours of concern, community access etc.</p> <p>However, as discussed with the Registered Manager during my visit a risk assessment is required for those PWS who take Apixaban as this is an anticoagulant and increased the risk of bleeding and bruising. (SR2)</p>

KLOE	Applicable Regulations	Comments
		<p>In addition, there is a TV in the lounge that is boxed to prevent access by PWS, the same was seen in some bedroom areas. A risk assessment requires completing as to the reasons for this in line with safety and in particular 'restrictive practice'. (SR3)</p> <p>I was also able to speak with the Estates Manager in respect of the logging of all maintenance requests. At present the RM is not able to see the progress without going through emails. This requires addressing. (SR4)</p> <p>There was clear evidence of weekly fire alarm testing and monthly fire drills that staff had attended. Fire Marshall training is also planned.</p> <p>Health and Safety audits were being completed on a monthly basis. These included checks around COSHH and first aid boxes. There was also a defib in place.</p> <p>As discussed during the visit, although the Defib gives very clear instructions, staff would benefit from adhoc training/practice in the use of the Defib which addresses any anxieties they may also have if they were required to use it. (SR5)</p> <p>Safeguarding – Score 3 Any concerns will be escalated to the safeguarding teams. All safeguarding concerns are fully explored to ensure if there are any actions then these are put in place and any lessons learned will be shared with the staff.</p> <p>The managers walk round audit also includes reference to Safeguarding. Staff are asked about their understanding around Safeguarding in supervisions and competencies. This is also an agenda item in staff meetings.</p>

KLOE	Applicable Regulations	Comments
		<p>Staff complete Safeguarding training at the start of their employment and are also required to complete yearly updates.</p> <p>Involving people to manage risks – Score 3 Staff work with PWS to help with identifying their anxieties/risks both within their home and in the community. For example, one PWS had a lot of anxiety around items lying around and would sometimes use them in a negative way, e.g. putting toilet paper in the bath drain. This had been managed well in the home by ensuring all paper, toilet roll etc was away in cupboards to minimise this risk.</p> <p>Reference is made to ‘least restrictive practice’ and staff understanding via supervisions and meetings.</p> <p>PWS had individual support plans that identified some of their goals and how staff needed to support them. This clearly underpinned’ right support, right care and right culture in line with CQC requirements and evidence of a person-centred service.</p> <p>Safe environments – Score 3 The house was situated on a busy road so safety of PWS was paramount. The front door was locked and key-padded. Anyone accessing the building on a professional basis was required to show their ID and sign in.</p> <p>There was a large dining area with adjoining small lounge area and separate kitchen facility where PWS could access and make their own drinks with support if required.</p> <p>In addition, there was a separate larger lounge area.</p> <p>The outside was spacious with a swing that one PWS used.</p>

KLOE	Applicable Regulations	Comments
		<p>Each PWS could make their room personable. Where there were concerns around safety and the environment, risk assessments were in place.</p> <p>The blue bucket chairs for PWS were discussed during the visit to ensure their purpose was added into support plans and risk assessments, how they were used, these are not restrictive but used in line with sensory need. (SR6)</p> <p>The small lounge may benefit from being a sensory area.</p> <p>Safe and effective staffing – Score 3 I viewed several staff files which were compliant. The required pre-employment checks were in place.</p> <p>Newly appointed staff work with staff who are familiar with PWS. They are introduced to them, have access to their support plans, risk assessment and personal profiles. This is a gradual process which takes into account the needs of the PWS and how staff changes may affect them.</p> <p>We also discussed at the visit, the introduction here of a separate folder which introduces the PWS to any new member of staff and gives an overview/profile of them as well as the documentation that is found on Blyssful. This helps in the initial stages of getting to know a person being supported and having information to hand at a glance which is important during the induction period. (SR7)</p> <p>Staff rotas gave a detailed daily account of which person they were supporting and what the activity was. Staff are rotated according to the needs of people and also taking into account who they work best with. At night there is one staff member supporting three people. This was discussed during the visit as to how risks are managed if there is a need. There is a system in place where other houses who have more than one staff and are nearby can offer their support. This is also in line with the on-call system where the Registered Manager and/or Deputy can also support if required.</p>

KLOE	Applicable Regulations	Comments
		<p>Out of hours visits were also completed by the Registered Manager and appeared to be effective.</p> <p>Infection prevention and control – Score 3 Staff wear the appropriate PPE when supporting with personal care or within kitchen areas, preparing food.</p> <p>Regular infection control audits were completed.</p> <p>Staff support people with the upkeep and cleaning of their bedroom and communal areas. The house appeared clean and smelt fresh.</p> <p>Daily cleaning schedules were in place for all areas.</p> <p>Staff have a competency check each year to ensure they are maintaining good infection control which includes demonstrating the correct handwashing procedures.</p> <p>Medicines optimisation – Score 3 Each PWS has their own medication folder that is kept in a locked cupboard within the kitchen. This folder also contained the ‘STOMP’ easy read version for staff to understand in relation to their prescribed medication and ‘restrictive practice’.</p> <p>Each had a front sheet that included an up- to- date photograph and any allergies. As discussed during my visit, ensure the information around ‘how I like to take my medication is also present. (SR8)</p> <p>PRN protocols contained detailed information around when particular medication was to be given. Pain protocols were present that indicated all non-verbal gestures that may be present if the person was experiencing pain.</p>

KLOE	Applicable Regulations	Comments
		<p>A daily medication stock count sheet was in place.</p> <p>MCA and hospital passport were also present with clear record of any medication changes and why.</p> <p>Staff completed medication training during their induction. In addition, there were competency checks in place to ensure staff were safe administering medication. If there were any concerns and/or there had been a medication error then staff were required to be assessed again to ensure they were safe to practice.</p> <p>Topical medication charts were in place with the required body map.</p> <p>Audits were being completed. These included the weekly audit that the shift leader is responsible for, monthly medication audit and quarterly audit by the Operations Manager.</p> <ul style="list-style-type: none"> This service scored 72 (out of 100) for this area.
<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 Each PWS had an initial assessment to ensure their needs could be met and that they would also be able to be supported alongside fellow people in the house.</p> <p>Documentation to support the assessment is sent by the referring agency, additional information is also sought from other professionals such as the GP, social worker and family.</p> <p>This initial assessment then underpins the completion of the support plans and risk assessments and helps to focus on the ‘About Me’ completed on Blyssful, that gives a good insight as to the persons character, personality, likes and dislikes etc.</p> <p>Delivering evidence-based care and treatment – Score 3 All three PWS were non-verbal and required staff to communicate with them in a way that they understood. For example, Makaton and objects of reference. There was good detail in support plans.</p> <p>Reference is made to current practice, in particular with support from Learning Disability Teams.</p> <p>As discussed during the visit with the Registered Manager, an osteopath supports the home, specific people and also liaises with staff to improve their knowledge. The reason and outcome of the session should be documented in the persons notes. (ER1)</p> <p>All support plans and risk assessments were reviewed each month or as required.</p> <p>Yearly care reviews are planned. If there is a reason for someone not attending and information is sought from them, ensure this is clearly evidenced in the relevant support plan and risk assessment.</p>

KLOE	Regulations	Comments
		<p>I saw evidence that person-centred care was discussed via supervisions, staff were asked about PWS and what constitutes person-centred care.</p> <p>How staff, teams and services work together – Score 3</p> <p>I viewed staff training records via 'My Hippo'. Staff are required to complete all mandatory training as part of their induction. Yearly updates were also in place. I was informed that staff are generally responsive to completion of their training within the required time-frames. Training compliance presently was 100%.</p> <p>In addition, there is face to face training in place for topics such as Safeguarding, BLS, Moving and Handling and any additional medical conditions such as Epilepsy and Diabetes.</p> <p>I was also informed by the Registered Manager that the Oliver McGowan training for staff still requires completing. (ER2)</p> <p>Staff are well supported by both the Registered Manager and Deputy. Where there is additional support required around the implementation of support plans and/or understanding and working with the identified risks around PWS the PBS lead is available on a regular basis as part of the debriefs and/or general staff support.</p> <p>Supervisions are completed three monthly or as required according to each staff members needs.</p> <p>In addition, there are also staff competency assessments completed for Safeguarding, Dol's, fire, health and safety etc.</p> <p>Appraisals were completed each year.</p>

KLOE	Regulations	Comments
		<p>Supporting people to live healthier lives – Score 3 Staff work with the PWS to complete weekly menus. Shopping is then completed by a staff member and one of the people being supported who likes to go out and shop.</p> <p>Encouragement and support are given to identify some healthy meals, look at home grown vegetables etc and the nutritional element.</p> <p>MUST was completed and reviewed each month as were PWS weights. If there were any concerns then the appropriate supporting agencies such as dieticians would be requested.</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>The Safer Food, Better Care Folder was viewed.</p> <p>Opening and closing checks were in place. Fridge and freezer checks were up to date.</p> <p>Food probing checks were seen.</p> <p>The kitchen areas were cleaned each day, records were present. The areas were clean, tidy and safe to support people using the area with the support of staff.</p> <p>There was choice for people being supported. Photos were displayed around the home of PWS being involved in activities and celebrations. There was also evidence of this in the persons individual scrapbooks.</p> <p>Monitoring and improving outcomes – Score 3</p>

KLOE	Regulations	Comments
		<p>There was good evidence of ‘goal setting’ with each person being supported. These were broken down into long-term and medium goals and ensured this was achievable.</p> <p>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. (ER3)</p> <p>Monthly keyworker meetings are held which also gives an opportunity for a review to establish what is working, if new goals need to be considered and general progress.</p> <p>Consent to care and treatment – Score 3 Staff complete MCA training as part of their induction. Yearly updates are in place.</p> <p>Further discussions around capacity and consent are discussed in staff meetings and supervisions. However, as additional evidence and good practice of monitoring staff awareness, give staff scenarios around capacity, aske them to consider if they feel the person has capacity, unwise decision etc and how this relates to the five principles of MCA. (ER4)</p> <p>All PWS had the required MCA in place that were decision specific. These were being regularly reviewed. Where required DoL’s had been applied for and/or authorised.</p> <ul style="list-style-type: none"> This service scored 75 (out of 100) for this area.
<p>Outcome: This service is considered as 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” “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 Staff were very welcoming when I visited the house.</p> <p>There was a warm and friendly atmosphere throughout.</p> <p>Staff were seen and heard supporting people in a calm and dignified manner.</p> <p>Several daily notes from staff were viewed. There was good evidence recorded of staffs' interactions. However, there needs to be more detail around mood, how have staff communicated with each PWS, what has worked that day, any other observations.</p> <p>Staff may benefit from additional support around record keeping in relation to person-centred care. (CR1)</p> <p>Treating people as individuals – Score 3 Nothing appeared to be too much trouble when supporting people. Staff were enthusiastic and energetic and were quite clearly treating people being supported as an individual. There was also good evidence of how this would be actioned with the relevant support plans.</p> <p>Independence, choice and control – Score 3 People being supported are given choices around their care, interests they wish to pursue and their daily activities.</p> <p>Responding to people's immediate needs – Score 3 Heath need checks are in place and support for staff around the use of the defib will be considered.</p> <p>Workforce wellbeing and enablement – Score 3</p>

KLOE	Regulations	Comments
		<p>Staff are treated as equals and their wellbeing is important. It is recognised that if staff are well supported then they will also work positively with the people they need to support.</p> <p>If any external support is required to support a member of staff, HR would be contacted.</p> <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	Regulation 9: Person Centred Care Regulation 12: Providing Safe Care and Treatment Regulation 16: Receiving and Acting on Complaints	<p>Person-centred care – Score 3 Several support and PBS plans were viewed. These were very detailed and gave good information to the reader around how support should be delivered in line with communication needs and any risks identified.</p> <p>One PWS had PICA, he liked to break off and chew branches. This was well documented as to how he should be supported outside, any risks around choking and staff understanding around this subject.</p> <p>PBS plans seen were very detailed with lots of details around potential triggers and how support should be offered. These were all written by the PBS lead in conjunction with staff supporting the person. Comprehensive reviews were in place.</p> <p>There was good detail within medical health plans. For example, the risk of constipation, chest infections and how these may link in with mood and any changes in behaviours.</p> <p>Summary reports were in place for all people being supported, these were updated on a regular basis to ensure all information was accurate and up to date.</p> <p>Care provision, integration, and continuity – Score 3 There was evidence of good integration with community services and care provision. Any concerns were raised if required to the appropriate provider. The service was a good advocate for the people it supported.</p> <p>Listening to and involving people – Score 3 There was an easy read document in place for ‘how to raise a concern’.</p>

KLOE	Regulations	Comments
		<p>As part of Duty of Candour, ensure that all relatives and relevant parties of people being supported are periodically reminded of the complaints process, if they have any concerns that these are raised with the Registered Manager. (RR1)</p> <p>Equally ensure that feedback is sought from fellow professionals such as the visiting osteopath as this is an important element of the CQC New Inspection Framework.</p> <p>Equity in access – Score 3 All people being supported have the required health checks and/or referrals to external professionals where required to ensure a holistic approach to their care.</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 Planning for the future and end of life care is considered. For example, one PWS in their plan detailed the difficulties around their wishes if end of life care was required and gave detail around involving others who knew him well.</p> <p>Providing information – Score 3 Information is stored electronically where possible. Information is given to people being supported in an 'easy read format' if required. Staff will then discuss certain elements with them. Ensure all staff are aware of what accessible information standards are and the five principles. This can be discussed in handovers, supervisions and staff meetings. (RR2)</p> <ul style="list-style-type: none"> This service scored 75 (out of 100) for this area.

KLOE	Regulations	Comments
<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 The Registered Manager and Deputy are cohesive in the way they work, the requirements of staff in relation to the support they give to people within the house and their overall quality of life.</p> <p>There was a very open culture, with the views of all being important and everything is achievable with the right support and vision.</p> <p>Capable, compassionate and inclusive leaders – Score 3 The management team are very visible. In addition, the Deputy Manager works a later shift each day that offers support for staff and PWS.</p> <p>Walk rounds were in place that included direct observations around how people were being supported in line with their support plan and risk assessments.</p> <p>Out of hours visits were completed by the Registered Manager to monitor and support the house, the PWS and staff.</p> <p>Freedom to speak up – Score 3 Staff meetings are held on a monthly basis. There was a comprehensive agenda that included Incidents, safeguarding's/debriefs, medication, training, Quality and Risk, Health and Safety, CQC compliance and audits and staff wellbeing.</p> <p>Night-staff meetings were also in place to ensure all were communicated with and were aware of any issues within the house, PWS, expectations and any support they also required as part of the night team.</p> <p>Staff surveys were being completed.</p>

KLOE	Regulations	Comments
		<p>Relatives have regular discussions with the management team as required and there was also evidence of completion of surveys. 5 had been returned and rated staff as very professional.</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 Each area of the service is audited on a regular basis. The majority are completed by the Registered Manager and Deputy. Feedback of these audits is given in the staff meetings.</p> <p>These were generally completed by the Registered Manager and Deputy.</p> <p>In addition, there was a quarterly audit for support plans and risk assessments seen.</p> <p>There was evidence of discussion in staff meetings of these.</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 is always looking to improve ways of working with PWS, best practice and evidence of how PWS are at the centre of everything.</p> <p>Environmental sustainability – sustainable development – Score 3</p>

KLOE	Regulations	Comments
		<p>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"> 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> <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 huddles with reference to accident and incident differentiation						
SR2	Apixaban risk assessment						
SR3	Boxed TV risk assessment						
SR4	Maintenance requests						
SR5	Defib use						
SR6	Use of the blue chairs						
SR7	Hardcopy PWS folder						
SR8	How I like to take my medication						

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	Osteopath visits recorded						
ER2	Oliver McGowan training						
ER3	Goal Setting						
ER4	Staff scenarios MCA						

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	Record keeping skills						

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	Relatives and complaints awareness						
RR2	Accessible information standards						

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
	NO RECCOMENDATIONS MADE						