



AUDIT REPORT

Glebelands

Date of Visit: 9th & 10th December 2024

Private & Confidential
SRG CARE CONSULTANCY LIMITED

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Service Name: Glebelands

Provider: Liaise Ltd

Address of Service: 14 Wallis Road Fair Fields Basingstoke Hampshire RG21 3DN

Date of Last CQC Inspection: 26th October 2017

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		69 (out of 100)
Is the service Effective?	Good		71 (out of 100)
Is the service caring?	Good		75 (out of 100)
Is the service responsive?	Good		64 (out of 100)
Is the service well-led?	Good		72 (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 9th and 10th December 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, Activities Co-Ordinator, discussions with staff, discussions with people who use the service, a tour of the building and review of key documentation.

SUMMARY OF OUTCOME

Glebelands is registered with CQC and provides accommodation for persons who require nursing or personal care. It's category of registration is a Residential Care Home and has specialisms/services in Autism Caring for adults under 65yrs, Learning disabilities and Physical disabilities. The service provides accommodation for up to 4 residents, of which are supported in a one level building with a choice of communal rooms where people were able to socialise, own bedrooms and 3 outside garden/patio areas. At the time of this audit the home had an occupancy of 4 residents.

All of the people who live at **Glebelands** have communication difficulties and/or cognitive impairments; therefore, we observed some interactions between staff and residents to ensure they were comfortable with the support/engagement that they were having. We read care plans for all four people, we checked five staff recruitment 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, Health & Safety and Fire related documentation.

Glebelands have the Blyssful Software available for all service user information. Staff input daily occurrences via iPads such as nutrition, personal care and support provided. Support Plans were seen in service user files on Blyssful. **Glebelands** currently use the Radar system for staffing records and the Your

Hippo platform for e-learning that staff complete. Radar Healthcare system is used for any Accident/Incident recording, to record dates of supervisions and details of survey responses.

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 2 Accidents and Incidents are completed via the 'Radar system'. There was also evidence seen of monthly audits being completed by the Registered Manager.</p> <p>Team meetings are now in place and are monthly, evidence was seen of these taking place every month over the last 5 months. Additional team meetings were evidenced as now being held for specific purpose such as to revisit a recent service user incident in August to identify learning from the incident and give an opportunity to share best practice knowledge with each other around the individual resident involved. There were some delays/not recorded actions in one example shown, initial meeting decision was made to have a specific team meeting for service user and incident debrief, during this meeting an action was identified for staff working with the service user to read the risk assessments, there was no date when action was to take place and no one allocated to oversee that this had taken place and check learning from it. (SR1)</p> <p>Logs were in place of compliments and complaints. All staff spoken to during the inspection expressed a keen enthusiasm for learning from each other as colleagues and a passion to increase their own knowledge and understanding from company training to better support their service users.</p> <p>The staff team understood safeguarding and were confident in how to report concerns and keep people safe. Safe staffing levels were in place for the service need, safe recruitment records were evidenced and DBS checks evidenced. The Registered Manager was not sure of the process or how often DBS's were renewed/rechecked as the HR department managed this and she receives emails of when they are due, there was evidence of rechecks on the system.</p> <p>Training matrix was evidenced, one staff member was shown as out of date training the Registered Manager was sure it had been completed and system was not correct. Health and safety of the service was monitored, and safety checks were in place as completed.</p>

KLOE	Applicable Regulations	Comments
		<p>Safe systems, pathways and transitions – Score 3 All residents admitted into the home have been living here for a number of years, no initial assessments were able to be evidenced during inspection, the Registered Manager advised this is due to being such a long time ago under different computer systems. Full support plans are completed that indicates the level of support they require and supporting risk assessments. Paper copies of risk assessments are also kept in the home itself so staff can check the risk assessments against any activities taking place that day.</p> <p>Historical medical information is kept for their time being in the home, that supports their current and future care requirements. No DNAR information or palliative/end of life information is documented. There is a log on the system that states the attached document is in place for care of the resident for palliative and end of life detail, however it does not address this within the document itself, it does document information on what is to happen after death, and to the persons' belongings but not how to be cared for palliatively or any specifics for end of life. (SR2)</p> <p>Safeguarding – Score 3 Evidence was seen on resident files of support plans, risk assessments and that staff understood how to assess, monitor and mitigate risks to individuals to help keep them safe. People's support plans contained detailed guidance around communication and behavioural support. These included strategies to support people to manage their anxieties and guidance for staff to follow to de-escalate situations and reduce risk further.</p> <p>Safeguarding and CQC notifications were evidenced and the Registered Manager felt relationships with the local authority teams were very good.</p> <p>Involving people to manage risks – Score 3</p>

KLOE	Applicable Regulations	Comments
		<p>Evidence of assessments, reviews, best interest meetings involving family members and other professionals to manage risk, understanding of Mental Capacity, People's human rights, and Deprivation of Liberty Safeguards (DoLS) (Liberty Protection Safeguards) were evidenced.</p> <p>Evidenced during the inspection with individual FL, were persistent calls to supporting professionals and family, in the best interest of the individual to bring forward an appointment from February to this week successfully.</p> <p>Safe environments – Score 3 The external doors were locked with keypads also in place to external areas, between all communal areas there were no barriers to access.</p> <p>We were shown around the home by the Registered Manager who showed us rooms that had been bedrooms and shared areas, and the current work being undertaken by the staff team in the garden areas to get a planting and patio area in place for residents.</p> <p>The Registered Manager is completing weekly fire alarm checks, the checks are recorded on QUOODA system which gives reminders to the Registered Manager of safety checks required regularly such as fire drills and window safety locks. The Registered Manager sends information using WhatsApp messages to a Support Worker on shift with the reminder that a check is due to be completed. The Support Workers usually complete these safety checks during shift and record on the iPad using the Registered Managers log in to QUOODA system. (SR3)</p> <p>Safe and effective staffing – Score 3 Sufficient staff were available to meet people's needs. Staff were available to support people without being rushed. They were responsive to people's requests and were able to spend time on an individual basis to support them with their personal care or daily activities'. The Registered Manager told us that</p>

KLOE	Applicable Regulations	Comments
		<p>there are currently 20 full time (42 hours per week) permanent workers and 4 bank workers which is over staffed for the service need.</p> <p>All the people living at the service required staff support when leaving the home; staffing had been arranged to enable them to access their regular programme of activities in the community. The Registered Manager advised the team was made up from 3 Team Leaders, 12 Senior Support Workers and 5 Support Workers. A Team Leader or Senior Support Worker is present every shift due to their knowledge and experience working long term with the residents to be able to direct and support other Support Workers. One Support Worker spoken to during inspection advised they had worked at Glebelands for just over a year and only recently feel comfortable in their own knowledge level with each resident to be able to support confidently.</p> <p>The Registered Manager completes rotas 2 weeks in advance, evidence was seen of rota system and current planning taking place for 1st week of January rotas. The rota system has failsafe's in place that prevent a worker being allocated any work over their designated hours per week or days after nightshifts, the Registered Manager cannot override these, any override requests have to be submitted to finance team to authorise.</p> <p>Infection prevention and control – Score 3 Staff were evidenced on the training matrix as trained in infection control. There was PPE available for staff use around the home and a separate handwashing sink in the kitchen.</p> <p>Staff were observed handwashing prior to tasks, using PPE and disposing of it appropriately and using correctly coloured chopping boards during inspection.</p> <p>Medicines optimisation – Score 2</p>

KLOE	Applicable Regulations	Comments
		<p>Safe medication practice was evidenced, medication profiles were in place, manual records were evidenced and observation of safe staff practice seen during inspection. Staff training records were evidenced for medication.</p> <p>However, there is duplicate recording of medication administration also taking place on the Blyssful system, which is not consistent, some boxes were left blank, dates are missing. (SR4)</p> <p>Residents have a 6 monthly GP review, a 12 monthly psychiatric review, and a neurology review every 2 years. The professionals are accessible 7 days a week to be able to discuss any medication concerns and seek advice from. No external pharmacy audit takes place, all medication is in blister packs and kept locked away and keys are secured within a key safe.</p> <ul style="list-style-type: none"> This service scored 69 (out of 100) for this area.
<p>Outcome: The 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	Regulation 9: Person Centred Care	<p>Assessing needs – Score 3 All residents have a support plan on the Blyssful system that includes, support required, all ‘About me’ section that details likes, dislikes, what worries or upsets me, how I communicate, who I like working with me, how pain is expressed and any contact and key workers. Although Key worker is listed there were no key workers allocated to residents on the system. (ER1)</p> <p>The system has icons on the screen that identify important health information such as allergies, conditions, impairments or any fluid and food monitoring. Risk Assessments were on the system for all support tasks and activities along with the environments these take place in. Staff demonstrated how they use this information during inspection.</p> <p>Delivering evidence-based care and treatment – Score 2 The Registered Manager advised that there was no set dates/timing for reviews of support plans and that risk assessments were being reviewed all the time and took place as and when required, but in general they would be 6 monthly reviews. Although there were no set dates being planned and organised, the Blyssful system did evidence the current support plan, and all review dates each time it has been updated previously which evidenced a regular review pattern and risk assessments checked during inspection had review dates which were all within the last 3 months.</p> <p>Resident SE has a communication passport that was not reviewed at any point when the support plan or risk assessment was, it is a very detailed document, however page 5 has an overlap of pages so the information is not fully legible and the Managers name is not the current Registered Manager, document dated as signed off in 11.11.2022 therefore has not been reviewed since this date. (ER2) Ensure there are clear yearly plans for all reviews, and evidence of all stakeholders being liaised with in planning these dates, all documents relating to resident are reviewed.</p> <p>How staff, teams and services work together – Score 3</p>
	Regulation 11: The need for Consent	
	Regulation 12: Providing Safe Care and Treatment	
	Regulation 14: Meeting Nutrition and Hydration Needs	
	Regulation 15: Premises and Equipment.	
	Regulation 17: Good Governance	
	Regulation 19: Staffing	

KLOE	Regulations	Comments
		<p>All staff are required to complete their mandatory training. However, the Registered Manager made clear that this has been an area of concern as some staff had not completed induction fully to her standard and the service were having to revisit these records.</p> <p>Mandatory training is a mixture of 90% e-learning via 'Your Hippo' and face to face training that includes PROACT-SCIPr. The in-person training is ordinarily delivered in house by the Positive Support Practitioner Lead; however, the Lead has recently gone on maternity leave. There is a replacement Lead coming into post to cover the maternity absence soon.</p> <p>Staff communicate across shifts via handovers on the Blyssful system, these are not detailed handovers and often do not include information of person-centred information on individuals referred to in more details during the Responsive section. (ER3)</p> <p>Supporting people to live healthier lives – Score 3 The Registered Manager spoke of a great example of one resident being worked with successfully to improve foot health. Resident's would go for months without letting anyone cut their nails, through trial and error of different approaches from the staff team, a method for a calm way to cut nails and reward afterwards was established successfully, however no evidence was recorded of this development journey and outcome, other than one unlabelled photograph of a resident having nails cut.</p> <p>One resident is being supported to develop healthier eating habits and regular exercise regime, staff stated during inspection this resident had so far a successful weight loss of 98kg. Daily activities are supported with to use exercise machines within the home.</p> <p>There is a Dentist call every Wednesday for discussion on any resident issues.</p> <p>There is a garden project of digging out beds to plant food and flowers currently in progress at the home.</p>

KLOE	Regulations	Comments
		<p>Holistic approaches are also in place such as an external professional regularly attending to provide aromatherapy and massage to individuals.</p> <p>All domestic records were evidenced of cleaning schedules, daily fridge checks, weekly probe thermometer checks, weekly meal menus were varied with also a pictorial version of menus. Fridge and kitchen checks and audits of deep cleans were in place, infection control audits were evidenced. COSHH cupboard was in place and locked, a record of all product information and safety sheets with risk assessments were in place. The kitchen area itself shows signs of wear and tear on the walls and skirting, the Registered Manager stated they are intending to repaint.</p> <p>Monitoring and improving outcomes – Score 3 A staff member talked the inspector through a custom wall board up on the wall within the home which gave details of each individuals goals where staff could add ongoing information to support outcomes being achieved such as daily/weekly activities. The Blyssful system has on individual files the individuals' goals that have been identified for short, medium and long term and a scrollbar showing how close they are to achieving the goal. One individual was observed achieving one of their goals of being able to put shopping away in the kitchen during the inspection.</p> <p>Questionnaires were sent out to family members for feedback on 5th November which 3 out of 4 families had responded to. Questionnaires are completed by staff members on behalf of the service users, the questions on questionnaires had answers that each service user was unable to communicate the answers to themselves, so staff had written answers in assuming from behaviours. Questionnaires are sent out to staff members also which are evidence on the RADAR System,</p> <p>Consent to care and treatment – Score 3 Staff and the Registered Manager were familiar of the behaviours of each individual in detail, such as facial and body language cues that indicated yes or no from the individual to check consent, other tools such as pictures were used to check consent and make decisions between different options for activities and foods.</p>

KLOE	Regulations	Comments
		<p>Best interest meetings and decisions were evidenced and reviewed. DoLS authorisations were evidenced, however on the file of SE on the Actions section recorded on system, the forename of F not S is incorrectly recorded. (ER4)</p> <ul style="list-style-type: none"> This service scored 71 (out of 100) for this area.
<p>Outcome: 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”</p> <p>“Characteristics of services the CQC would rate as ‘Good’ in this area are those displaying evidence that people’s outcomes and feedback about the effectiveness of the service describes it as consistently good”.</p> <p>SRG RATING: GOOD</p>		

KLOE	Regulations	Comments
Caring	Regulation 9: Person-centred care Regulation 10: Dignity and respect	<p>Kindness, compassion and dignity – Score 3 Observations during inspection evidenced caring support being provided by the staff team and Registered Manager. Some Senior staff had worked with people over many years to know them well and understand their needs, behaviours, triggers and preferences in detail. This knowledge was happily shared with pride with others. All staff observed with individuals demonstrated kindness, compassion and dignity, staff spoke proudly of their roles and relationships with individuals in their care, individuals were relaxed in the company of their staff. Families spoken to during inspection felt the staff were very good with their relatives and were happy with the treatment they received.</p> <p>All staff were friendly, kind and welcoming to inspector during inspection days.</p> <p>There were no champions within the staff team, the Registered Manager advised there is a champion for each home in the company that takes staff concerns to a wider meeting, however no champions for dignity, infection control, or any specialisms within the home. (CR1)</p> <p>Treating people as individuals – Score 3 The individuals were observed being treated as individuals and staff ensuring their care and support needs were met, promoting independence as much as able.</p> <p>Staff and the Registered Manager were familiar with the likes and dislikes and behaviours of each individual, their individual living areas were personalised to them and they were supported as individuals with different plans, goals and activities.</p> <p>Independence, choice and control – Score 3 Staff were seen supporting people to be independent during the inspection, with drinks, with mobility and supporting them with various activities. They had a choice with support around personal care, if they wanted to be social or in private space, if they wanted to participate in activities or not. Choice was checked by verbal and behavioural ques along with pictures to make decisions from.</p>

KLOE	Regulations	Comments
		<p>Responding to people's immediate needs – Score 3 If needs change then these are reflected in support plans and risk assessments. This would be in the main due to a deterioration in health or additional needs being identified.</p> <p>Staff were responsive to people's needs in the moment and were observed during the inspection acting immediately to minimise any discomfort, concern or distress.</p> <p>Activities varied dependent on mood of the individual each day, but staff were prepared with a variety of activities to support responsively. Staff spoken to were happy to change round their day tasks to support colleagues to ensure the individual was able to be supported in the best way possible.</p> <p>There were communication aids throughout the property to support individual's communication and provide reassurance as and when needed.</p> <p>Workforce wellbeing and enablement – Score 3 Staff spoken to during inspection felt cared for and valued. Staff have a separate staff room that can be used, staff are happy to stay in the home environment for their 30 min breaks, during 12hr shifts.</p> <p>Blue light card, Care First – Free counselling and Recognition in the Above and Beyond Award – where the Manager nominates with reason of why they go above and beyond, winner receives voucher and card and thank you from exec team, photo taken and sent to internal magazine to publish. Are all ways the company shows staff they are valued.</p> <p>The Registered Manager advised of one staff member having specific cultural and religious needs of being able to have prayer time during shift a space is made available in the staff room or in the space at the back of the Managers office for this. During fasting times, the Registered Manager ensures the staff member has no physical activities after 12 on their rota to prevent fatigue and ensure the safety of staff and resident.</p>

KLOE	Regulations	Comments
		<p>Staff are given regular individual supervision, the Registered Manager advised the Team Leads provide 1-2-1 supervisions every 12 weeks with each staff member, the Registered Manager undertakes 1-2-1's as and when required such as if notices something that needs to be addressed.</p> <p>Team meetings are also held monthly, these cover items such as any general issues, reminders of medication, 6 R's, goals updates, staff understanding of MCA, whistleblowing and KLOE's.</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	<p>Regulation 9: Person Centred Care</p> <p>Regulation 12: Providing Safe Care and Treatment</p> <p>Regulation 16: Receiving and Acting on Complaints</p>	<p>Person-centred care – Score 2 Communication of daily notes and handover information between the team documented on the Blyssful system on all files were not descriptive, being very brief and not individualised, for example the file of SE. Some assistance from staff this morning with personal care, but no mention of which parts the resident did for themselves, which they didn't, if there was any reason behind this or 'needed full assistance' no detail on why, what this was due to at that time.</p> <p>Bathing temperature records were not consistently completed, some staff were writing yes in the column others were recording temperature. In the time taken box some staff had written task detail, not time taken for the task.</p> <p>Bowel and fluid monitoring records were not consistent with dates where nothing was recorded. Copy and paste was evident in the night routine recording with x5 staff members making the exact same spelling mistake and using exact same sentence wording.</p> <p>The files of JH & FL had a number of records stating the answer 'no' to did they sleep well, however no further comments were made in notes or handover to detail evening activity/distress that prevented sleep. Some handover notes contradicted the yes and no answers in comments such as 2/12/24 noted 'no' to sleep well and 'yes' to incident & accident however handover information only comment was 'usual support required'. (RR1)</p> <p>Care provision, integration, and continuity – Score 3 Where required external services are sought. Health professionals visit the home to support with requirements if individuals are unable to attend medical settings. The Registered Manager has dialogue and positive relationships with local authority teams of mental health teams and social workers.</p> <p>The service has a positive relationship with MENCAP where staff support people to attend allotments to pick veg and grow things once a week.</p>

KLOE	Regulations	Comments
		<p>Listening to and involving people – Score 2 Regular staff meetings were in place to share ideas, information and also include training themes once the Positive Support Lead was in post.</p> <p>Staff were also asked for feedback via a staff survey The Registered Manager informed us they wish to look at devising different types of surveys and possibly a suggestions box within the home for staff to drop notes in.</p> <p>Questionnaires are completed by staff members on behalf of the service users, the questions on questionnaires had answers that each service user was unable to communicate the answers to themselves, so staff had written answers in assuming from behaviours.</p> <p>No feedback was sought from other professionals liaised with regularly. (RR2)</p> <p>Equity in access – Score 3 There are no barriers to accessing any areas within the service. All individuals receive equal experience in support to access external professionals where required. Championing of an individual's dental health needs with health professionals and other organisations was observed during inspection.</p> <p>Equity in experiences and outcomes – Score 3 All individuals receive equal experiences that will be reflected in outcomes and evaluations of support plans.</p> <p>Planning for the future – Score 2 As mentioned previously above, discussed with the Registered Manager there is no DNAR information or palliative/end of life information documented. There is a log on the system that states the attached document is in place for care of the resident for palliative and end of life detail, however it does not address this within the document itself. It does document information on what is to happen after death,</p>

KLOE	Regulations	Comments
		<p>and to the persons' belongings but not how to be cared for palliatively or any specifics for end of life. (RR3)</p> <p>Providing information – Score 3 The majority of resident information is stored electronically. The service ensures that all information possible is provided in other formats to support individuals to understand and communicate with, in line with the accessible information standards.</p> <ul style="list-style-type: none"> This service scored 64 (out of 100) for this area.
<p>Outcome: The service is considered as Responsive. Responsive is defined by the CQC as meaning “that the service meets people's needs”.</p> <p>“Characteristics of services the CQC would rate as ‘Good’, are those that people’s needs are met through the way services are organised and delivered”.</p> <p>SRG RATING: GOOD</p>		

KLOE	Regulations	Comments
Well led	Regulation 12: Providing Safe Care and Treatment Regulation 17: Good governance / Record Keeping Regulation 19 - Fit and Proper persons employed	<p>Shared direction and culture – Score 3 The Registered Manager has only been in post 8 months. She stated the company values as the 3 P's, Personal, Progressive and Positive and related these to her specific service in the way goals and outcomes are identified with individuals and their support needs detailed. The Registered Manager felt that although she is unfamiliar with Senior Managers/Directors since the company changed, she had great relationships with her direct Operations Manager and a good peer support network of other Managers and Deputy Managers in the South area.</p> <p>At least 3 times a week the Operations Manager is on site to support the Registered Manager.</p> <p>Capable, compassionate and inclusive leaders – Score 3 Observed during inspection, the Registered Manager was actively involved with service user support.</p> <p>Staff spoken to during inspection spoke highly of the Managers, one staff member felt the Registered Manager was the example of 'well-led' was always there to support with you and ask questions at any time.</p> <p>Inclusivity and capability will be further evidenced by staff feedback and service monitoring.</p> <p>Ensure that they are regularly asked for their feedback around this via surveys which can be anonymous, during staff meetings etc. (WR1)</p> <p>Freedom to speak up – Score 3 All staff stated the management team were supportive and always present to support them. All staff spoken to were comfortable speaking to management with concerns or support requests and felt cared</p>

KLOE	Regulations	Comments
		<p>for. They were confident knowing that if they felt the need to, they would speak to CQC without fear of reprisal.</p> <p>Workforce equality, diversity and inclusion – Score 3</p> <p>Staff are recruited from many backgrounds and cultures. Policies and procedures are in place that are regularly reviewed and support this.</p> <p>Governance, management and sustainability – Score 3</p> <p>Responsible Individual visits are completed by the Operations Manager and a report completed and any actions required, this is shared with the Registered Manager.</p> <p>In addition, there were various walk round audits being completed each month by the Registered Manager. However, some audits did not highlight and address poor practice such as the report sent to Registered Manager from another Deputy Manager that audits all activity on individuals file to create a report for the family to be emailed from the Registered Manager. As discussed with Registered Manager this report seen did not highlight that baths had not been given or that no reasons were recorded as to why they didn't take place or any required actions the service had taken. A review of the contents of this report and use should be considered. Furthermore, there was not enough evidence that these audits were shared with staff and that they understood why there was a need for these to be completed. For good practice going forward audits discussed should be referenced alongside the relevant KLOE and Health and Social Care Act 2008(Regulated Activities) Regulations 2014 with attention to the 'new inspection framework (WR2).</p>

KLOE	Regulations	Comments
		<p>Other monthly audits documented areas of concern and the actions up to resolution such as the kitchen floor needing urgent attention which was actioned to ensure safety of people living within the home.</p> <p>Partnerships and communities – Score 3 There are plans to have events in the summer to give a more community feel to the home, invite family and professionals into new garden and BBQ area for positive relationships and seek feedback.</p> <p>As previously mentioned, the relationship with local community allotments.</p> <p>Learning, improving and innovation – Score 3 The home has a new Registered Manager, whose focus is to continue to look at support standards, innovations and the required improvements to ensure best practice. Further evidence of this will be sought via the information sought from various stakeholders. The Registered Manager struggled to find information on different systems throughout the inspection, on day 2 they were contacting a colleague for support to find staff records. System use learning would be beneficial to ease daily management. (WR3)</p> <p>Staff are encouraged to continually develop by the Registered Manager, with additional training and qualifications. The Registered Manager is currently undertaking a management development programme to self-develop. The Registered Manager undertakes positive observations, where staff are praised for good practice during observation of support.</p> <p>Environmental sustainability – sustainable development – Score 2 The Registered Manager was not aware of any environmental sustainability policy or process, there are recycling bins available and all in the service are encouraged to recycle. The majority of service records are electronic however some are duplicated with paper records. (WR4)</p>

KLOE	Regulations	Comments
		<ul style="list-style-type: none"> This service scored 72 (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	Clear action deadlines and allocated Senior/Team Lead/Manager follow up actions						
SR2	Future planning to include palliative and end of life information.						
SR3	Ensure staff members have individual log ins access to system for data safety recording.						
SR4	Ensure paper records and system records match or one system is removed to prevent duplication errors						

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	Allocate key worker to each individual						
ER2	Ensure all documents are reviewed						
ER3	Handover information to be detailed and person specific detail added in notes.						
ER4	Ensure correct information on records.						

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	Champions (or leads) within subject areas in service.						

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	Detailed person centred recording on files						
RR2	Service feedback						
RR3	Future planning detail						

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	Staff feedback						
WR2	Activity audit detail and actions						
WR3	System training						
WR4	Company environment sustainability awareness						