



AUDIT REPORT

KENNET WAY

Date of Visit: 10th and 11th February 2025

SRG Care Consultancy Limited

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Service Name: Kennet Way

Provider: Liaise Ltd

Address of Service: 3-5 Kennet Way, Oakley, Basingstoke, Hampshire, RG23 7AP

Date of Last CQC Inspection: 9th January 2020

Ratings

CQC's Overall Rating for this Service:






Good



SRG's Overall Rating for this Service:

Good



Key Questions	Rating	Overall Score
Safe	Good 	63 (out of 100)
Effective	Good 	70 (out of 100)
Caring	Good 	75 (out of 100)
Responsive	Good 	75 (out of 100)
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:

- 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 10th & 11th February 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, 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 support 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 3 people across 2 bungalows that are living with a range of mental health, Learning Disability, Autism and Acquired Brain Injury. 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, bathroom cleanliness was discussed with the Registered Manager. 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.

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. Activities were varied, staff responded promptly to people's needs, and both people and their families were 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 not always explored.

Governance systems were in place, and identified actions were completed. However, audits had failed to identify the uncleanliness observed in the bathroom room during the inspection. 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, *"It is by far the best place that my daughter has lived in"*.

Both people and their relatives noted that the staff were kind, respectful, and upheld their dignity. One person shared, *"The staff are lovely, friendly, and very nice."* While some activities were available, participation varied, with one individual stating, *"They take her out keep her gainfully occupied, we are very happy with the care she receives"*.

People and their relatives felt comfortable raising concerns and confident that any issues would be addressed promptly. One relative mentioned, *"If I do raise anything they do respond quickly"*.

For people unable to directly share their experiences, observations during the assessment were used to evaluate the quality of care. On the first day, staff sought consent before entering rooms and providing support and were consistently engaging in conversation while doing so.

Both people and their relatives described the staff as caring and attentive. One person stated, *"I am always very happy with them, it is the best place he has been in since school it is a big relief for us."* Visiting professionals also shared positive feedback about the staff team and the support they delivered. People were familiar with staff and leadership, with one individual commenting, *"communication is good on site, feedback to staff and managers is easy, they are always friendly, supportive and smiley"*.

An external health visitor left written feedback *"it shows great diligence in having all staff trained in Insulin administration and then have them annually re-assessed. I work with a number of care facilities in the Basingstoke area and no other one makes the same effort to do this"*.

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>There is a culture of safety and learning within the service. Accidents and incidents are recorded on the electronic system RADAR, relevant details of the incident itself and action taken.</p> <p>Any follow up actions of any reporting, meetings, lessons learned are recorded in the system workflow.</p> <p>Lessons learnt are identified and shared with the staff team during meetings. There was evidence to support that staff obtained healthcare professional advice and/or assistance when required. The Manager investigates, reviews, and analyses the reports. Risk assessments and care plans were updated in accordance with the findings and equipment provided if a need was identified.</p> <p>The Registered Manager, Deputy and staff team were responsive to feedback. Staff explained they wanted to learn and get things right.</p> <p>All staff had practical competency checks undertaken by the Registered Manager, Deputy or Shift Leader to ensure good practice is embedded.</p> <p>Transparency was demonstrated by previous ratings and inspection information being on display. Evidence was seen of risks being explored and external professionals approached for support and learning to reduce harm, learn and improve.</p> <p>Trend and monitoring information is collated in all areas for continual learning and improvement.</p> <p>Safe systems, pathways and transitions – Score 3</p> <p>People had lived at the service a number of years, assessments and support plans are in place.</p> <p>Kennet Way works with people and professionals to establish and maintain safe systems of care, in which safety is managed, monitored and assured.</p>

Key Question	Applicable Regulations	Quality Statements and Comments
		<p>Evidence was seen of health passports and PEEPs ready to ensure continuity of care in health or emergency requirements.</p> <p>Safeguarding – Score 3 There was evidence that safeguarding issues had been identified and reported as required.</p> <p>The service work with people to understand what being safe means to them as well as with any relevant professionals on the best way to achieve this. Detailed information was seen recorded on people's electronic records.</p> <p>All employees are allocated safeguarding adults and children training, evidence on staff files of training completed was seen during inspection.</p> <p>We spoke with some of the support workers during the visit, and they were able to demonstrate understanding of safeguarding and actions to take if they had any concerns. They were knowledgeable on what procedures to follow, and said that they felt confident in speaking about any worries they had.</p> <p>Individuals observed were evidently comfortable with the staff supporting them and staff were seen to be providing safe and person-centred care.</p> <p>Staff spoken to were aware of what constituted a safeguarding, and the reporting process should they suspect neglect or abuse of an individual they support.</p> <p>Involving people to manage risks – Score 2 Assessments had been completed to identify risks to people's health and wellbeing for example, oral health, nutrition, choking, continence. Risk specific to the person were also identified for example the increased risk of fracture to a person with osteoporosis. Risk assessments contained information on how</p>

Key Question	Applicable Regulations	Quality Statements and Comments
		<p>staff needed to act to mitigate the risks identified. Where possible people were actively encouraged and involved in personal risk management. Positive interactions between people and staff were observed.</p> <p>Evidence was seen within the files of individuals of how the service works with them to create a support plan to enable them to live as independent life as possible, supporting outings and activities in the safest way without restricting individuals. About Me profiles and support plans detailed what is important to the individual. Outcomes are recorded with details of how the individual wants to achieve their goals, what support is required to do so, and a risk assessment takes place.</p> <p>Positive Behaviour Support plans are on each person's file with detail of the individuals' triggers, behaviours and de-escalation techniques.</p> <p>Staff were observed supporting one individual to reposition from a chair. There was an underarm grab used. The staff team do not have people moving and handling training nor were there any safe methods in place to support safely for this individual. (SR1)</p> <p>People and staff are encouraged and supported to raise concerns, staff spoken to felt confident that they will be treated with compassion and understanding, and won't be blamed, or treated negatively if they do so. Posters were around the service encouraging people to speak out.</p> <p>MCA assessment and DoLS applications had ongoing reviews, which were evidenced on files. Where these were ongoing referrals, there was evidence of these being chased monthly. Employees asked during the Inspection had a clear understanding of mental capacity, the Deprivation of Liberty Safeguards (DoLS) and best interest decisions.</p> <p>We saw evidence that risk assessments and plans were reviewed, however, we saw there were body maps with review dates that were overdue. The Registered Manager advised they had been observing and evidenced comments in the staff recordings however review date needed to be closed off. (SR2)</p>

Key Question	Applicable Regulations	Quality Statements and Comments
		<p>Safe environments – Score 2</p> <p>There were home environmental risk assessments in place.</p> <p>There was evidence that daily, weekly and monthly maintenance checks had been completed by internal staff or relevant contractors.</p> <p>The home was clean, and the Registered Manager evidenced the improvement, repairs and requested remodelling plans submitted to the maintenance team for areas such as bathroom and toilet refurbishment and expansion, wardrobe décor replacement, storage replacement and external staff room at number 3. Hallway cupboard to be removed to give more room in the corridor, the garden to have a decking area and garden walkway replacement in number 5 and general painting throughout.</p> <p>Although cleaning was taking place, there was a shower plug hole at number 5 that had hair and dirt coming out of it and wet wipe packs being stored on top of radiator covers were imprinting ink onto the white painted service on day 1, this remained the same on day 2 of inspection. (SR3)</p> <p>A light did not work in one bedroom which the Registered Manager reported straight away on day 1 of inspection. On day 2 of inspection a maintenance team member attended to repair the light.</p> <p>People had Person Emergency Evacuation Plans (PEEPs) in place, with individual risks RAG rated and actions highlighted such as one individual who uses emollients.</p> <p>The training matrix confirmed that staff should have fire drill and fire marshall training, however a number of these were out of date. The Deputy Manager explained all staff were originally training in both however a decision was made that not all staff would be fire marshalls so only Shift Leaders, Deputy Managers and Registered Managers continue to be trained. The matrix evidenced that Shift Leaders and Managers training were out of date. (SR4)</p>

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		<p>Records showed that checks of fire safety checks had been completed. Fire exit signs were in place throughout the home.</p> <p>Chemicals were stored in locked cupboards. Up to date Control of Substance Hazardous to Health (COSHH) data sheets and risk assessments were available for staff.</p> <p>Training records evidenced staff all received Control of substances hazardous to health training (COSHH).</p> <p>Personal Protective equipment was available throughout the home for staff to use.</p> <p>Safe and effective staffing – Score 3</p> <p>The service make sure there is a qualified, skilled and experienced staff team, who receive effective support, supervision and development.</p> <p>They work together effectively to provide safe care that meets peoples individual needs. Evidence was seen within staff files that there are robust and safe recruitment practices in place to make sure that all staff, including agency staff, are suitably experienced, competent and able to carry out their role.</p> <p>All staff files checked had an application, interview, proof of ID and right to work checks on file. DBS checks had been undertaken on all staff and references had been received. Where documentation was not in place due a loss of information during new system uploads, there was an explanation of missing documents and competency of the staff member was in place.</p> <p>There are appropriate staffing levels and skill mix in Kennet Way to make sure people receive consistently safe, good quality care that meets their needs.</p>

Key Question	Applicable Regulations	Quality Statements and Comments
		<p>Staff receive training appropriate and relevant to their role, and are offered opportunity to undertake formal qualifications for further continuing professional development. Both the Deputy Manager and Registered Manager were in progress of completing their Level 5 qualifications, an assessor was on site during inspection with support workers completing their level 2 qualifications.</p> <p>Staff files checked evidenced supervision taking place every 3 months and appraisals in place. The training matrix evidenced a high level of compliance of completed training, however a number of training modules were out of date for some staff including the Deputy Manager, this was discussed with the Registered Manager who advised of the process to address training reminders within individuals, follow up meetings and letters of concern from HR where required. Evidence was seen of chasers to outstanding staff for training and supervisions where outstanding training is addressed with individuals. The Registered Manager stated he will discuss the fire training compliance with his line manager for guidance. (SR5)</p> <p>Infection prevention and control – Score 2 We saw evidence of assessing and managing the risk of infection.</p> <p>All staff receive training on Infection Prevention and Control and food hygiene.</p> <p>A cleaning schedule was in place and copy of a paper rota was used to identify to staff and management who was responsible for which jobs whilst on shift. There were gaps in recording on the cleaning schedule for the month. (SR6)</p> <p>All communal rooms had wall mounts with PPE available to use. The COSSH cupboard was secure and there was a folder in place of identifiable products labelling and safety sheets. The home and individuals' rooms appeared overall clean, however there was one wall in the corridor next to kitchen door of number 3 that had stains of food/liquids that had run down wall. It had dried and not been cleaned. (SR7)</p>

Key Question	Applicable Regulations	Quality Statements and Comments
		<p>Medicines optimisation – Score 3</p> <p>Evidence was seen that medicines and treatments are safe and meet people's needs, capacities and preferences by enabling them to be involved in planning, including when changes happen.</p> <p>Medication support was observed on two occasions during the inspection and was seen to be safe. The staff members observed were knowledgeable of administration processes. During the second observation, the Deputy Manager was giving guidance to a staff member due to a recent change in the medication process for one individual. Consent was requested prior to each individual being given their medication. The temperature record and any action taken was recorded, and insulin was kept in a secure box within the fridge. A count was undertaken to check medication in the cupboard was correct before administration and open boxes were labelled and dated.</p> <p>There was clear documentation within individual's files, and medication was stored in locked cabinets.</p> <p>Regular health checks were evidenced on files and communication with the GP and any other relevant persons for best interest decisions were documented. Communication with GP was observed during inspection to support one individual with a change in medication. An external matron comes in to do insulin competency with all workers.</p> <p>Medication administration records (MAR) were maintained as hard copy. The recording process was not consistent throughout both 3 and 5 due to the staff in 5 requesting to keep the double signatory process that is not company procedure elsewhere. (SR8)</p> <p>Preference sheets had information on how a person preferred to take their medication and a photograph to aid identification.</p> <p>Medication prescribed on a PRN basis had protocols in place. No medication champion has been identified in the service.</p> <p>The Registered Manager completes a monthly medication audit, action points are recorded with dates of completion</p>

Key Question	Applicable Regulations	Quality Statements and Comments
		<ul style="list-style-type: none"> This service scored 64 (out of 100) for this area.
<p>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.</p> <p>“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”.</p>		

Key Question	Regulations	Quality Statements and Comments
Effective	Regulation 9: Person Centred Care Regulation 11: Need for Consent Regulation 14: Meeting Nutrition and Hydration Needs Regulation 18: Staffing	<p>Assessing needs – Score 3 Peoples needs and outcomes are assessed on entering the service. We saw evidence of assessment of their health, care, wellbeing and communication needs. All residents have a support plan on the Blyssful system which 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 allocated.</p> <p>People’s communication needs are assessed and met to maximise the effectiveness of their care and treatment. People’s needs are assessed using a range of assessment tools to ensure their needs are reflected and understood. For example, pictures of food, drink or activities used to choose from.</p> <p>Peoples care needs are routinely reviewed. There are planned review dates for each person’s support plan which are documented on the electronic system to ensure regular reviews take place.</p> <p>Delivering evidence-based care and treatment – Score 2 Documentation was seen on file around the individuals themselves including information on their daily routines. The information was comprehensive and gave good accounts of their likes and dislikes, preferred patterns of support requirements identifying what is important to the individual and outcomes are set and evidenced on the Blyssful system in long term and medium-term goals to be able to record the smaller steps achieved along the way to the desired outcome.</p> <p>The recording on the system and recording of keyworker meetings does not correlate with the set outcomes to take into account evidencing any steps towards achieving outcomes or when achieved. (ER1)</p> <p>Outcomes related to health and nutrition are evidenced, however as above weight records are not consistent with support plan as to when weight should be checked and recorded all 3 people had missed weeks/months on the system. (ER2)</p>

Key Question	Regulations	Quality Statements and Comments
		<p>An evidence file was started to be put together in the staff room, each individual has their own file, the idea being to record activity and outing information and photographic accounts to support evidencing outcomes taking place and being achieved for the first time. (ER3)</p> <p>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 the Inspection.</p> <p>Inconsistencies throughout the team was evidenced in recording. Recording was more task focussed that person centred detail. During the inspection, we observed one individual being given good choices, the choices being confirmed to ensure correct choice was understood by staff member, the individual asking for support with meal and then prompted to be independent herself, however follow up record of the interaction on the blissful system was not detailed to show the choices given and how choice was made and confirmed, staff discussion and their successful promoting of independence was not included. (ER4)</p> <p>When an injury was sustained following an accident or incident, a body map was completed with a description and size of the wound or skin discoloration, a photograph was taken and all uploaded to the Blyssful system for continued monitoring.</p> <p>How staff, teams and services work together – Score 3 The care team had access to the electronic records of people's risk assessment and care plans. People were supported by staff who understood people's needs and abilities. The Registered Manager advised that there were key workers in place and key worker meetings evidenced this.</p> <p>The Provider worked collaboratively with healthcare professionals. A written record of the visits was made and changes to plans made as necessary. When health and social care professionals visited, any information or instructions provided was recorded.</p> <p>Staff communicate verbally to each other throughout shifts and work collaboratively to support each other when challenging behaviour with individuals is taking place.</p>

Key Question	Regulations	Quality Statements and Comments
		<p>Communication also takes place across shifts via handovers on the Blyssful system. All staff members spoken with advised there is an in person, 15 minute handover between day and night shift to ensure nothing is missed. All staff members can access the same electronic information at any point if they need to appropriately assess, plan and deliver people's care, treatment and support.</p> <p>Supporting people to live healthier lives – Score 3 Evidence was seen of the service supporting people to manage their health and wellbeing so they can maximise their independence, choice and control. As mentioned in the report people are empowered to manage their own health and wellbeing through their outcome objectives. Support is given in ways to enable them to live healthier lives and where possible, reduce their future needs for care and support.</p> <p>Ongoing health checks are documented within peoples files, and individuals attend appointments with health professionals or in some instances Health Care Professionals and external agencies may visit the service for individuals unable to attend the healthcare setting.</p> <p>Choices are given for meals and activity to promote health and wellbeing. Individuals were observed enjoying food and drink. One individual was seen to refuse food due to recent deterioration, and was offered several different options until something was taken to ensure some nutrition rather than none. The GP and family were being communicated with around nutrition and behaviour.</p> <p>One individual had had a restriction removed that previously prevented her from accessing the kitchen and gardens, which was very distressing for her. The team had recognised there are risks around being around medication and cooking appliances where injury may occur and external dangers. The restrictions were amended for the property doors that accessed the garden to be unlocked during day hours for the garden to be accessed whilst the front door out to the main road remains locked. The kitchen door is now left propped open apart from during medication preparation to enable the kitchen to be accessed for choice of snacks and drinks. Previously the individual did not have control over meal preparation where now this enables her to be actively involved in meal preparation with supervision.</p> <p>Regular activities and entertainment was arranged based on individual preferences, with a calendar evidenced of celebration dates such as national popcorn day. People were witnessed to ask for their</p>

Key Question	Regulations	Quality Statements and Comments
		<p>choice of videos to watch. A music therapist was on site during inspection which all people clearly enjoyed being part of the sessions and the sessions and instruments were varied to suit individual choice.</p> <p>People were observed going out to attend activities and told me the activities they enjoyed such as swimming on Fridays, going out in the car to trampolines and going on holiday to a family cottage.</p> <p>Monitoring and improving outcomes – Score 3 Kennet Way use the Blyssful system for care planning. We saw on individual files the individuals supported goals that have been identified for medium and long term. As mentioned previously in report the monitoring of these were not consistent. For example, for an objective of 3 walks per week, there was not sufficient recording in keyworker meetings to advise on how many walks were being achieved and when not what the reasons were to be able to identify any changes required. An individual with an overall outcome of attending a family members concert was having small step outcomes to attend small venues first to build up to main concert. These attempts/successes were not mentioned. (ER5)</p> <p>Questionnaires were sent out to family members for feedback and positive results received.</p> <p>Questionnaires are sent out to staff members also which are evidence on the RADAR System.</p> <p>We spoke with some relatives during inspection who provided positive feedback of the service and were confident their family member was happy and well supported.</p> <p>External professionals visiting the service gave positive feedback on their engagement with the service and team that worked with the individual they worked with.</p> <p>Consent to care and treatment – Score 3 People understand their rights around consent to the care and treatment they are offered. People's views and wishes are taken into account when their care is planned. Communication support is evidenced on files, people's capacity and ability to consent is taken into account, and they, or a person lawfully acting on their behalf, are involved in planning, managing and reviewing their care and treatment.</p>

Key Question	Regulations	Quality Statements and Comments
		<p>During the Inspection, observations were made of asking for consent before entering rooms and checking the individual wanted to undertake activity or task before starting.</p> <p>All team had awareness of MCA. Training was allocated to all staff, the Registered Manager had created a pocket sized reminder card for all staff on MCA. Staff asked during inspection were confident in answering to explain their responsibilities and the requirements in relation to the Mental Capacity Act.</p> <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
Caring	Regulation 9: Person-centred Care Regulation 10: Dignity and Respect	<p>Kindness, compassion and dignity – Score 3 We observed staff interactions with residents during our Inspection, and it was evident that staff treat people in a caring and compassionate way. Individuals were happy for support workers to take part in activities and/or engage with them.</p> <p>Dignity was maintained throughout any support, and consent was always gained and manners used after every request, choices were checked to confirm.</p> <p>Staff spoke about people with kindness and were clearly well aware of their support needs.</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 who is responsible for relaying staffs concerns to a wider meeting, however there are no champions for dignity, infection control, or any specialisms within the home. (CR1)</p> <p>Treating people as individuals – Score 3 Individual support plans and risk assessments were in place. Specific information is completed to ensure all information captured is relevant to the individual only.</p> <p>The Deputy and some support workers were familiar of the behaviours of each individual in detail from the length of time working with them in the service. The Registered Manager had good individual knowledge, however, did advise due to recently joining the team, he will confer with Deputy or longer staff member re individuals as they know the individual best.</p> <p>All staff work towards what is best for the individual and spend time learning behaviours to easily recognise when service users are happy and respect when they are not and do not force activities, social interactions when not wanted. They were able to recognise and identify changes in behaviour and had plans in place to be able to diffuse and assist situations that may arise.</p>

Key Question	Regulations	Quality Statements and Comments
		<p>People's personal, cultural, social and religious needs are understood and met.</p> <p>Independence, choice and control – Score 3 Independence is encouraged with the individuals supported where possible, in line with their support plans and risk assessments. They have choice as to how their care is to be provided.</p> <p>Staff were seen supporting people to be independent at mealtimes.</p> <p>Activities being attended were the individuals' choice in a subject or activity they were interested in or made them happy taking part in.</p> <p>Staff were observed during inspection to offer people choice around, meals, drinks and activities. Staff were witnessed to provide encouragement to people to maintain independence.</p> <p>Responding to people's immediate needs – Score 3 Staff listened to and understood people's needs. Staff were observed to be attentive to people's immediate needs and prompt to provide support and assistance when required.</p> <p>If needs change then these are reflected in support plans and risk assessments. This was identified where a resident may have had a deterioration in health or additional needs being identified.</p> <p>Staff were responsive to people's needs in the moment and were seen to minimise any discomfort, concern or distress.</p> <p>Activities varied dependent on mood of the individual each day, 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>

Key Question	Regulations	Quality Statements and Comments
		<p>There was a communication aids available to support individual's communication and provide reassurance as and when needed.</p> <p>The Deputy Manager was supporting during day two of the Inspection as no shift leader was available, and was observed responding quickly and was skilled and experienced in anticipating the needs and engaging with the individual being supported.</p> <p>Workforce wellbeing and enablement – Score 3 Staff spoken to during inspection felt cared for and valued by their Deputy and Registered Manager. The staff felt they were not valued by Senior Managers. They advised although they have a champion representative, that takes issues to Senior Manager meetings, they do not feel heard as they receive no response from it. The main issues being around staff holidays and pay and contractual changes.</p> <p>Staff have a separate staff room that can be used as required. Within the staff room there was a 'You said we did' record which evidenced staff issues being raised and the action managers directly took resolving issue, taking to Senior Managers to resolve or not being able to find resolution. Only one out of eleven was not able to be agreed to by Senior Managers which was to increase the allowance for Support Workers during outings from £8-10. One of these also noted the issues around pay and incorrect payslips being raised and the action taken to resolve it successfully. Some actions taken were large expenditures such as driveway extension, vehicle change approval and dishwasher purchase.</p> <p>Blue light cards are funded by the company. Opportunities are given in several places for staff to raise concerns and get support internally, they also had access to Care First, which was a free counselling service.</p> <p>An above and Beyond recognition scheme is in place for the company to show staff they are valued. Staff spoken to felt individuals are not recognised to feel valued it is always the team, the service has just brought in an 'employee of the month' award this month to recognise individuals.</p> <p>Staff are given regular individual supervision and competency checks.</p>

Key Question	Regulations	Quality Statements and Comments
		<p>Team meetings are held monthly. These cover items such as any general issues, reminders of specific areas such as medication, goals updates, staff understanding of MCA, whistleblowing and KLOE's. If staff are not on shift during the meeting they are paid additionally for 1hrs pay to attend.</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
Responsive	<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 3 We viewed some support plans, and they had good detail as to how care should be provided.</p> <p>It was clear what the individuals wishes were, and the support plans evidenced person-centred care.</p> <p>However, as stated earlier in the report there are inconsistent recordings within the files. (RR1)</p> <p>Care provision, integration, and continuity – Score 3 Where required, external services are sought. Individuals are supported to attend or engage with health professionals, services included dialogue with mental health teams and social workers.</p> <p>The Registered Manager has positive relationships with local authority teams of mental health teams and social workers.</p> <p>Health documents seen on individual's files, and were accessible in different formats for communicating the information in a way that is understandable to them.</p> <p>Providing information – Score 3 The majority of resident information is stored electronically.</p> <p>The service ensures that where possible, all information is provided in other formats to support individuals to understand and communicate with, in line with the accessible information standards. An easy read complaints guide was in view in the communal living room.</p> <p>Staff information with names and photographs were displayed in the service.</p> <p>A service information folder evidenced the business continuity plan, a copy of the home information pack which included the company values and vision, photo and description of the home and links with local community, team information, complaints and comments process. It did have a section highlighted in read 'to personalise' which the Registered Manager needs to complete details for this service. (RR2)</p>

Key Question	Regulations	Quality Statements and Comments
		<p>Listening to and involving people – Score 3 People were encouraged to share feedback. The Registered Manager conducted a daily walk round and actively engaged with people giving them time. Compliments, concerns and complaints are recorded, with evidence of investigation and action to resolve when required.</p> <p>The “You said we did” referred to earlier also included requests which would better something for the people supported or local neighbours not just staff that was actioned.</p> <p>Families spoken to during inspection all commented they are involved and listened to, and the service responds quickly when requests are made.</p> <p>Equity in access – Score 3 The team make sure that everyone can access the care, support and treatment they need, when they need it.</p> <p>Staff are on site day and night for support as/when needed and communal areas are available for use. In an emergency situation the Manager provides a 24/7 on call number and a further on call service from Senior Managers is in place for responsive support.</p> <p>Referrals to external professionals are in place and followed up where required. Discussion with Registered Manager that a referral to Occupational Therapy is required for one individual as mentioned earlier in the report.</p> <p>Rotas were prepared and shared in advance, so staff were aware of when they were working and an on-call rota and contact details so 2 Senior Managers are always contactable out of hours.</p> <p>Equity in experiences and outcomes – Score 3 All individuals receive equal experiences from start of service to completion that will be reflected in outcomes and evaluations of care plans.</p> <p>Planning for the future – Score 3</p>

Key Question	Regulations	Quality Statements and Comments
		<p>The service supports people to plan for important life changes, end of life planning takes place as part of overall support and health planning.</p> <p>There are no end-of-life champions in the service. (RR2)</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 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
Well led	<p>Regulation 17: Good Governance</p> <p>Regulation 5: Fit and Proper Persons Employed - Directors</p> <p>Regulation 7: Requirements Relating to Registered Managers</p> <p>Regulation 18: Staffing</p> <p>Regulation 20A: Requirement as to Display of Performance Assessments</p>	<p>Shared direction and culture – Score 3 There is a company culture document in place that details the shared vision and strategy with company values and strategic goals. The Registered Manager advised that the culture is embedded by the document being referred to in team meetings and within supervisions. Also, a copy is up in the house and the staff room. Evidence was seen of this within a staff members' supervision.</p> <p>The Registered Manager encourages a positive culture of continuous learning and improving. The governance system put in place highlights the commitment to improvement in all aspects of the service. The Operations Manager and Regional Manager visit the home frequently and undertake their own audits and quality checks.</p> <p>Capable, compassionate and inclusive leaders – Score 3 The Registered Manager had the skills and knowledge to lead effectively, with integrity, openness and honesty.</p> <p>The Registered Manager stated he felt valued and supported by his managers as well as checking on his workload they ask how he is and how he feels personally checking on his wellbeing.</p> <p>The Registered Manager and Deputy were actively involved with individuals support and staff support.</p> <p>Staff spoken to during the Inspection spoke highly of the Managers, one staff member stated the Registered Manager was <i>"always approachable and there to support you"</i>.</p> <p>Inclusivity and capability will be further evidenced by staff feedback and service monitoring.</p> <p>Shift leaders are knowledgeable and undertake staff competency assessments and team meetings to feedback on any concerns, what team are to improve on and encouragement to take breaks.</p>

Key Question	Regulations	Quality Statements and Comments
		<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 for. They were confident knowing that if they felt need to, they would speak to a manager higher than their Registered Manager or CQC without fear of reprisal.</p> <p>Posters encouraging speaking up and anonymously speaking up were visible during the Inspection.</p> <p>Workforce equality, diversity and inclusion – Score 3 Staff are recruited from many backgrounds and cultures. Policies and procedures are in place that are regularly reviewed and support this.</p> <p>All staff are allocated equality, diversity and inclusive training.</p> <p>Governance, management and sustainability – Score 3 The service has clear responsibilities, roles, systems of accountability and good governance. There are clear and effective governance, management and accountability arrangements.</p> <p>Staff understand their role and responsibilities. Quality and health and safety audits take place regularly with reports completed and any actions required which is shared with the Registered Manager.</p> <p>Evidence was seen of an action plan of actions completed from an internal audit, external auditors were also sought for feedback. In addition, there were various audits being completed, daily, weekly and monthly by the Registered Manager.</p> <p>Evidence was seen of notifications submitted to CQC and safeguarding teams.</p> <p>Partnerships and communities – Score 3</p>

Key Question	Regulations	Quality Statements and Comments
		<p>Staff and leaders are open and transparent, and they collaborate with all relevant external stakeholders and agencies. Staff and leaders work in partnership with key organisations to support care provision, service development and joined-up care. Individuals are part of the local community and attend activities and outings within the community.</p> <p>There are local community links with a hydrotherapy pool, cafes and neighbours.</p> <p>Annual feedback questionnaires sent to external professionals.</p> <p>The service understands their duty to collaborate and work in partnership, so services work well for people. The service works in collaboration with healthcare professionals. Information is shared to enable and promote improvement. Compliments were recorded, there was evidence of positive feedback from visiting health and social care professionals.</p> <p>Learning, improving and innovation – Score 3 Staff and leaders ensure that people using the service, their families and carers are involved in developing and evaluating improvement and innovation initiatives. Annual feedback questionnaires are sent out to families and external professionals.</p> <p>There are processes embedded to ensure that learning happens when things go wrong, and form examples of good practice. Evidence was seen of incident debriefing after incidents.</p> <p>Team meeting minutes evidenced management invest time to listen and engage by showing that staff are consistently encouraged to speak up with ideas for improvement and innovation and contribute to improvement initiatives.</p> <p>Environmental sustainability – sustainable development – Score 3</p>

Key Question	Regulations	Quality Statements and Comments
		<p>The Registered Manager advised the majority of work is now on electronic systems there are some duplications on handwritten paperwork in hard copy files such as medication records and behaviour support plans. (WR1)</p> <p>The Registered Manager is not aware of any company environmental policy.</p> <p>Staff do car share with each other to get to shifts and back.</p> <p>There is a water butt in place behind the staff room to collect water for use in the garden.</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’ 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”.</p>		

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	Practical moving and handling						
SR2	Body map review dates						
SR3	Cleaning of shower plugholes						
SR4	Fire training						
SR5	Training matrix inclusion						
SR6	Cleaning schedule missing dates						
SR7	Cleaning of stained wall						
SR8	Review of double process - medication						

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	Keyworker Meetings						
ER2	Weight taking & recording						
ER3	File of evidence for outcomes						
ER4	Detailed PCC notes						

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
CR1	Champions within service						

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	PCC detailed recording						
RR2	Service information pack update						
RR3	Service champion – EOL						

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	Future review of paper duplicate process						