



AUDIT REPORT

Knoll House

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

SRG Care Consultancy Limited

Registered in England and Wales | Company Number 13877264

Registered Office: Unit 13E, Miners Way, Lakesview International Business Park, Canterbury, Kent CT3 4LQ.

www.srglimited.co.uk | 0330 133 0174

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Service Name: Knoll House

Provider: Liaise (London) Limited

Address of Service: 1 Common Lane, Dartford, DA2 7DE

Date of Last CQC Inspection: Registered on 3rd January 2025

Ratings

CQC's Overall Rating for this Service:






Registered on 3 January 2025



SRG's Overall Rating for this Service:

Good



Key Questions	Rating	Overall Score
Safe	Good 	75 (out of 100)
Effective	Good 	70 (out of 100)
Caring	Good 	75 (out of 100)
Responsive	Good 	71 (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 3rd & 4th 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

During the assessment of the service, all the quality statements relating to all of the key questions were looked at.

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 registered manager, support staff and people who were supported.

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, two care plans were reviewed, two 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

Knoll House had previously been registered under the umbrella service of Liaise (London) Supported Living. Knoll House had re-registered as a regulated service within its own right on 3rd January 2025 and provides the regulated service personal care with specialisms in caring for adults under 65 years, learning disabilities, physical disabilities, and sensory impairments in a supported living environment. There were four people living at Knoll House at the time of the visit.

Systems were in place to record accidents and incidents and lessons learnt were recorded. People were kept safe by staff who understood safeguarding.

Risks were generally well managed, and one relative thought their family member was safe in the home. Risk assessments were in place.

There was a positive person-centred approach within the service, where staff listened to what people had to say and understood their individual likes, dislikes and preferences.

People were provided within one-to-one support to help them access activities of their choices and go into the community.

People were supported to access care, treatment and support when they needed to and in a way that worked for them.

People were supported with their health care needs.

Governance systems were in place, and identified actions were completed.

PEOPLE'S EXPERIENCE OF THIS SERVICE

People were happy with the care and support they received. People were able to access the community and see their family. Relatives were kept informed of changes.

People were supported to maintain relationships which were important to them. People told us they took part in daily activities such as going out. Relatives stated their loved ones were supported to make choices and maintain independence.

People were supported to have choice and control over their own care and to make decisions about their care, treatment and wellbeing. People could get up, go to sleep and have meals whenever they wanted.

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
Safe	<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>Accidents and incidents were recorded within the RADAR system.</p> <p>A sample of incidents was reviewed. These showed that actions were taken, and people were supported appropriately. However, some incidents were not detailing what had happened and any follow up actions. These would benefit from continuing to be developed so staff are recording more detail.</p> <p>For example, following a high-level incident, a debrief had been completed. However, on reviewing the incident form and discussions with the Registered Manager, the debrief did not identify the full discussion about what was learnt and what could be done. For example, a referral had been made to the Mental Health Team and a medication review arranged. In addition, there were further discussions about the management of the incident at the time, but these wasn't evidenced in the either the debrief or the incident report. (SR 1)</p> <p>Lessons learnt were in place.</p> <p>Safe systems, pathways and transitions – Score 3</p> <p>The service was only funded for one member of staff to be on duty at night. This was currently an area that the Registered Manager was trying to address with the local authority, as they felt that one member of staff was not safe.</p> <p>There were set handovers in place, which were used between the night and day staff, and communication logs were maintained. Staff said that at each shift they were updated on what had happened on the previous shift, including activities people who were supported were involved in. This meant that there were smooth transitions between different shifts.</p> <p>Safeguarding – Score 3</p>

Key Question	Applicable Regulations	Quality Statements and Comments
		<p>People were comfortable and at ease with staff, and with each other, at the service. People said they felt safe living at Knoll House. A relative said they thought that staff kept their family member safe.</p> <p>Staff spoken with understood safeguarding procedures. The knew who to report any concerns to and how to contact external agencies, should they feel the needs. All staff spoken with were confident that if they had to raise any concerns, these would be addressed.</p> <p>The Registered Manager knew and understood the importance of safeguarding and keeping people safe.</p> <p>Processes were in place to investigate accidents and incidents and report safeguarding concerns if this was necessary. A relative had made a complaint and raised a safeguarding with the Local Authority. This had been raised following a conversation with the Registered Manager whereby the relative had misunderstood the information. The Local Authority had referred the complaint to the service, for investigation. This had been completed robustly and closed by the Local authority as being unfounded. However, the Registered Manager had completed the final sign off. It would have been good practice for this to be signed off by the Operations Manager. (SR 2)</p> <p>Involving people to manage risks – Score 3</p> <p>Risks to people’s safety were assessed and risk management assessments were in place. These included:</p> <p>Personal support including morning, evening routines, continence management, hygiene and oral health.</p> <p>Support with free and structured time and relationships. Meaningful activities, including any activities outside of the home, education, work, daily living. Relationships, including personal, social and family.</p> <p>Support with decision making, MCA and DoLS (Deprivation of Liberty Safeguards).</p> <p>Medical and Health Care including Diagnosis, Mental Health and Wellbeing, Memory and medication</p> <p>Where people were at risk of self-harm there was information in the care plan and PBS plan.</p>

Key Question	Applicable Regulations	Quality Statements and Comments
		<p>However, it was noted that some of these assessments were generalised and lacked detail. For example, one person could make allegations about other people and/or staff. The guidance was to record and report this, but not how to manage the actual situation. (SR 3)</p> <p>PBS (Positive Behaviour Support) plans were in place. Staff were supported by the PBS practitioners, who were involved in reviews and updates of people's PBS plans. PBS plans identified individual behaviours, along with triggers and strategies of how people were to be supported.</p> <p>One person's relative was happy with how risks were managed by the service. They felt that staff understood the risks which affected their family member.</p> <p>The Registered Manager had purchased safety knives. These were made of plastic and able to cut food items such as meat, fruit and vegetables, but were designed not cut people's fingers when using them, which helped people to maintain their safety when preparing snacks or meals.</p> <p>Safe environments – Score 3</p> <p>Potential risks in the environment were monitored and managed. There were regular checks carried out, which were maintained on the QUOODA system.</p> <p>Health and safety checks were completed on daily, weekly, monthly, and quarterly basis. At the time of the visit these checks were seen to be up to date and included:</p> <ul style="list-style-type: none"> ➤ Daily fire patrol: Valid from 04/02/25 ➤ Weekly carbon monoxide: Valid from 29/01/25 ➤ Weekly fire alarm: Valid from 29/01/25 ➤ Weekly laundry: Valid from 04/02/25 ➤ Weekly water flush: Valid from 29/01/25

Key Question	Applicable Regulations	Quality Statements and Comments
		<ul style="list-style-type: none"> ➤ Weekly window restrictors: Valid from 03/22/25 ➤ Weekly emergency lighting: Valid from 03/22/25 ➤ Weekly fire door: Valid from 03/22/25 ➤ Weekly plug checks: Valid from 03/22/25 ➤ Water temperatures monthly: Valid from 09/01/25 ➤ Monthly grab bag: Valid from 08/01/25 ➤ Monthly emergency light: Valid from 18/01/25 ➤ Monthly fire door release: Valid from 16/01/25 ➤ Quarterly gardens equip: Valid from 03/11/24 <p>Quarterly pathway check: Valid from 10/11/24</p> <p>Checks and servicing took place on utilities and appliances. These included:</p> <ul style="list-style-type: none"> ➤ Health and Safety risk assessment: Valid until 11/10/25 ➤ Fire risk assessment: Valid until 11/10/25 ➤ Water Risk Assessment: Valid until 29/03/25 ➤ Five year hard wiring check: Valid until 22/09/29 ➤ Fire alarm servicing: Valid until 14/05/25 ➤ Fire extinguisher maintenance: Valid until 08/01/26 ➤ Emergency Lighting: Valid until 18/07/25 ➤ Fire door inspection: Valid until 23/07/25

Key Question	Applicable Regulations	Quality Statements and Comments
		<ul style="list-style-type: none"> ➤ Water TMV servicing: Valid until 16/06/25 ➤ Gas safety: Valid until 07/11/25 ➤ PAT testing valid until 19/04/25 ➤ Asbestos Management Survey: 3/1/25 ➤ Shower descales: 02/02/25 <p>There was a fire grab bag which contained emergency information about people using the service and supplies for use in the event of an emergency.</p> <p>Safer food, better business documentation was in use. This helped to ensure that safe food hygiene practices were in place. Weekly tests were carried out on food probes to ensure that they were calibrated and working properly.</p> <p>Standard risk assessments for the safety of the environment were in place. These had been reviewed in April 2024.</p> <p>It was noted that the lone working risk assessment referred to periodic contact with Meridian Mews and not St James, which was the current process. In addition, there was no reference to a secondary support mechanism, should support not be available, from St James. (SR 4)</p> <p>Safe and effective staffing – Score 3</p> <p>People were supported by a regular staff team who knew them well. Staff were allocated on duty dependent on individual needs. For example, when people needed support from two staff because they were going out, staff ratios were adjusted with additional staff on duty to cater for this.</p> <p>As identified in the ‘safe systems, pathways and transitions’ section of this domain, there was only one member of staff funded for night duty.</p>

Key Question	Applicable Regulations	Quality Statements and Comments
		<p>It was reported that had been no use of agency in recent months. However, a review of the Blyssful system identified that some of the care records were completed by staff that were identified as ‘agency’ staff. This included night staff care notes, for example on 3rd, 8th, 9th, and 16th January 2025. It was confirmed that there had been no agency staff, and that permanent staff may be ‘signing’ onto the system as agency staff, rather than using their own account. As there were specific training needs for staff who were on duty, staff must ensure that they sign on using their own details, as there is a potential that the regulator may consider that untrained staff are on duty on their own during the night. The Registered Manager was going to speak with staff following the visit. (SR 5)</p> <p>Shift planners were in place to help staff manage their responsibilities and accountabilities. On each shift a member of staff was allocated as the shift leader and took responsibility for managing the shift and was also the designated fire officer.</p> <p>A check was made to assess whether staff were being recruited in line with Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Two staff recruitment records were reviewed.</p> <p>Information as required by regulations was seen to be in place. This included:</p> <ul style="list-style-type: none"> ➤ Full employment histories were requested, and where there were gaps, a request was made for an explanation. However, the records of explanation were not robust. These were in the form of a saved text message, but there was no record of who had provided the information such as contact details or a name. (SR 6) ➤ References were in place. ➤ Disclosure and Barring Service (DBS) checks were in place. ➤ Right to work checks were in place and these were verified by the accessing share codes through the government website.

Key Question	Applicable Regulations	Quality Statements and Comments
		<p>➤ Proof of identity was obtained.</p> <p>➤ Medical health declarations were in place.</p> <p>New staff were supported with an in-house induction. Staff said they had been well supported during the induction process.</p> <p>Staff were supported with an ongoing training programme. This was primarily online through the training provider Your-Hippo. Training consisted of:</p> <p>Mandatory:</p> <p>Autism, Equality & Diversity, Fire Safety, Food Safety, GDPR & Data Protection, Health & Safety, Infection Control, Learning Disability, MCA & DoLS, Manual Handling, Meds Awareness, Privacy & Dignity, Safeguarding, Medication awareness,</p> <p>Required:</p> <p>Mental Health, Nutrition, Oral Health, PROACT-SCI, Person Centred care, PBS, British Sign language and practical, Your Role, Personal Development, COSHH, Diabetes, Diabetes advanced care, Duty of Candour, Duty of Care, IDDSI, End of Life, Epilepsy, Key Word Signing, Key working, Medication Administration, nutrition.</p> <p>Staff training records showed that staff had completed the majority of their training. Although two staff had required any update for PROACT-SCI, one staff for safeguarding, and the majority of staff for BLS practical. It was confirmed that the PROACT-SCI training had been booked in and staff reminded to complete other training.</p> <p>Staff confirmed they had specialist training and assessment in relation to the management of diabetes and administration of insulin. All staff but one had completed a competency assessment from the specialist nurse. It was confirmed that they would not administer insulin, until this had been completed.</p>

Key Question	Applicable Regulations	Quality Statements and Comments
		<p>Staff said they received supervision, and this gave them opportunities to discuss their support needs. The supervision matrix evidenced that supervision was up to date.</p> <p>Infection prevention and control – Score 3</p> <p>A cleaning schedule was in place for the kitchen environment, which identified the cleaning schedule, such as after use, daily, weekly and monthly. Samples viewed for January 2025 evidenced that all cleaning schedules had been completed.</p> <p>PPE was available.</p> <p>Medicines optimisation – Score 3</p> <p>Medication profiles were in place for each person using the service. These included key information such as the G.P., diagnosis, allergies, current list of medication, personal preferences, whether there was a valid consent, serious side effects and whether the person took PRN.</p> <p>There was a separate list of medication maintained which included a photograph, the name of the medication, strength, how many to take and when to be taken. Information was also included on an easy read version and this included what the medicine was for and if there were any side-effects.</p> <p>A sample of medication administration records (MAR) charts were reviewed, those viewed had been completed accurately.</p> <p>Countdown sheets were in place. A sample viewed evidenced the correct medicines were in stock.</p> <p>PRN protocols were in place.</p> <p>Homely remedies were in use and there was a list signed by the pharmacist.</p> <ul style="list-style-type: none"> • This service scored 75 (out of 100) for this area.

Key Question	Applicable Regulations	Quality Statements and Comments
		<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	<p>Regulation 9: Person Centred Care</p> <p>Regulation 11: Need for Consent</p> <p>Regulation 14: Meeting Nutrition and Hydration Needs</p> <p>Regulation 18: Staffing</p>	<p>Assessing needs – Score 3</p> <p>Peoples care needs were assessed. Staff involved people and their representatives in assessment of needs. Staff assessed people’s needs and reviewed them regularly.</p> <p>People were supported with ongoing reviews and assessments and evidence was seen that information was updated when there were changes in need.</p> <p>Delivering evidence-based care and treatment – Score 3</p> <p>One person was diagnosed with Type 1 Diabetes. There was a detailed risk assessment in place which identified their normal blood sugar range. In addition, where their blood sugar range deviated outside of this, there was a record of what levels put the person at risk and actions staff needed to take. The risk assessment was supplemented by an individualised care plan for diabetes which included blood glucose level intervention guidelines. Detail was included about what a Hypoglycaemia and Hyperglycaemia were, how staff would recognise this and actions to take.</p> <p>The service was aware of STOMP (Stopping over medication of people with a learning disability and autistic people guidelines) and only ever used medication to deescalate people’s distress as a last resort. Regular reviews of medication took place.</p> <p>Where people were diagnosed with conditions or syndromes there was information in the support plans to describe the condition and how this affected the person.</p> <p>How staff, teams and services work together – Score 3</p> <p>Hospital passports were in place, which are documents used to share information when a person moves between the service and another environment.</p> <p>The communication book evidenced that staff ensured people were supported with attending appointments.</p>

Key Question	Regulations	Quality Statements and Comments
		<p>People were encouraged to attend appointments, and support was provided for health care professionals to visit, when people were unable to attend in the community.</p> <p>The service worked proactively with a range of health and social care professionals, both internally and externally.</p> <p>There were internal specialists who supported the service. This included the PBS (Positive Behaviour Support) specialist and SALT (Speech and Language therapy) team.</p> <p>In addition, support was provided by the local dietitian team, diabetic nurses, the learning disability community team, district nurses, and G.P.</p> <p>Supporting people to live healthier lives – Score 3</p> <p>The Registered Manager was proactive at accessing support for people. For example, one person did not need a modified diet, but did not always eat their meals appropriately. The Registered Manager had referred them to the internal SALT team for additional support with managing their meals. The SALT assessor had provided the service with information on how to support the person, and this had been included in the support plan and the guidelines were available for staff.</p> <p>The community learning disability nurse from Kent Community health had visited to support one person have regular and healthy meals. They are continuing to visit on a fortnightly basis. Where they were identified as being pre-diabetic, there was information on how to maintain a healthy eating plan in their support plan.</p> <p>Pain profiles were in place, to help monitor how people expressed pain.</p> <p>Staff also supported people to maintain their mental health. One person regularly met with their mental health nurse and had talking therapy.</p> <p>People were supported to attend annual health checks and where one person had diabetes, they were supported with appropriate regular checks up to monitor their diabetes and associated health care needs.</p>

Key Question	Regulations	Quality Statements and Comments
		<p>Monitoring and improving outcomes – Score 2</p> <p>Where one person needed regularly monitoring for their blood sugars levels, evidence was seen that staff took blood sugar levels regularly and repeated when they were outside of the identified normal range. Evidence was also seen that staff generally recorded actions taken when blood sugar levels were too low or too high and gave orange, water or bolus dependent on the level of the person's blood sugar. Sometimes this was not in place, it would be good practice to remind staff to ensure they record they support provided when blood sugar levels were not within the 'normal' range. (ER 1)</p> <p>A body map was in place for one person, and a photograph had been taken of a mark on one person's leg. This had been identified on 18th January 2025. The body map had been reviewed twice on 20th and the 26th January 2025. Neither review identified whether there had been any improvement or deterioration. There was a record to say a GP appointment had been booked for Monday morning, but not which date, and there was no update. The last review was due on 30th January 2025, but this had not been completed. This was reviewed and addressed at the time of the visit, and confirmation was provided about actions which had been taken at the time. However, another body map identified that the person had a rash, and that staff had sought medical advice and were applying creams, but again there was no final outcome or update recorded. (ER 2)</p> <p>Monthly health checks could not originally be located, although staff said they were completing these. On review it was identified that the alert system for this had not been activities in Blyssful, which was addressed at the visit.</p> <p>Consent to care and treatment – Score 3</p> <p>The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to</p>

Key Question	Regulations	Quality Statements and Comments
		<p>take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.</p> <p>MCA assessments were in place where needed. These included medication, personal care, use of the internet, being under constant supervision, testing of diabetes, and finances. Those viewed included best interest decisions and there was a record of conversations with people.</p> <p>Where people had been identified as having capacity, an MCA was completed to record this and ensure consent was obtained. These included, medical appointments, being under constant supervision, personal care, finances, and medication for example. It was not always clearly recorded whether the person had capacity within the assessment, and that they had given their consent. For example, one person had been recorded as having capacity in relation to their medicines. However, there was no actual consent recorded, for support to be provided. The support plan referred to the person refusing, and although it stated that they were aware of what medicines are for, and about side effects, but the understanding of why refusing was not clear in the support plan or the MCA consent. (ER 3)</p> <p>For one person, there was a consent form for medication in their medication folder, which had been signed by a parent. This was dated September 2022 but was no longer relevant, as a separate MCA consent had been completed for the person. In addition, there was an outdated MCA assessment. I suggest these are archived to avoid confusion. (ER 4)</p> <p>People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. This is known as Deprivation of Liberty Safeguards (DoLS).</p> <p>Some people living in the home were subject to restrictions on their liberty. Where needed application had been made. Progress with these were monitored.</p> <p>One person was subject to Court of Protection, due to family dynamics. Staff at the service were working closely with the Court, health and social care professionals to help support the person with this.</p>

Key Question	Regulations	Quality Statements and Comments
		<p>There were no blanket restrictions in place.</p> <p>Staff were able to say how they promoted the MCA principles in day-to-day practice by providing people supported with information in a way that they could understand and involved them in all decisions affecting them.</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 reflect 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</p> <p>Support plans documented people’s likes and dislikes. These include nutritional preferences and activities and pastimes people enjoyed.</p> <p>Training records showed staff received training in dignity and person-centred care.</p> <p>Staff demonstrated understanding when speaking about people and good examples were seen of staff supporting people in a positive way. For example, staff always offered people choice. People were encouraged to state their preferences and staff respected their choices, which helped people maintain control over how their care and support was provided.</p> <p>People were supported to maintain relationships which were important to them. A relative said that they could visit when they wanted and were able to be involved in their family members support.</p> <p>Treating people as individuals – Score 3</p> <p>People were treated as individuals. People said they were able to go to their chosen activities and make choices about how they spent their day. One person said, <i>‘I love living here. I am able to go out and do the things I like’</i>.</p> <p>Staff spoke about how they communicated with people. One member of staff spoke knowledgeably about how to interpret the body language for one person and how to respond to their individual needs.</p> <p>People’s care records and support plans identified what people were able to do for themselves and where they required support.</p> <p>Independence, choice and control – Score 3</p> <p>People were supported by staff who knew them well, offered choices and supported them with their independence.</p>

Key Question	Regulations	Quality Statements and Comments
		<p>People were supported to have choice and control over their own care and to make decisions about their care, treatment and wellbeing. People could get up, go to sleep and have meals when they wanted.</p> <p>Observations showed people managing their daily living activities, such as doing their laundry and making meals.</p> <p>Staff supported people to do activities of their choice. One person said that staff supported with them maintaining their independence. They said that they could choose to go out when they wanted and supported them to access different activities in the community.</p> <p>Responding to people's immediate needs – Score 3</p> <p>People were supported by staff who understood their needs and preferences and knew how to minimise risk of any discomfort or distress they might experience.</p> <p>Staff were responsive to individual needs. Observations showed that staff checked with people to ensure they were feeling well.</p> <p>Support staff were proactive at responding to people and reporting concerns. Accidents and incidents were reported, and appropriate actions were seen to be happening.</p> <p>Workforce wellbeing and enablement – Score 3</p> <p>Staff wellbeing was considered and there were support systems in place to provide staff with benefits. There was a 24-hour counselling and advice support service available for staff. Additionally, staff received a blue light card, granting them access to discounts at various shops.</p> <p>There was a colleague recognition program which allowed staff to nominate peers who exceeded expectations.</p> <p>Staff were aware of the programme and the support provided.</p>

Key Question	Regulations	Quality Statements and Comments
		<p>Staff said that the Registered Manager was supportive, and they felt that their wellbeing mattered.</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 are 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</p> <p>There was a positive person-centred approach within the service, where staff listened to what people had to say and understood their individual likes, dislikes and preferences.</p> <p>Staff spoken with knew people well as individuals and were able to describe how they supported people. Staff were aware of individual routines and how people liked to spend their day.</p> <p>Support plans were in place and these included information about what people liked and how they preferred to be supported.</p> <p>One person said that staff were helpful and kind.</p> <p>Communication support plans were in place, which were supported by communication passports. There was some confusion as to which were in place. For example, one person’s communication support plan stated that they have a communication passport, but the copy uploaded to the Blyssful system was for another service user, whose communication support plan did not refer to a communication passport. The manager addressed this at the time, but it meant there was no communication passport for the person who had been identified as needing one. (RR 1)</p> <p>Care provision, integration, and continuity – Score 3</p> <p>Staff worked with health and social care professionals to promote outcomes for people. Reviews of care was undertaken.</p> <p>People were supported to access health care professionals as needed and as identified throughout this report.</p> <p>Families were actively encouraged to be engaged in care provision and supported to attend appointments.</p> <p>Providing information – Score 3</p>

Key Question	Regulations	Quality Statements and Comments
		<p>People were supplied with different information about the service, should they want it. Staff used a range of communication tools, such as pictures, photographs, and easy read documentation to promote effective communication, and share information between people and staff.</p> <p>People using the service were provided with planners and menus if they wanted them. This helped people who needed it to organise their day.</p> <p>Staff told people what was happening and let them know about appointments.</p> <p>Listening to and involving people – Score 3</p> <p>The provider had implemented an ‘Influencers Network’, which was a programme that involved people living in the different services to be able to share their experiences and put forward the views of people using the services. One person at Knoll House had recently joined the programme and would be involved in future meetings.</p> <p>One person who was supported liked to take the minutes for the house meetings, which gave them additional opportunities to be involved.</p> <p>The house meetings gave people opportunities to discuss activities, upcoming events, any concerns, recent updates, health and safety, and any concerns or complaints. Sometimes people met together as a group and sometimes people preferred to meet with staff on an individual basis. It would be useful to record when anyone preferred to meet with staff on their own, rather than record everyone as having attended. (RR 2)</p> <p>When reviewing the events which had happened the previous month, such as the Christmas and Halloween parties, staff were not recording who had attended and whether they were a success, including what had happened such as food, games and music. In addition, when planning activities and events, there was no record of how people were involved and how they had chosen what they wanted at each event. (RR 3)</p>

Key Question	Regulations	Quality Statements and Comments
		<p>Staff were keyworkers and people were supported with a monthly keyworker meeting. Keyworker meetings gave people the opportunity to discuss their health, any achievements, if there was anything troubling them, visits with family and friends, progress with any goals.</p> <p>Surveys were sent out on a regular basis. The last relatives survey had been distributed in December 2024. Only one relative had responded, and they had provided a mixed response to the questions, varying from very good to poor. There was no record of response made in relation to the feedback. Discussions with the Registered Manager and the Operations Manager evidenced that meetings were held with the relative to support with concerns. It would be good practice to ensure this is recorded and stored with the feedback.</p> <p>(RR 4)</p> <p>Surveys were also sent out to people using the service. Again, one person had responded, and everyone else living in the home had chosen not to. Overall, their response was positive.</p> <p>Equity in access – Score 3</p> <p>Staff made sure that people could access the care, support and treatment they needed when they needed it. The service had good communication with people’s health care professionals and ensured that lines of communication were maintained.</p> <p>The Registered Manager and staff advocated for people and supported them to attend appointments.</p> <p>The Registered Manager ensured that people had opportunities to have a voice and where needed represented their interests. A case study evidenced the support one person had received which had helped them to improve their outlook.</p> <p>People were supported with their goals.</p> <p>Staff also checked with people if there were any actions identified from the meeting or actions incomplete from the last review, however, there was little in the way of record progress with any actions or goals. For example, one person had discussed their goals which included going to a museum and finding a part-time</p>

Key Question	Regulations	Quality Statements and Comments
		<p>job. A review of their goals identified that finding a job was in place, and staff were working actively with the person to find a part-time job. They said how they had discussed the options; it had been agreed that the person would initially look to volunteer at a food bank or similar to support them into the community and working life. However, this was not recorded in the monthly keyworker catch ups. (RR 5)</p> <p>Equity in experiences and outcomes – Score 3</p> <p>People were supported with a range of activities and pastimes. Staff actively worked with people to help them take part in activities and pastimes of their choice. Staff respected their decisions in relation to what they wanted to take part in.</p> <p>Staff were supporting one person to register on a college course at the learning centre and were in the process of sourcing a suitable course.</p> <p>Two people attended regular music classes.</p> <p>One person had a busy calendar and attended a day centre, worked at Tuck-by-Truck on one days a week, and regularly went out on shopping trips and had music lessons. They said they enjoyed their activities.</p> <p>People could choose what they wanted to do, for example, one person enjoyed arts and crafts, and staff supported them with this.</p> <p>Events and activities were planned in the home, with birthdays and national holiday celebrated.</p> <p>Planning for the future – Score 2</p> <p>End of life was not routinely in place within the support plans. Support plans lacked information and detail about how to support people with future planning and end-of-life consideration. For example:</p> <p>For one person, the support plan stated that they ‘would like staff and his family to respect their wishes in their end-of-life care plan’. There was, however, no end-of-life care plan in place.</p>

Key Question	Regulations	Quality Statements and Comments
		<p>For another person, the support plan stated that that Mum and Dad would support them, but currently did not want to discuss this. The risk assessment stated: ‘See attached my End-of-Life Plan’. ‘X already has an end-of-life care plan’. ‘Staff to remind at regular intervals that they could either change or update the contents of their end-of-life care plan’. There was no end-of-life plan attached.</p> <p>Another person had completed an end-of-life plan with their parents, however, this only explored whether the person wanted to be buried or cremated and whether they would like to donate their organs or tissues. There was no information about actual planning ahead should the person become ill and how they wanted to be supported.</p> <p>Where the end-of-life support plans within Blyssful refer to attached end-of-life care plans, these either need to be attached or removed from reference. (ER 6)</p> <p>There was no reference with the end-of-life support plans as to whether anyone had a DNACPR in place. (ER 7)</p> <ul style="list-style-type: none"> • This service scored 71 (out of 100) for this area.

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

“Characteristics of services the CQC would rate as ‘Good’ 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 are easily accessible, including physical access. People can access care in ways that meet their personal circumstances and protected equality characteristics”.

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</p> <p>The Registered Manager was open and transparent and was realistic about any challenges which could arise. They demonstrated a sound understanding of the service and ensured that people’s voices were heard. They strongly advocated on behalf of people.</p> <p>There was an open and transparent culture which acted on concerns raised and protected people in line with safeguarding and whistleblowing procedures.</p> <p>People and staff were supported by the management team to share the culture of the service where everyone mattered. There was an open culture which ensured everyone the opportunity to raise any issues.</p> <p>Staff were aware of the service’s values, although they were less than confident in relation to the CQC framework. They were aware of the poster on the kitchen wall, but could not describe further the framework. However, staff did understand key points of support such as safeguarding, capacity and consent and involvement. (WR 1)</p> <p>Capable, compassionate and inclusive leaders – Score 3</p> <p>Staff feedback was positive about the management and support they received to do their job well. Staff said that the Registered Manager was very supportive, they always encouraged staff to talk and discuss any concerns or challenges.</p> <p>People’s human rights were embraced and the service focused on how they could support people to live a good, ordinary life as part of the community.</p> <p>The Registered Manager was knowledgeable, experienced and understood the needs of people using the service.</p> <p>Staff said there were effective handovers, which kept them up to date with any changes.</p>

Key Question	Regulations	Quality Statements and Comments
		<p>Freedom to speak up – Score 3</p> <p>There was a staff champion, who attended meetings and met with senior staff and colleagues who represented other services. This gave them opportunities to share any matters which they felt needed to be brought to the attention of the senior team and learn from other services experiences.</p> <p>Staff meetings were happening. These gave staff the opportunities to discuss individual support provided to people, updates to protocols and ways of working, service user goals, training, health and safety, and staff well-being, for example.</p> <p>Workforce equality, diversity and inclusion – Score 3</p> <p>Staff said they felt they were treated equally and there was a fair and inclusive culture.</p> <p>Policy and procedures for equality and diversity policy were in place and staff had been trained in this area.</p> <p>Staff felt that they worked as a team and had opportunities to be fully involved.</p> <p>Staff said that the Registered Manager supported them with reasonable adjustments to help balance their home and working life.</p> <p>Governance, management and sustainability – Score 3</p> <p>Governance systems and processes were in place. Regular audits were carried out to maintain oversight of the service. These included:</p> <ul style="list-style-type: none"> ➤ Manager Walk Around Audit: 28th January: 95 % ➤ Weekly Medication Shift Leader Audit: 29th January: 100 % ➤ Health and Safety and Infection Control Monthly: 18th January: 91 % ➤ Out of Hours: 16th January: 100 %

Key Question	Regulations	Quality Statements and Comments
		<ul style="list-style-type: none"> ➤ Managers Monthly Medication: 14th January: 93 % ➤ Finance Audit: 10 January: 100% ➤ Manager's Quarterly Support Plans and Risk Assessments: 24th December: 68%. Actions from this audit had been included in the action plan. <p>The provider also carried out an internal mock inspection to help monitor quality and compliance.</p> <p>Oversight was maintained by the provider's quality team through a regular trends and monitoring analysis (Tami) which reviewed information from different systems used in the service including the training matrix, Blyssful, RADAR and QUOODA. It was seen that there had been continuous improvement within the service.</p> <p>A weekly report was sent to the Operations Manager to help share information and keep up to date about what was happening in the service.</p> <p>Partnerships and communities – Score 3</p> <p>The Registered Manager understood their duty to collaborate and work in partnership, so services worked seamlessly for people. They shared information and learning with partners and collaborated for improvement.</p> <p>Evidence was seen of the partnership working with health and social care professionals and people and their relatives were supported to contribute to these reviews.</p> <p>Learning, improving and innovation – Score 3</p> <p>Staff confirmed that learning was shared and that debriefs took place following any accidents and incidents, which considered what had happened and what could have been done better. Lessons learnt were shared with staff at meetings, for example communication with people who were supported.</p> <p>Actions in RADAR confirmed that learning took place following audits, incidents and reviews.</p>

Key Question	Regulations	Quality Statements and Comments
		<p>Learning was shared from the larger organisation following any internal reviews and rolled out to the individual services.</p> <p>The management team worked with people, their representatives and staff to build a culture that focused on enabling people to enjoy a full life. The management team worked well with staff to achieve and improve outcomes for people.</p> <p>Environmental sustainability – sustainable development – Score 3</p> <p>Policies and procedures were in place to promote environmental sustainability.</p> <p>Digital systems helped to reduce the use of paper.</p> <p>Recycling was promoted. The service followed local recycling procedures.</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	<i>Include more detail in the record of incidents</i>						
SR2	<i>When investigations need to be carried out which could inadvertently involve the investigating officer, it would be good practice to have these signed by a more senior manager.</i>						
SR3	<i>Where there are risks, people could make allegations include further information on how to manage the situation at any one time.</i>						
SR4	<i>Review the lone working risk assessment and update with the correct information and consider including a secondary support mechanism, should the first not be effective.</i>						
SR5	<i>Ensure that staff sign onto the Blyssful system using their own account to evidence that suitably trained staff were on duty at all times. This is particularly important at night.</i>						

CQC Key Question - SAFE

By safe, we mean people are protected from abuse and avoidable harm.

SR6	<i>Ensure explanations of gaps in employment have evidence of who has provided this information</i>						
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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	<i>Remind staff to record the support provided when blood sugar levels are outside the identified normal range.</i>						
ER2	<i>Ensure that body maps are updated following a review with information on any progress and deterioration and a final outcome.</i>						
ER3	<i>In the MCA consent records, ensure there is clear reference that people have given their consent, with a record of their awareness of any risks.</i>						
ER4	<i>Archive outdated information in relation to consent and MCA assessments to avoid confusion.</i>						

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	<i>No recommendations</i>						

CQC Key Question - RESPONSIVE

By responsive, we mean that services are organised 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	Ensure that communication passports are in place, where identified.						
RR2	Record where people have a one-to-one to discuss events affecting the house, rather than recording that all have attended a group meeting.						
RR3	Record more information about the success or planned events and how people were involved to plan what happened at these events.						
RR4	Ensure that follow up actions to surveys are recorded and stored with the feedback.						
RR5	Record how goals are agreed and progress						
RR6	Ensure that end-of-life care plans are attached, where this is referenced or update the support plans to identify that these are not in place. They should detail the support needed or continue to make clear reference where people do not want to discuss end-of-life matters.						

RR7	Make reference to whether DNACPR are in place for people.						
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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	Support staff to further understand the CQC assessment framework.						