



# AUDIT REPORT

## Langbury House

**Date of Visit:** 6<sup>th</sup> & 7<sup>th</sup> of February 2025

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**Service Name:** Langbury House

**Provider:** Liaise (South East) Limited

**Address of Service:** 78 Langbury Lane, Ferring, Worthing, West Sussex, BN12 6QE

**Date of Last CQC Inspection:** 6<sup>th</sup> October 2022

## Ratings

**CQC's Overall Rating for this Service:**






Requires Improvement



**SRG's Overall Rating for this Service:**

Good



Key Questions	Rating	Overall Score
Safe	Good 	65 (out of 100)
Effective	Good 	66 (out of 100)
Caring	Good 	80 (out of 100)
Responsive	Good 	75 (out of 100)
Well-ed	Good 	81 (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 6<sup>th</sup> & 7<sup>th</sup> 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 Registered Manager, support staff and relatives.

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

The service is a residential care home providing support for younger adults. There were four people living in the home, with another person who stayed regularly for respite.

Staff were able to raise concerns and told us managers were approachable and supportive.

Some improvements were needed in relation to risk assessments, but risks were generally well managed. People's needs and preferences were assessed and reviewed regularly, and people's health needs monitored to support healthy living.

The environment was well maintained, clean and safe. Medicines were generally managed safely.

People and their relatives were given opportunities to feedback about the service.

There was a positive culture at the service with staff taking part in reflective learning opportunities.

The leadership of the service worked hard to create a learning culture. Staff were supported to access additional training and learning.

## PEOPLE'S EXPERIENCE OF THIS SERVICE

People were supported by staff who treated them with kindness and respected their dignity.

People received personalised care that was tailored to meet their individual needs, preferences and choices.

Staff treated people with dignity and respect.

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

People received care and support that was co-ordinated and person-centred

People and their relatives' opinions mattered.

## 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
<b>Safe</b>	<p><b>Regulation 12: Safe Care and Treatment</b></p> <p><b>Regulation 13: Safeguarding Service Users from Abuse and Improper Treatment</b></p> <p><b>Regulation 17: Good Governance</b></p> <p><b>Regulation 18: Staffing</b></p> <p><b>Regulation 19: Fit and Proper persons employed</b></p> <p><b>Regulation 20: Duty of Candour</b></p> <p><b>Regulation 15: Premises and Equipment</b></p>	<p><b>Learning culture – Score 2</b></p> <p>The service managed incidents affecting people’s safety well. Staff recognised incidents and reported them appropriately.</p> <p>There was a low level of incidents happening, any incidents were recorded and identified what had happened and actions taken.</p> <p>Where incidents were escalated for any reason, there was more detail seen. Staff knew what to report as an accident or an incident.</p> <p>However, it was noted that following a power failure during the night, staff had not identified this within the RADAR system as an incident. This had affected the service and resulted in one person not being able to access their bedroom as the lift was not working. Discussions evidenced that staff had managed the situation well and arranged a spare bedroom for the person to sleep in, but none of this had been recorded by the end of the mock inspection. <b>(SR 1)</b></p> <p>Lessons learnt were in place and staff were supported with debriefs following specific incidents.</p> <p>A root cause analysis of medication errors had resulted in lessons learnt and the implementation of new systems and processes, such as the use of blister packs, promotion of two staff to support with administration and additional training where needed.</p> <p><b>Safe systems, pathways and transitions – Score 3</b></p> <p>The service worked with people and health and social care partners to establish and maintain safe systems of care, in which safety was managed or monitored.</p> <p>Continuity of care was promoted, including when people moved between different services, such as ensuring a smooth transition process.</p>

Key Question	Applicable Regulations	Quality Statements and Comments
		<p>The Registered Manager ensured that there was a multi-disciplinary approach and made appropriate referrals to health care professionals as needed.</p> <p><b>Safeguarding – Score 3</b></p> <p>The Registered Manager worked with people and social and health care partners to ensure that people were kept safe.</p> <p>Safeguarding was taken seriously, and any areas of concern were raised with the local safeguarding team. For example, where people had experienced an unexplained bruise, the Registered Manager had sought appropriate medical advice and raised a safeguarding concern with the local authority. They had looked into possible causes and shared lessons learnt with staff at a team meeting. Feedback from the local authority was that they felt the Registered Manager had acted appropriately and they felt that the safeguarding did not meet the threshold, and they were happy with the actions taken at the time of the event.</p> <p>Staff were aware of safeguarding processes. Staff told us they would share any concerns with the Registered Manager or Deputy Manager. Staff knew how to raise concerns internally with senior leaders and to external agencies.</p> <p>A relative said they felt their family member was safe living at Langbury House.</p> <p><b>Involving people to manage risks – Score 2</b></p> <p>Risks to people’s safety were assessed and risk management assessments were in place. However, it was noted that some of these assessments were generalised and lacked detail, and did not full describe how to reduce the risk.</p> <p>For example, one person was at risk of falls, there was a lack of information about how to prevent this. The risk assessment identified that they needed support from one member of staff, when mobilising, but not how staff should support with this. Where one person needed full support with their moving and handling, the risk assessment lacked detail. It recorded about positioning correctly, but not what this was or how.</p>

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		<p>There was reference to a hoist, but no detail on how to use the hoist, although there was information within the support plan and reference to moving and handling guidance. Clear information is needed in the risk management record. <b>(SR 2)</b></p> <p>There was some disparity between information in some areas of the care plans and associated risk assessments. For example, for one person who was at risk of constipation, there was a risk assessment in place which identified that signs of discomfort and how to identify when the person was constipated, was in their support plan. however, this could not be located. <b>(ER 3)</b></p> <p>Some of the information is the risk assessments was too long and irrelevant. For example, large sections of the safeguarding policy had been copied and pasted into a risk assessment for one person, which only confused important detail within the risk assessment. <b>(SR 4)</b></p> <p>However, it should also be noted that there were areas of risk assessment that were detailed and gave staff clear guidance, such as managing the risk of choking.</p> <p><b>Safe environments – Score 3</b></p> <p>People were supported to live in a safe environment, which was regularly checked and maintained to ensure risk to people was minimised.</p> <p>The environment was seen to be safe and clutter free, so people could move around safely. Individual bedrooms were arranged so people had ease of access and room for their equipment.</p> <p>Equipment was monitored to ensure that it was safe to use, and regular checks were carried out on the lift.</p> <p>Health and safety checks were completed on a regular basis, including daily fire patrols, weekly checks on the fire alarm, carbon monoxide sensor, laundry equipment, fire doors, lighting, window restrictors and plugs. Monthly checks were completed on monthly fire extinguisher, emergency drill, emergency lighting, and the grab bag checks.</p>



Key Question	Applicable Regulations	Quality Statements and Comments
		<p>Appliances and utilities were checked and/or serviced in line with health and safety schedules. These included risk assessments around health and safety, legionella and fire and checks on gas and electrical safety.</p> <p>Health and safety risk assessments included behaviours of concern, lone working, work equipment, emergency procedures, and infection control.</p> <p>The QUOODA system identified that checks, servicing and risk assessments were up to date.</p> <p><b>Safe and effective staffing – Score 2</b></p> <p>There were five people using the service at the time of the visit. Everyone received allocated hours per day for one-to-one support and shared support at night.</p> <p>There was a stable staff team with minimal agency use at the time of the visit. There were enough staff on duty to meet people’s needs.</p> <p>Checks were 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.</p> <p>Two staff files were scrutinised for robustness of checks to ensure that they met with the requirements of regulation. Recruitment records showed that safe recruitment procedures were not robustly followed.</p> <p>➤ Significant shortfalls were identified in relation to references in both files viewed.</p> <p>For one person: They had limited employment history due to family commitments, which was understood. However, two out of three references were from immediate family members, which would not be considered as good practice. For example, one reference asked how they knew the person and the response was ‘X is my lovely wife’.</p> <p>For another person there were two professional references in place. The one from the most recent employer assessed the persons performance as poor or fair in all outcomes. There was no record of any</p>

Key Question	Applicable Regulations	Quality Statements and Comments
		<p>review of discussion in relation to this reference. The second reference was from when they were previously employed by the service, but the reference had no name or designation of the referee and was not signed. <b>(SR 5)</b></p> <p>Other checks as required were seen to be in place. These included:</p> <ul style="list-style-type: none"> <li>➤ A full employment history, with gaps explained.</li> <li>➤ A Disclosure and Barring Service (DBS) check. For one person, this had not yet been received, there was a risk assessment in place and the staff member was not to work alone with people being supported.</li> <li>➤ A health/medical declaration.</li> <li>➤ Proof of identify and address.</li> <li>➤ Right to work.</li> </ul> <p>Staff were issued with a contract as required by employment law.</p> <p>New staff were supported with an induction. New staff were completing the Liaise induction booklet which was mapped to the care certificate and the in-house training programme. Staff were supported with observations of care practices work exercises to demonstrate competency and understanding of their role.</p> <p>Ongoing training was in place through Your Hippo on line e-learning was in place.</p> <p>Mandatory training included autism, equality and diversity, privacy and dignity, Mental Capacity and Deprivation of Liberty Safeguards, health and safety, food safety, fire safety, GDPR, infection control, manual handling, Safeguarding, medication awareness, and learning disability.</p> <p>Required training included British sign language, theory and practical, COSHH, diabetes, Duty of Candour, Duty of Care, Epilepsy, Epilepsy and Buccal Midazolam, end-of-life, PBS, Mental Health, Nutrition, Oral Health, IDDSI, medication administration, and person-centred care, for example.</p>

Key Question	Applicable Regulations	Quality Statements and Comments
		<p>Staff had also completed specialist training in the needs of people using the service. This included PEG care, respiratory training, suctioning and pressure care prevention, for example.</p> <p>Staff competency was checked in relation to specialist care practices for use of the peg and suctioning. Peg competency was at 100%, and although suctioning competency was at 20%, staff had not yet passed their expiry date.</p> <p>Some staff had been supported to attended training with the West Sussex learning pool for Baseline observations. They all found it very interesting. One staff member said it was good training, and another member of staff said it was nice to hear different points of view from various people, experienced and non-experienced external people.</p> <p>Staff said they received training appropriate to the needs of the people they supported and felt they had opportunities to develop and learn.</p> <p><b>Infection prevention and control – Score 3</b></p> <p>People were kept free from the risk of infection through the hygiene practices. Staff used effective infection, prevention and control measures to keep people safe.</p> <p>Where needed staff used personal protective equipment (PPE) effectively and safely.</p> <p>There were safe systems to manage the cleaning of the kitchen and opening and closing checks were completed.</p> <p>Observations of the environment showed it was clean.</p> <p><b>Medicines optimisation – Score 3</b></p> <p>People had a locked medication cabinet in their own rooms, where their medicines were kept. Each person had a personalised medication folder with information about the support and medicines included.</p>

Key Question	Applicable Regulations	Quality Statements and Comments
		<p>Temperatures of rooms were taken and a sample viewed noted that they were within the accepted guidelines.</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. Systems for signing medicines in and out of the home were in place.</p> <p>PRN protocols were in place.</p> <p>Homely remedies and controlled drugs were not used.</p> <p>Storage was generally well managed, although one external application was stored with internal medication. <b>(SR 6)</b></p> <p>Care plans lacked detail about the support provided in relation to medicines especially where one person had their medicines administered via the peg and there was specific actions for staff to take in relation to different medicines, this was not included. <b>(SR 7)</b></p> <ul style="list-style-type: none"> <li>• This service scored 65 (out of 100) for this area.</li> </ul>
<p><b>SRG RATING: Good:</b> 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><b>“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”.</b></p>		

Key Question	Regulations	Quality Statements and Comments
Effective	<p><b>Regulation 9: Person Centred Care</b></p> <p><b>Regulation 11: Need for Consent</b></p> <p><b>Regulation 14: Meeting Nutrition and Hydration Needs</b></p> <p><b>Regulation 18: Staffing</b></p>	<p><b>Assessing needs – Score 3</b></p> <p>One person had moved into the service in July 2024. A review was undertaken of the assessment process. There was evidence that there was a robust assessment and transition process in place.</p> <p>A full assessment had been undertaken, and staff had met with the management team and care staff at the person’s previous placement. They had also visited the previous care service as part of the assessment process.</p> <p>Prior to moving in, checks were made as to whether any adjustments were needed to the environment, referrals for equipment or additional staff training needed.</p> <p>Opportunities were also made available for people to visit and meet people currently living in the home before moving in.</p> <p>Approximately six weeks after moving in, a review was held with the social worker to assess how the person had been settling in, which helped to monitor and review the process.</p> <p>Relatives confirmed they were involved in discussions and reviews with staff and the management team regarding the care and support provided.</p> <p><b>Delivering evidence-based care and treatment – Score 3</b></p> <p>Staff followed evidenced based care and treatment to support people. For example, one person was at risk of constipation and following discussions with the dietitian, staff had supported the person with changes to their diet to help manage their constipation and reduce a reliance on medication.</p> <p>For another person, they had received nutrition through formula administered through a peg-feed. Following a multi-disciplinary meeting, it has been recommended that the person was provided with a blended diet.</p>

Key Question	Regulations	Quality Statements and Comments
		<p>Staff had worked with the specialists to implement this. Staff were specifically trained in blending appropriate foods by the dietician at Worthing hospital.</p> <p>Some people had complicated health conditions, there was some information in the support plans which did vary in detail. It would be good to continue to develop these. <b>(ER 1)</b></p> <p>Where people suffered with epilepsy, it was seen that there were support plans and risk assessments in place. Those viewed contained information to guide staff on how to support the person safely. Care records showed that staff recorded any seizures and detailed the length, and the support provided.</p> <p>One person needed to wear DAFO splints on their feet to support walking and ankles during the process. There was guidance available to direct staff on how to apply and remove these.</p> <p><b>How staff, teams and services work together – Score 3</b></p> <p>Staff worked actively with health care professionals, heeded and implemented their advice. For example, changes to diet, and reduction in medicines, and physio exercises.</p> <p>Processes were in place support people to access health care support through appointments and consultations. Professionals included neurology, consultants, orthotics, physiotherapists, orthopaedics, SALT and district nurses, for example. Evidence was seen of appointments attended and regular check ups carried out.</p> <p>People were also supported with access to dentistry, opticians and chiropody.</p> <p>People had a care/hospital passport in place. These included information about allergies and intolerances, communication, eating and drinking, pain, medical conditions, medication, and behaviours, for example. Things that were important to the person and likes and dislikes were also included in the hospital passports.</p> <p><b>Supporting people to live healthier lives – Score 3</b></p>

Key Question	Regulations	Quality Statements and Comments
		<p>There were health support plans in place. These included information on how to support people to remain healthy and included guidance and information for staff.</p> <p>Allergies included in medication profiles and there was also reference to where people had reactions to different foods, although it was not confirmed that this was an allergy. This helped staff recognise any potential risks.</p> <p>Information was included in the support plans in relation to areas of care which could impact on individual health such as constipation and oral care.</p> <p>Some people needed daily physiotherapy. The care plan for one person identified that the physiotherapy programme was in place in the person's bedroom, although for another person the physiotherapy programme was also included in the actual care plan. I suggest there is a consistent approach, and information is kept in the same location for everyone using the service. <b>(ER 2)</b></p> <p>People were supported with healthy diets and staff worked with nutritionists and dieticians to support people.</p> <p><b>Monitoring and improving outcomes – Score 2</b></p> <p>Systems were in place to monitor people to ensure that they were safe and not at risk from any health care conditions which may affect their wellbeing. These varied in detail and robustness. For example:</p> <p>Monthly health checks were in place where staff checked people's general health care needs in relation to their skin care, oral care, nails, weight, and bowel management, for example. These were not being completed on a monthly basis for everyone using the service, with one person only having had one review since September and another person only have had two health checks since this date. <b>(ER 3)</b></p> <p>Some people needed support with physiotherapy, which staff were to record on the Blyssful system in line with the schedule of physio activity. It was noted that there had been a gradual improvement in the recording of the physiotherapy support. Although there was still a tendency for staff to miss odd days. <b>(ER 4)</b></p>

Key Question	Regulations	Quality Statements and Comments
		<p><b>Consent to care and treatment – Score 2</b></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 take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. The Mental Capacity Act (MCA) 2005 applies to everyone involved in the care, treatment and support of people aged 16 and over living in England and Wales who are unable to make all or some decisions for themselves.</p> <p>MCA assessments were in place. These were decision specific and included any assessments in relation to potential restrictions such as lap-belts and locked doors.</p> <p>MCA assessments included Use of Sound and visual monitor, Diet and nutrition, Management of finances, locking of front door, medication, Epilepsy Management, Consent to share personal data, continence and skin integrity, amongst others.</p> <p>Within the assessments there was some nice, detailed information about conversation's held and how these were discussed with the person. For example, for diet and nutrition, staff had sat with one person and shown various menu pictures to help assess their capacity to decide. This was nice and detailed. Although staff discussed the decision, there was no record of retaining the information or weighing up the decision as these sections tended to be no answers only. <b>(ER 5)</b></p> <p>Generally, a best interest decision was being made and recorded, but the best interest assessment was not being completed. <b>(ER 6).</b></p> <p>It was noted that there was a potential that not everyone had all appropriate decision specific MCA assessments in place. For example, not everyone has an MCA for sharing information or the locking of front</p>



Key Question	Regulations	Quality Statements and Comments
		<p>door, where it was confirmed that they may need. It is suggested that a review of MCAs which are in place is undertaken and any identified as missing are implemented. <b>(ER 7)</b></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. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards.</p> <p>Applications had been made where people were subject to limitations on their freedoms under the deprivation of liberty safeguards (DoLS).</p> <ul style="list-style-type: none"> <li>• This service scored 66 (out of 100) for this area.</li> </ul>
<p><b>SRG RATING: Good:</b> 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><b>“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”.</b></p>		

Key Question	Regulations	Quality Statements and Comments
<b>Caring</b>	<b>Regulation 9: Person-centred Care</b>  <b>Regulation 10: Dignity and Respect</b>	<p><b>Kindness, compassion and dignity – Score 3</b></p> <p>Staff understood the importance of treating people kindly and upholding their dignity. Staff treated people with respect at all times by ensuring they maintained people’s privacy and dignity.</p> <p>Staff demonstrated genuine empathy for the people they cared for and were quick to provide reassurance and attention when people needed it.</p> <p>People were supported to maintain relationships which were important to them. Relationships were promoted and encouraged, and people were supported to see family when they wanted to. Family members said they could visit when they wanted and were always made welcome.</p> <p>Relatives said that staff were kind and caring.</p> <p><b>Treating people as individuals – Score 3</b></p> <p>Staff know people well. They were aware of their different preferences and individual support needs. Staff were able to describe how they gave people daily living choices to ensure they were supported in a manner that suited their individual needs.</p> <p>Staff understood how to treat people as individuals and provide care and support in line with people’s needs and preferences.</p> <p>Staff knew people’s preferred communication needs and used these to include people.</p> <p>Systems were in place to ensure people’s individual needs were obtained, understood and met. Regular assessments, monitoring and reviews of people’s care and support needs was undertaken.</p> <p><b>Independence, choice and control – Score 3</b></p> <p>People were supported and encouraged to make choices.</p>

Key Question	Regulations	Quality Statements and Comments
		<p>People's bedrooms were personalised to their individual needs.</p> <p>Equipment was in place to help promote independence.</p> <p>All staff spoken with were able to describe individual needs and were aware of what people could manage for themselves.</p> <p><b>Responding to people's immediate needs – Score 3</b></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>Observations showed that staff were responsive to individual needs and monitored people and staff understood signs of when people were not feeling well.</p> <p><b>Workforce wellbeing and enablement – Score 4</b></p> <p>Staff wellbeing was promoted, and they received support from the management team when they needed it. Staff said they had a good work/life balance.</p> <p>Through the organisation there was an employee support programme which included wellbeing support and access to a confidential helpline, an above and beyond programme, refer a friend scheme, a blue light card, which enabled staff discounts at a range of outlets, and a training and development programme.</p> <p>Staff were aware of workplace benefits available to them and where to find these.</p> <p>There was an internal employee of the month where staff voted for each other each month. Staff were given a voucher, and small gifts such as chocolates, and a card. This is to help show staff they were appreciated. Staff who win this were then put forward to the above and beyond scheme within the provider organisation.</p>

Key Question	Regulations	Quality Statements and Comments
		<p>At the end of the year at the staff meeting the registered manager had arranged for staff to receive a range of awards that reflected their personality and had presented staff with certificates. This had been a light hearted way of thanking staff for their support. When spoken with, staff said they appreciated this.</p> <p>Supervisions considered staff wellbeing and reasonable adjustments were made for any religious or cultural needs and protected characteristics were considered.</p> <p>All staff said they felt well supported by the management team and felt they could go to them with any queries or questions.</p> <ul style="list-style-type: none"> <li>• This service scored 80 (out of 100) for this area.</li> </ul>
<p><b>SRG RATING: Good:</b> 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><b>“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.”</b></p>		

Key Question	Regulations	Quality Statements and Comments
<b>Responsive</b>	<b>Regulation 9: Person Centred Care</b>  <b>Regulation 17: Good Governance</b>  <b>Regulation 16: Receiving and Acting on Complaints</b>	<p><b>Person-centred Care – Score 3</b></p> <p>Staff spoken with knew people well as individuals and knew what their preferences, likes and dislikes were. Observations showed that that staff knew and understood individual needs. Conversations with staff evidenced their knowledge and familiarity with the people there were supporting.</p> <p>Staff approach and ethos ensured that people were at the forefront of their care and collaborative decisions were made on how to respond to changes in need.</p> <p>Support plans were specific to the individual person and considered their likes and dislikes.</p> <p>Staff thought about things that could improve people’s lives. For example, staff had arranged for a padded cushion to be attached to the toilet seat to make life more comfortable. Relatives reported that this gesture and made life much easier for their family member.</p> <p>The Registered Manager had developed a toolkit for staff to work from and help them to identify good and poorer practices, in relation to the quality-of-life programme. This promoted a more person-centred approach.</p> <p><b>Care provision, integration, and continuity – Score 3</b></p> <p>The service understood the diverse health and care needs of people and their local communities, so care was joined-up, flexible and supported choice and continuity.</p> <p>Relatives said their family member received continuity of care from staff who were familiar with their individual care needs, preferences and daily routines.</p> <p>Relatives at times felt that the people being supported did not get the support they needed from health care professionals but felt that this was beyond the control of the provider and manager.</p>

Key Question	Regulations	Quality Statements and Comments
		<p>The management team promoted involvement from relatives and ensured that they were involved in multi-disciplinary meetings and care reviews.</p> <p><b>Providing information – Score 3</b></p> <p>People and their relatives were provided with information to keep them up to date.</p> <p>Information was made available in different formats.</p> <p>Staff had good awareness, skills and understanding of individual communication needs, they knew how to facilitate communication.</p> <p>Communication care plans were in place. Staff described how they communicated with people.</p> <p>Some relatives were provided with informative monthly newsletters which described the events of the month for their family member, including activities, any changes in need, health updates and positive outcomes. Relatives said they appreciated this.</p> <p><b>Listening to and involving people – Score 3</b></p> <p>Surveys had gone out to people being supported in January (although there was no date). This was in an easy read and asked people their opinions of the service, did they like the food, were they happy, enjoyed activities, could make choices about when they went out, staff were kind, they felt safe, staff listened to them, and they knew who to talk to if they were worried. As yet a response had not been prepared although it had been recognised that one person had some areas that needed discussing although this had not yet happened. <b>(RR 1)</b></p> <p>Evidence was seen that families were involved and were encouraged to visit and meet with staff. Surveys had been sent out to relatives in May 2024. Some of the feedback was less than positive, although this appeared to be in relation to the general state of care, rather than directly at the care staff working at the service. The questions and responses had been discussed at a relatives meeting. Themes around</p>

Key Question	Regulations	Quality Statements and Comments
		<p>communication, staffing levels, health care, medication errors and safeguarding were discussed to put people's minds at rest.</p> <p>Relatives' meetings were happening on a quarterly basis and were well attended. People were given the opportunity to discuss a range of subjects and kept up to date with any changes. The meetings were also used to reassure people where concerns were raised around health care support.</p> <p>Evidence was seen that complaints were taken seriously and responded to. Where a relative has raised concerns but no formal complaint, the manager met to reassure them and address their concerns</p> <p>People did have opportunities to have key worker meetings with their key workers, but these were not arranged on a regular basis and often did not fully review the previous month. <b>(RR 2)</b></p> <p><b>Equity in access – Score 4</b></p> <p>The Registered Manager and staff advocated for people and supported them with their needs. A referral had been made for one person for physiotherapy. Following a slow response to this, the Registered Manager had raised a concern, and support had then been provided.</p> <p>A review of medication had been instigated for people and there had been positive outcomes with improvements in one person's wellbeing and in another person's behaviours, where they were now more settled.</p> <p>External Makaton training, which was face-to-face over two days had been sourced, and it was reported that it was useful and enabled staff to converse more with one person using the service.</p> <p>There was appropriate equipment in place to support people to access facilities and with their daily living. This included moving and handling equipment, specially adapted wheelchairs, peg feed and suctioning equipment.</p> <p><b>Equity in experiences and outcomes – Score 3</b></p>

Key Question	Regulations	Quality Statements and Comments
		<p>Relatives confirmed people were supported to access the local community. However, some concerns were raised over the insurance and availability of drivers for the company vehicle. Some relatives felt that although people had their own vehicles and there were drivers for this, the company vehicle which could accommodate more people could only be driven by a limited number of staff due to insurance purposes. They felt that this impacted on access into the community and requested that it was raised as part of this report. <b>(RR 3)</b></p> <p>People living in the home had previously not had opportunities to go on holiday. However, staff had worked with people to help them to go on holiday.</p> <p>Two people had gone on an adventure holiday where they had opportunities to power glide, archery, use a jacuzzi, swimming, pony trap riding -full risk assessments were in place.</p> <p>One person went to Euro Disney and enjoyed this.</p> <p>Further holidays are planed for people this year and one person had been supported to get their passport so they could go abroad for the 50th birthday.</p> <p>On a daily basis people were supported to take part in activities of their choice including going out to local attractions or for drives. People enjoyed going bowling or to the cinema and out for lunch.</p> <p><b>Planning for the future – Score 2</b></p> <p>End-of-life plans needed further development. There were no risk assessments in place for this area in any of the support plans viewed. Support plans generally stated that staff were in the process of speaking with parents. There was no information about whether people had a DNACPR or any other information relating to potential end-of-life matters. As most people living in the service had complex health care conditions, this is an area which needs to be addressed. <b>(RR 4)</b></p> <p>It was seen that this subject had been broached with parents at meetings and there was an attempt to address this area sensitively with parents. In addition, a member of staff had attended a webinar which had</p>



Key Question	Regulations	Quality Statements and Comments
		<p>centred on end-of-life care, especially for people with learning disabilities. They had prepared a presentation for other staff at a staff meeting and had been keen to develop this, but at the time of the visit, no further progress had been implemented. <b>(RR 5)</b></p> <ul style="list-style-type: none"> <li>This service scored 75 (out of 100) for this area.</li> </ul>
<p><b>SRG RATING: Good</b> 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><b>“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”.</b></p>		

Key Question	Regulations	Quality Statements and Comments
Well-led	<p><b>Regulation 17: Good Governance</b></p> <p><b>Regulation 5: Fit and Proper Persons Employed - Directors</b></p> <p><b>Regulation 7: Requirements Relating to Registered Managers</b></p> <p><b>Regulation 18: Staffing</b></p> <p><b>Regulation 20A: Requirement as to Display of Performance Assessments</b></p>	<p><b>Shared direction and culture – Score 4</b></p> <p>The Registered Manager set a culture that valued reflection, learning and improvement and they were receptive to challenge and welcomed fresh perspectives.</p> <p>Individual staff supervision and group team meetings were used by the Registered Manager as a platform for staff to promote learning and develop their knowledge in relation to the framework in which they worked.</p> <p>The Registered Manager worked hard to instil a culture of care in which staff truly valued and promoted people’s individuality, protected their rights and enabled them to develop. Management was visible in the service, approachable and took a genuine interest in what people, staff, family, advocates and other professionals had to say.</p> <p>Relatives said the management team in the service were approachable and supportive.</p> <p>There was an open and transparent culture. The management team understood their responsibilities to respond to accidents, incidents, or complaints. Relatives were kept informed of any accidents and untoward incidents that had occurred. Apologies were made, where needed.</p> <p><b>Capable, compassionate and inclusive leaders – Score 4</b></p> <p>The Registered Manager had been in post for approximately 18 months and had embedded a positive and inclusive culture within the service. They had the skills, knowledge and experience to perform their role and a clear understanding of people’s needs/oversight of the services they managed.</p> <p>Staff felt the home was well-led. They felt the Registered Manager was approachable and managed the staff well.</p> <p>Staff were aware of their roles and responsibilities and how they contributed to the running of the home.</p>

Key Question	Regulations	Quality Statements and Comments
		<p>Succession planning was in place with the deputy manager and senior staff given support to help develop their skills.</p> <p>All staff were encouraged to positively contribute their ideas to the running of the service.</p> <p>The registered manager felt supported by the provider's senior management team and felt they were available when needed.</p> <p><b>Freedom to speak up – Score 3</b></p> <p>The Registered Manager promoted a positive culture where staff felt they could speak up and their voice would be heard. Staff had access to regular supervision and support.</p> <p>Team meetings had been planned in advance with a theme allocated to each meeting, these included specific policies, specific quality statements and areas such as wellbeing and visions and values.</p> <p>There was a staff champion who represented staff at provider staff meetings.</p> <p><b>Workforce equality, diversity and inclusion – Score 3</b></p> <p>There were policies and procedures in place for equality and diversity and staff received training. A culture of inclusion was promoted by involving staff.</p> <p>Reasonable adjustments were made to rotas to support people balance home and working life.</p> <p>Staff reported they felt well supported.</p> <p><b>Governance, management and sustainability – Score 3</b></p> <p>There were arrangements for accountability and improvement using a range of audits to monitor quality and identify areas that could be improved. These were carried out by the management of the service and the senior management team.</p>

Key Question	Regulations	Quality Statements and Comments
		<p>Audits included a regular manager walk around, medication audits on a weekly and monthly basis, finance, health and safety and infection control, support plans and risk assessments, and finances.</p> <p>Additional audits were carried out by the operations manager and included quarterly medication audits and an operations manager audit. In addition, the registered provider arranged for internal mock inspections from the quality team.</p> <p>It was positive to see that actions were identified, and these were monitored and updated as and when they were addressed.</p> <p>There was an additional action plan, which held the registered manager to maintain oversight of the service.</p> <p>The Registered Manager attended monthly quality meetings and met regularly with other managers. Trends and patterns were reviewed a long with any identified risks.</p> <p><b>Partnerships and communities – Score 3</b></p> <p>Arrangements were in place for the service to work proactively with partners and seek their guidance and recommendations about how to support people achieve positive outcomes and experiences, as described within this report.</p> <p>Evidence was seen of partnership working with health and social care professionals and people were supported to contribute to these reviews.</p> <p>The Registered Manager and staff said they felt they worked well with external health and social care professionals and community organisations and welcomed their views and advice.</p> <p><b>Learning, improving and innovation – Score 3</b></p> <p>There was a commitment to upskill staff with learning and development. In order to ensure that staff understood the framework within which they were working, team meetings were used to focus on a key question. Rather than the manager informing staff about the individual key questions, she had assigned</p>

Key Question	Regulations	Quality Statements and Comments
		<p>them to different staff. It was then their responsibility to research the impact and how this worked in practice and at team meetings present a presentation about the specific key question.</p> <p>Staff had produced their own quality statements such as <i>‘Responsiveness is ACTION’</i> (responsive), <i>‘Its who, how and why that matter’</i> (Well-led), and <i>‘We support with feelings from the heart, the team is about caring and caring is about the team’</i> (Caring). This helped to promote an inclusive culture.</p> <p>A staff member had attended a webinar centred on end-of-life for people with learning disabilities. At a team meeting they had shared what they had learnt at this meeting and promoted the importance of end-of-life training. Although as identified within the responsive section, this had not yet been further developed within the service, which was a shame as it was really positive piece of work.</p> <p>Learning from other organisations was implemented, such as changes to practice for example following reviews and assessments.</p> <p>The provider’s senior team shared wider learning through quality and risk meetings.</p> <p>The registered manager attended forums, and care shows to stay up to date with good practice. They were a member of the Skills for Care manager group, and the deputy manager had joined the deputy managers’ network.</p> <p><b>Environmental sustainability – sustainable development – Score 3</b></p> <p>Paper records were limited to save on paper and waste paper was shredded to reduce waste.</p> <p>Digital systems helped to reduce the use of paper.</p> <ul style="list-style-type: none"> <li>• This service scored 81 (out of 100) for this area.</li> </ul>
<p><b>SRG RATING: Good:</b> 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>		

Key Question	Regulations	Quality Statements and Comments
		<p><b>“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”.</b></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>Ensure that all incidents including those that affect the smooth running of the service are recorded.</i>						
SR2	<i>Include clearer information on how to manage individual risks, ensure this identifies individual need and the process to reduce the actual risk</i>						
SR3	<i>Ensure that there is information for staff is transferred through to support plans</i>						
SR4	<i>Ensure that risk assessments are specific to the person and do not contain generic information which is not relevant to the person's particular risk assessment.</i>						
SR5	<i>Ensure that appropriate references are in place. This should ensure that any a) information of concern is discussed and recorded</i>						

## CQC Key Question - SAFE

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

	<i>b) References are checked to ensure they are from a named person with their designation</i> <i>c) References should not from immediate relatives, where it is not possible to gain other references, then a risk assessment should be in place.</i>						
SR6	Ensure that external applications are kept separate from internal medication						
SR7	Include more specific information in the support plan in relation to support provided with medicines.						



## 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>Continue to develop information about individual health conditions within support plans</i>						
ER2	<i>Include guidance for physiotherapy programmes in the support plan</i>						
ER3	<i>Ensure that monthly health checks are completed or there is a recorded reasons why this had not happened.</i>						
ER4	<i>Ensure that staff record all support provided with physiotherapy</i>						
ER5	<i>Include more information in relation to assessing as to whether people could retain the information</i>						
ER6	<i>Ensure that best interest assessments are completed</i>						
ER7	<i>Review which MCAs are in place, identify any missing and implement</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	<i>Review surveys responses and ensure that feedback is provided to people.</i>						
RR2	<i>Continue to develop key worker meetings.</i>						
RR3	<i>Review and respond to concerns raised by relatives in relation to insurance for the company vehicle to alleviate any concerns they have about accessing the community</i>						
RR4	<i>Further develop information within end-of-life support plans.</i>						
RR5	<i>Further develop the end-of-life champion role.</i>						

## 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	No recommendations						