



# AUDIT REPORT

## Lilas House

Date of Visit: 4<sup>th</sup> & 5<sup>th</sup> December 2024

Private & Confidential  
SRG CARE CONSULTANCY LIMITED

## Contents:

Page	Subject
3	Current CQC & SRG Ratings
4 – 5	Overall Review Summary
6 – 12	KLoE Safe Domain
13 – 16	KLoE Effective Domain
17 – 19	KLoE Caring Domain
20 – 23	KLoE Responsive Domain
24 – 28	KLoE Well Led Domain
29 – 34	Action Plan


**Service Name:** Lilas House


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




**Address of Service:** 5 Cadogan Road, Cromer, Norfolk, NR27 9HT

**Date of Last CQC Inspection:** 10<sup>th</sup> March 2022 (under the previous provider)

## Ratings

<b>CQC's Overall Rating for this Service:</b>	Requires Improvement	
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<b>SRG Overall Rating for this Service:</b>	Good	
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KLoE Domain	Rating		Overall Score
Is the service safe?	Good		71 (out of 100)
Is the service Effective?	Good		70 (out of 100)
Is the service caring?	Good		80 (out of 100)
Is the service responsive?	Good		78 (out of 100)
Is the service well-led?	Good		75 (out of 100)

Depending on what we find, we give a score for each evidence category that is part of the assessment of the quality statement. All evidence categories and quality statements are weighted equally.

Scores for evidence categories relate to the quality of care in a service or performance:

- 4 = Evidence shows an exceptional standard
- 3 = Evidence shows a good standard
- 2 = Evidence shows some shortfalls
- 1 = Evidence shows significant shortfalls

At key question level we translate this percentage into a rating rather than a score, using these thresholds:

- 25 to 38% = Inadequate
- 39 to 62% = Requires improvement
- 63 to 87% = Good
- over 87% = Outstanding

## Overall Review Summary

### INTRODUCTION

An audit, based on CQC KLoE, was undertaken by one SRG Consultant over two days on 4<sup>th</sup> and 5<sup>th</sup> December 2024. The purpose of this review was to highlight in a purely advisory capacity, any areas of the service operation which should or could be addressed in order to improve the provision and recording of care and increase overall efficiency and compliance with CQC Standards and Regulatory Requirements.

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

### METHODOLOGY

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

### SUMMARY OF OUTCOME

Lilas is registered with CQC and provides accommodation for persons who require nursing or personal care. Its category of registration is a residential home in; Caring for adults over 65 years, caring for adults under 65 years and Learning disabilities. The provider must not provide nursing care.

The service provides accommodation for up to 6 residents. At the time of this audit the home had 5 people using the service, one of whom was in hospital.

Care records and staff files were reviewed. Medicine records and the records pertaining to the operation of the service, including quality assurance audits, minutes of staff meetings, H&S and Fire related documentation were reviewed.

The service uses Blyssful for care plans, RADAR for quality assurance and monitoring and recording events and actions and QUOODA for health and safety. Staff input daily occurrences via tablets such as nutrition, personal care and support provided.

### DISCLAIMER

The matters raised in this report are only those that came to the attention of the reviewer during this visit. The work undertaken is advisory in nature and should not be relied upon wholly or in isolation for assurance about CQC compliance.

## RATINGS

It is the overall view of the consultant undertaking this review that while several recommendations are made, subject to these being acted upon and concluded that the service would likely achieve those CQC KLoE ratings as specified within each section of the report. Ratings are applied as per those conditions set out within the CQC KLoE Prompts and Ratings Scales.

*Please note that this is the opinion of the reviewer carrying out each audit based on the evidence gained during the review visit and using this to evaluate compliance against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.*

KLOE	Applicable Regulations	Comments
Safe	<p><b>Regulation 12 (f) and (g) Safe Care and Treatment</b></p> <p><b>Regulation 13: Safeguarding users from abuse and improper treatment</b></p> <p><b>Regulation 17: Good Governance</b></p> <p><b>Regulations 18 &amp; 19: Staffing - Fit and Proper persons employed</b></p> <p><b>Regulation 20: Duty of Candour</b></p>	<p><b>Learning culture:</b> Score 3</p> <p>People's safety and wellbeing was safely managed. Staff were aware of how to report any accidents or incidents.</p> <p>A sample of accident and incident reports were reviewed. There was evidence that areas of known risk which had happened as a result of an incident were identified in the care plans and risk assessments. This was supported by evidence of actions taken following any incidents.</p> <p>The learning from safety events was used to improve staff working practices, reduce further risk and keep people safe. Lessons learnt were seen to be recorded in the outcomes of accidents or incidents and a record of how this would be shared with staff.</p> <p>There was a monthly lessons learnt review carried out. This reviewed each untoward event and identified what had gone well, what hadn't gone well, how improvements could be made.</p> <p>Although these were an overview of the individual incidents, it would be useful to do a summary for the month and record any actual lessons which had been implemented. <b>(SR 1)</b></p> <p><b>Safe systems, pathways and transitions:</b> Score 3</p> <p>The service worked with people and health and social care professionals to establish and maintain safe systems of care, in which safety was managed or monitored.</p> <p>Staff had continually referred on behalf of one person where their needs had changed to ensure they received the support they needed.</p> <p>Staff had also made sure there was continuity of care, including when people moved between different services. For example, one person was supported to move into Lilas from another service, down the road. They had been supported to visit and choose how they wanted their room and spend time with people living at Lilas.</p> <p><b>Safeguarding:</b> Score 3</p> <p>People living in the home said they felt safe.</p>

KLOE	Applicable Regulations	Comments
		<p>Staff understood their responsibility to safeguard people and received relevant training and support to do so.</p> <p>Safeguarding training was at 94%, with 17 out of 18 staff being up to date with their training. The outstanding training was for a member of the bank staff, who was due to complete this when they were next on duty.</p> <p>The staff spoken with knew how to report any concerns and knew how to contact external agencies should they need to. Staff said any concerns raised were acted on immediately.</p> <p>Information was available on how to contact the Norfolk Multi-agency safeguarding hub team. In addition, there was an easy read version of Norfolk safeguarding guidance. There was information on display on the service user notice board.</p> <p>A log was kept of safeguarding and five had been reported during 2024. There was a record of whether the referral had met the threshold. None of those raised by the service had reached the level of a section 42 threshold, and all had been closed without any further actions.</p> <p>The service was supporting the Norfolk local authority team in relation to a safeguarding which had been raised against the Kent local authority whereby they were providing information due to Kent not responding to providing funding and support for someone who's needs had deteriorated.</p> <p><b>Involving people to manage risks: Score 3</b></p> <p>There were a range of risk assessments in place. These included:</p> <p>Personal support including the 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>

KLOE	Applicable Regulations	Comments
		<p>Where people were at risk of self-harm there was information in the care plan and PBS plan.</p> <p>Where one person was prescribed Edaxoban, which was a blood thinner, there was reference in the risk assessment about the risks associated with such medicines. However, the person had also been associated with a high risk of falls, and the risk of blood thinners was not linked to this. <b>(SR 2)</b></p> <p>Information from risk assessments was not always included in the support plans. <b>(SR 3)</b>.</p> <p>There was a separate Mobility Support and Mobility Aid risk assessment and care plan / guidance for the use of the equipment to support one person with transfer. This was quite detailed, included all the equipment, and how to support with this and the risk of a seizure was also identified. Staff were to sign to say that they had read and understood these. Evidence was seen as the information was kept in individual bedrooms, most staff had signed to say they had read and understood the guidance.</p> <p>This clearly identified the above plan which needed to be read. There was clear guidance that this was an instruction from the O.T. and staff were to follow.</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>Safety systems and equipment used at the service were maintained and serviced at regular intervals. Senior staff undertook health and safety checks of the premises at regular intervals.</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> <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>



KLOE	Applicable Regulations	Comments
		<p>The health and safety risk assessments had all been reviewed and were in date. 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 3</b></p> <p>People experienced continuity of care because there was a consistent staff team, who knew people well. Staffing was arranged in accordance with individual needs, and there were enough staff on duty to support staff.</p> <p>Staff were present, available and provided care and support to people when they needed this. Currently one person needed additional one-to-one support, and this was being facilitated to help keep them safe.</p> <p>Recruitment practices were reviewed, with staff files sampled. Recruitment was managed by the HR department who carried out all checks.</p> <p>Most of the information required by regulation was in place:</p> <p>References were in place and where needed these were verified. Staff files showed that both employment and character references were in place.</p> <p>Proof of DBS (Disclosure and Barring Service) checks were in place.</p> <p>Proof of address and identify was obtained and these were signed to say the original had been seen and verified.</p> <p>Right to work was again checked and verified.</p> <p>Health declarations were in place to demonstrate that staff were medically fit to provide care and support.</p> <p>There was some confusion around the dates of employment, as different documentation recorded different dates for the same employment. The C.V. recorded one set of dates, whilst an explanation of gaps in employment history recorded a different set of dates. There needs to be more robust information in relation to checks on dates of employment. <b>(SR 4)</b></p>

KLOE	Applicable Regulations	Comments
		<p>Confirmation of gaps in employment had been sent through by text, but there was no authenticity of who the text was from. <b>(SR 5)</b></p> <p>Signed contracts were in place when staff started employment.</p> <p>New staff were supported with an induction, through the updated induction workbook. This included an overview and the organisational mission and values, alongside a robust induction training programme. The induction was mapped to training and the care certificate and included online training, observations, care practices and work exercises to demonstrate competency and understanding of their role.</p> <p>One member of staff had completed the Liaise workbook and reported that it was very good and had been extremely useful and felt it had given them good guidance.</p> <p>Staff were supported with an ongoing training programme. This was primarily online through the training provider Your-Hippo. Training included:</p> <p>COSHH, Diabetes Duty of Candour, Duty of Care, IDDSI, End of Life, Epilepsy, Key Word Signing, Key working, Medication Administration, Mental Health, Nutrition, Oral Health, Your Role, Personal Development, Autism, Equality &amp; Diversity, Fire Safety, Food Safety, GDPR &amp; Data Protection, Health &amp; Safety, Infection Control, Learning Disability, MCA &amp; DoLS, Manual Handling, Meds Awareness, Privacy &amp; Dignity, Safeguarding, IDDSI, Nutrition, PROACT-SCI, Person Centred care, PBS, British Sign language, and emergency first aid.</p> <p>Staff training records showed that staff had completed the majority of their training.</p> <p>Following the change in need for one person, which had resulted in them needing the use of a hoist, prompt actions were taken with moving and handling of training arranged for all staff. The majority of staff had completed the training immediately after the hoist had been arranged, with the remaining staff to complete on the second day of the visit. Staff did not use the hoist until they had been trained, to ensure that they supported people safely.</p> <p>The majority of staff had completed competency assessments in relation to medication, however two staff were outstanding at the time of the visit and this need addressing. <b>(SR 6)</b></p>

KLOE	Applicable Regulations	Comments
		<p>Supervisions were at 100% and appraisals were ongoing.</p> <p><b>Infection prevention and control:</b> Score 3</p> <p>There were daily cleaning rotas in place. This included cleaning of the kitchen, dining area, toilets and bathrooms, individual bedrooms, and the lounge. There were also ongoing cleaning schedules for the kitchen and dining room during the day, after use.</p> <p>Arrangements were in place to manage infection risks. Staff were trained in infection prevention and control and food safety. There were sufficient supplies of PPE for staff to help them minimise infection risks.</p> <p><b>Medicines optimisation:</b> Score 2</p> <p>Medication was stored safely.</p> <p>Medicines were kept in lockable cabinets, in people's own rooms.</p> <p>Each person had a medication profile which included the individual diagnosis and any allergies. The profile also included any specific communication needs, the preferred way of taking medicines and actions to take if medicines were refused.</p> <p>There was also an easy read medication profile in place.</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. There were, however, no systems to record why PRN had been administered on the back of the MAR charts and there was a second form which was used to record why items such as paracetamol were administered. However, staff were using the wrong form for one person and were not recording on the PRN administration form but had recorded the reasons for administering paracetamol on the form which was used to sign medicines in and out of the service. <b>(SR 7)</b></p>

KLOE	Applicable Regulations	Comments
		<p>There was no body map for one cream which was to be administered on a pressure sore, although body maps for others. <b>(SR 8)</b></p> <p>The room temperature monitoring sheet stated that the temp should be between 20 – 25 degrees but was frequently recorded as under 20 degrees. The range needs to be checked, with actions taken recorded when temperatures are not at the right level. <b>(SR 9)</b></p> <ul style="list-style-type: none"> <li>This service scored 71 (out of 100) for this area.</li> </ul>
<p><b>Outcome:</b> The service is considered safe</p> <p>'Safe' is defined by the CQC as meaning "<b>people are protected from abuse and avoidable harm</b>".</p> <p><b>Characteristics of services the CQC would rate as 'Good' in this area are those displaying evidence through systems, processes and practice which reflect:</b> People are protected from avoidable harm and abuse.</p> <p><b>SRG RATING: Good</b></p>		

KLOE	Regulations	Comments
Effective	<p><b>Regulation 9: Person Centred Care</b></p> <p><b>Regulation 11: The need for Consent</b></p> <p><b>Regulation 12: Providing Safe Care and Treatment</b></p> <p><b>Regulation 14: Meeting Nutrition and Hydration Needs</b></p> <p><b>Regulation 15: Premises and Equipment.</b></p> <p><b>Regulation 17: Good Governance</b></p> <p><b>Regulation 19: Staffing</b></p>	<p><b>Assessing needs:</b> Score 3</p> <p>One person had moved in from the sister service, which was just down the road. They said they had visited first and been able to arrange for their room to be decorated the way they would like it.</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><b>Delivering evidence-based care and treatment:</b> Score 3</p> <p>The day before the visit, one person had been assessed as requiring further modification to their meals and moving forward required a level four (puree) diet.</p> <p>It was seen that the support plan had been updated to identify this and information was accessed from the IDDSI website.</p> <p>Although staff struggled to make the immediate adaptations, they rose to the challenge, by checking with each other that they had prepared food appropriately, researching good practice, purchasing an additional blender and seeking further support. It would be useful to have more specialised training. (ER 1)</p> <p>The STOMP (stopping the over-medication of people with a learning disability) was followed and reviews were undertaken.</p> <p>Where people had individual conditions, these were identified within the care plans.</p> <p><b>How staff, teams and services work together:</b> Score 3</p> <p>The service collaborated with other professionals, including the learning disability team, SALT team, district nurse, local authorities, occupational therapist and mental health team.</p> <p>Referrals were made, and staff worked in partnership with these professionals to implement recommendations and changes to how people were supported.</p> <p>Staff were effective and responsive to taking on board advice from healthcare professionals.</p>

KLOE	Regulations	Comments
		<p>Feedback from health care professionals identified that they thought staff had gone above and beyond to support one person. Comments included: 'the team have been brilliant in supporting [x] so well', and 'the care and support he has received has been noticed and valued'.</p> <p><b>Supporting people to live healthier lives: Score 3</b></p> <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>Hospital passports were in place. These identified communication, medication, medical history, nutrition, and individual specialist needs, such as a modified diet. These were used to inform staff at other organisations of the individual care needs in order to promote continuity of care.</p> <p>Evidence was seen that these were updated immediately, following any changes in a person's needs.</p> <p><b>Monitoring and improving outcomes: Score 2</b></p> <p>There was a monitoring chart in place, which staff used to monitor any choking episodes, observations showed that these were recorded correctly. These were used to inform the SALT team.</p> <p>Records showed that people were being weighed and their weights were monitored.</p> <p>Where one person could no longer weight bear, staff had recorded that they could not weigh them, but there was no record either in the weight charts or the support plan to identify how they would be supported in the future. <b>(ER 2)</b></p> <p>Monthly health checks took place, and these checked whether people were keeping well. This included a general check on skin conditions, oral care, nail care, any concerns in relation to bowels, any specific health care needs and that individual weights had been recorded with no concerns. These were taking place on a monthly basis. A selection viewed identified that staff were working with people to ensure they stayed healthy.</p> <p>Where one person was at risk of constipation and the care guidance was to report to the GP after 48 hours, this was not always evidenced. <b>(ER 3)</b></p>

KLOE	Regulations	Comments
		<p><b>Consent to care and treatment:</b> 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 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>Where people did not have capacity to consent to specific decisions, MCA assessments were in place. These included care and support, finances, medication, and a sensor mat, for example. A sample of MCA's viewed showed that each area had been assessed independently and staff had worked with people to identify where they lacked capacity.</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. In care homes, this is usually through MCA application procedures known as DoLS (Deprivation of Liberty Safeguards).</p> <p>Applications had been made where people were subject to limitations on their freedoms. Staff worked with assessors to review individual needs.</p> <p>People were included in any decision making, where people could make their own decision's, they were supported with this.</p> <p>Staff asked for consent and permission when they provided care and support to people. Observations showed that staff always checked with people.</p> <ul style="list-style-type: none"> <li>This service scored 70 (out of 100) for this area.</li> </ul>
<p><b>Outcome:</b> The service is considered effective</p> <p>'Effective' is defined by the CQC as meaning <b>“people’s care, treatment and support, achieves good outcomes, promotes a good quality of life</b></p>		

KLOE	Regulations	Comments
		<p>and based on the best available evidence”</p> <p>“Characteristics of services the CQC would rate as ‘Good’ in this area are those displaying evidence that people’s outcomes and feedback about the effectiveness of the service describes it as consistently good”.</p> <p><b>SRG RATING: Good</b></p>



KLOE	Regulations	Comments
<b>Caring</b>	<b>Regulation 9: Person-centred care</b>  <b>Regulation 10: Dignity and respect</b>	<p><b>Kindness, compassion and dignity:</b> Score 3</p> <p>There was a positive rapport between people and staff. It was seen that people's choices were respected and they could choose how they wanted to spend their day and what activities they wanted to take part in.</p> <p>Staff treated people with kindness, empathy and compassion and respected their privacy and dignity.</p> <p>People were comfortable with staff who they knew well.</p> <p>Relationships were promoted and encouraged, and people were supported to see family and friends.</p> <p>Staff were kind, considerate and very understanding towards people. There was an easy friendly atmosphere where people and staff interacted in an easy informal manner.</p> <p>Conversations with people, evidenced that they felt they were treated with respect, and everyone felt valued.</p> <p>Where staff were supporting one person with their meal, they did not wipe their mouth after the meal, and they still had food debris around their mouth at lunchtime. <b>(CR 1)</b></p> <p><b>Treating people as individuals:</b> Score 4</p> <p>Staff understood matters in relation to equality, diversity and inclusion.</p> <p>The service treated people as individuals and made sure people's care, support and treatment met people's needs and preferences. They took account of people's strengths, abilities, aspirations, culture and unique backgrounds and protected characteristics.</p> <p>Staff explained how one person preferred a specific way of dressing at times and explained how they supported them to do this.</p> <p>Another person had needed support to access personal items for themselves and staff had facilitated this.</p> <p>Care plans included detailed information about individual likes, dislikes and preferences.</p>

KLOE	Regulations	Comments
		<p><b>Independence, choice and control:</b> Score 3</p> <p>Staff promoted people's independence, so people knew their rights and had choice and control over their own care, treatment and well-being. Observations showed how people chose what activities that took part in.</p> <p>Staff also respected people when they decided they wanted to spend time alone.</p> <p>People were supported to maintain their independence and two people said how they managed their own daily living activities.</p> <p>Care plans identified to prompt people and support people to manage as much for themselves.</p> <p><b>Responding to people's immediate needs:</b> Score 3</p> <p>The service listened to and understood people's needs, views and wishes. Staff responded to people's needs in the moment and acted to minimise any discomfort, concern or distress.</p> <p>Staff understood signs and triggers of when people were distressed or upset, and PBS plans were in place.</p> <p><b>Workforce wellbeing and enablement:</b> Score 3</p> <p>The service cared about and promoted the well-being of their staff and staff said they felt well supported. One member of staff said, everyone really cares about you here and you feel part of a team.</p> <p>There was an employee assistance programme and staff had access to the blue light card, which gave staff discount in different stores. There was a life assurance programme.</p> <p>There was a mental health trained first aider.</p> <p>There was an open-door policy and staff wellbeing was discussed at supervision.</p> <p>The manager used free prints to print out photos to celebrate achievements.</p> <ul style="list-style-type: none"> <li>• This service scored 80 (out of 100) for this area.</li> </ul>

KLOE	Regulations	Comments
<p><b>Outcome:</b> The service is considered as Caring.</p> <p>'Caring' is defined by the CQC as meaning <b>“that the service involves and treats people with compassion, kindness, dignity and respect”</b></p> <p><b>“Characteristics of services the CQC would rate as ‘Good’ in this area are those displaying evidence that people are supported and treated with dignity and respect and are involved as partners in their care”.</b></p> <p><b>SRG RATING: Good</b></p>		

KLOE	Regulations	Comments
<b>Responsive</b>	<b>Regulation 9: Person Centred Care</b>  <b>Regulation 12: Providing Safe Care and Treatment</b>  <b>Regulation 16: Receiving and Acting on Complaints</b>	<p><b>Person-centred care:</b> Score 3</p> <p>People received care and support based on their individual needs, routines and preferences and staff took into account peoples likes and dislikes as well as their support needs.</p> <p>Observations showed that staff supported people in line with their support plans. Staff spoken with fully understood the principles of person-centred care and how to apply this in practice. They spoke confidently about how best to support people and knew what was important to people.</p> <p>One person needed staff to support to eat their meals, as they now had a pureed diet and could not manage their own meals and was registered blind. Staff did support at the individual's own pace, but there was no interaction between the staff member and the person eating, as they were not telling them when they were giving them their next mouthful or checking if they were enjoying it. In addition, they were joining in with other conversations which meant that they were not focussing on the person they were supporting. <b>(RR 1)</b></p> <p><b>Care provision, integration, and continuity:</b> 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 support to access health care professionals as needed and as identified throughout this report.</p> <p><b>Listening to and involving people:</b> Score 3</p> <p>There had been no complaints made. The manager said that where there were any less formal issues or concerns, these had not been recorded. However, they had recently attended additional training on the quality assurance monitoring system (RADAR) and had learnt that they could record more minor concerns. This would be good practice to do this. <b>(RR 2)</b></p> <p>During the visit, one person did come to see the manager and said that they wanted to complain about the way one member of staff spoke to them, although they later retracted this and said there were no concerns. This was a known behaviour as the person would often make allegations of staff conduct due</p>

KLOE	Regulations	Comments
		<p>to their condition. This was referred to in the risk assessment but lacked detail and not included in the care plan. It's suggested that this is recorded in more detail and recognised as a known risk. <b>(RR 3)</b></p> <p>It should be noted, that although this was a known behaviour, the concern raised was handled with sensitivity, and they listened to the person and took their concerns seriously, which helped to allay the person's anxiety.</p> <p>Surveys had been sent out to people using the service and they had responded, the survey responses had been recorded. However, there was no record of what actual actions or responses had been taken following the surveys being returned. It was confirmed that conversations had happened, but it would be good practice to record a formal response in a format that suits people using the service in the style of a 'you said – we did' format. <b>(RR 4)</b></p> <p>People were supported to have regular meetings in the home to discuss different matters that affected the daily running and the lives of people using the service. These were happening on a regular basis as and when people wanted to attend. People reviewed actions from the previous meeting to see if they had achieved their plans.</p> <p>People also met up on a Friday morning to discuss the menus for the following week and plan the shopping. Although these were not always recorded, it would be good evidence to include reference to these in people's daily notes. <b>(RR 5)</b>.</p> <p>People also had opportunities to be heard through influencers. These were people who used Liaise services and visited other services to gain feedback from people and then shared this with the larger organisation.</p> <p><b>Equity in access:</b> Score 4</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 would ensure appointments were planned in advance and communicated with people using their preferred communication methods.</p>

KLOE	Regulations	Comments
		<p>Staff had strongly advocated for one person, where their physical health had deteriorated. The purchasing authority had not been funding the person appropriately and staff at the service had 'pushed' other services to reassess the person. This had resulted in them having a full reassessment by the learning disability team and having a new wheelchair and a full SALT assessment. The person now had a hoist, which was something they had needed and was waiting for an appropriate chair, which was measured to their needs.</p> <p>Staff had also sourced an advocate for the person.</p> <p>Without staff support, this person would not have received the reassessment equipment that they needed. It is suggested that staff write this up as a good practice case study. <b>(RR 6)</b></p> <p><b>Equity in experiences and outcomes:</b> Score 3</p> <p>People were supported with a range of activities and pastimes. These included sailing, visiting a local club, going out to the seaside, and one person was going to see the Christmas lights on a train.</p> <p>People joined in the local community by visiting the church and the library.</p> <p>Some people visited a local sensory room.</p> <p>People could choose what activities that wanted to take part in</p> <p>There were key workers in place, and they carried out monthly meetings with people. Discussions included medication, health, nutrition, working towards dietary aims, contact with families and friends, and any incidents, events that may affect and any concerns.</p> <p>Some people had been supported to achieve goals. These included one person purchasing a new bed. However, for other people there was no record of how their goals were being achieved, or how people were being supported to plan for them.</p> <p>Key working meetings were not recording the support people received with their goals, or whether they had met these or how far they had progressed. <b>(RR 7)</b></p> <p><b>Planning for the future:</b> Score 3</p>

KLOE	Regulations	Comments
		<p>Each person had an of life booklet, which had been developed with them to take into consideration end of life matters. Information included key points about their life and any religious preferences, important people, my end of life care which included information about where the person would like to be cared for, if there were any advanced decisions in place and if the person had a DNACPR, what people would like when they were near death, who they wanted to be told, the funeral plan, where they would like their belongings to go to, who they would and would not like at their funeral, and any thoughts or feelings they wanted to share.</p> <p>These were sensitive documents and people had been supported to participate.</p> <p><b>Providing information:</b> Score 3</p> <p>Information around communication was included in care plans, with communication passports supporting the communication process between staff and people using the service.</p> <p>The complaints procedure was available for people, and this was in different formats. It was available and on display for people to access.</p> <p>Staff provided information to people both verbally and through documentation.</p> <p>People were aware of their support plans and said they had been supported to contribute to these.</p> <ul style="list-style-type: none"> <li>• This service scored 78 (out of 100) for this area.</li> </ul>
<p><b>Outcome:</b> The service is considered as Responsive.</p> <p>Responsive is defined by the CQC as meaning “that the service meets people's needs”.</p> <p><b>“Characteristics of services the CQC would rate as ‘Good,’ are those that people’s needs are met through the way services are organised and delivered.”</b></p> <p><b>SRG RATING: Good</b></p>		

KLOE	Regulations	Comments
Well led	<b>Regulation 12: Providing Safe Care and Treatment</b>  <b>Regulation 17: Good governance / Record Keeping</b>  <b>Regulation 19 - Fit and Proper persons employed</b>	<p><b>Shared direction and culture:</b> Score 3</p> <p>Liaise had developed the culture of the services and this included a guide for all staff and visitors at individual homes and how they wanted the culture to develop in a caring, respectful, progressive, person centred and supportive way. This guide laid out the expectations of how this could be achieved.</p> <p>Staff understood the culture of the service and were clear about the vision. Staff were asked about the values of the service and their understanding of the right care, right support and right culture ethos. Staff were able to give an overview, and it was evident that their focus was on people using the service and ensuring that they were safe and supported to have a voice.</p> <p>One member of staff said, 'it starts at induction, and we are supported to understand the service and the outcomes for residents.'</p> <p>Another member of staff said, 'we are recognised for our strengths and feel we can positively contribute'.</p> <p><b>Capable, compassionate and inclusive leaders:</b> Score 3</p> <p>The management team 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> <p>Staff were well supported and comfortable asking the manager for advice and support when needed. A staff member, 'The manager is always here for you'.</p> <p>Staff said the manager oversaw the service well. They said, 'she puts so much into the place and always makes sure that everyone's needs are met'.</p> <p>The management team understood the priorities for the service and how these should be achieved. This was to ensure that people were provided with a safe home and had access to the health and social care support they needed.</p> <p><b>Freedom to speak up:</b> Score 3</p>



KLOE	Regulations	Comments
		<p>The manager encouraged an open and transparent culture in which people and staff could speak up and voice their opinions about the service.</p> <p>Staff said they received supervision, and this gave them opportunities to raise any concerns, discuss individual service user needs and any training needs staff felt they had.</p> <p>Team meetings had slipped earlier in the year but were planned to start again with a meeting to take place just before Christmas.</p> <p>A staff survey had been completed and an action plan developed from this, which identified where concerns had been raised. In addition, a 'you said' document was published for staff which directly addressed any concerns with a response about what was being done about it. Staff said they felt the manager really listened to them.</p> <p>There was a staff champion who attended meetings and spoke up on behalf of staff.</p> <p><b>Workforce equality, diversity and inclusion:</b> Score 3</p> <p>Staff felt valued and that they were provided with equal opportunities to achieve their work goals and objectives.</p> <p>Staff said they felt that everyone was treated the same. They said that they worked together and that shifts were planned around staff's availability to allow for flexibility where staff had other caring commitments. Staff said they worked together to ensure that there were always enough staff in duty.</p> <p>The provider had systems in place to support all staff to continuously learn and develop in the role. Staff were provided support through relevant training and supervision to inform their knowledge and understanding of equality, inclusivity and fairness in the workplace.</p> <p><b>Governance, management and sustainability:</b> Score 3</p> <p>The service had clear responsibilities, roles, systems of accountability and governance processes. In line with Liaise procedures audits and checks were carried out through the RADAR system.</p>

KLOE	Regulations	Comments
		<p>A series of enhanced audits were in place which were carried out mainly on a monthly basis with some being completed daily, such as the manager walk around check and the weekly medication audits.</p> <ul style="list-style-type: none"> <li>➤ Weekly Medication Shift Leader Audit: 27 November: 100%</li> <li>➤ Manager Walk Around Audit: 3 December: 95 %</li> </ul> <p>The most recent monthly audits found as below.</p> <ul style="list-style-type: none"> <li>➤ Health and Safety Monthly: 18 November: 97%</li> <li>➤ Out of Hours: 14 November: 100 %</li> <li>➤ Managers Monthly Medication: 14 November: 91%</li> <li>➤ Vehicle Maintenance Audit: 13 November : 100%</li> <li>➤ Finance Audit: 10 November: 100%</li> </ul> <p>In addition, there was a manager's quarterly support plans and risk assessment audit which had last been completed on 19 September, with a result of 86%.</p> <p>Actions were generated from the audits. A sample of actions demonstrated that these had been completed with a record of updates with the actions taken.</p> <p>The provider carried out a trends and monitoring information (Tami) analysis, which reviewed data generated from RADAR, Blyssful, the training department and the quality team, for example. It was reported that the service was 100% in most areas, with 94% for appraisals and staff training and 50% for actions overdue, which was archiving and was reported as being addressed.</p> <p>The manager was supported with regular meetings with the larger organisation.</p> <p>Regular team calls took place to discuss quality and risk which helped to share information.</p> <p><b>Partnerships and communities: Score 3</b></p>

KLOE	Regulations	Comments
		<p>The registered manager and staff team worked well with external partners to support people in the best way possible. External referrals were made in a timely manner when additional external support was required.</p> <p>Staff gave examples of how they had worked with external professionals to make referrals and raise concerns where they felt they were not being supported appropriately with their funding needs.</p> <p><b>Learning, improving and innovation: Score 3</b></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.</p> <p>Actions in RADAR confirmed that learning took place following audits, incidents and reviews.</p> <p>Learning was shared from the larger organisation following any internal reviews and rolled out to the individual services.</p> <p>The manager has attended a recent management workshop to increase knowledge around carrying out investigations into incidents.</p> <p>They had also received extra training on the RADAR system.</p> <p>The manager was subscribed to the Norwich local authority forums, and a member of the Skills for Care to ensure they kept up to date with good practice.</p> <p>There was a culture of sharing information to help inform practice.</p> <p><b>Environmental sustainability – sustainable development: Score 3</b></p> <p>Policies and procedures were in place to promote environmental sustainability.</p> <p>Digital systems helped to reduce the use of paper, although records were still maintained to some extent on paper. <b>(WR 1)</b></p> <p>Recycling was promoted. The service followed recycling procedures.</p>

KLOE	Regulations	Comments
		<p>Environmentally friendly products were purchased and where wipes were needed, these were also eco-friendly.</p> <p>There was reduced usage of the tumble dryer, and energy efficient lightbulbs were in use.</p> <ul style="list-style-type: none"> <li>This service scored 75 (out of 100) for this area.</li> </ul>
<p><b>Outcome:</b> The service is well led.</p> <p>Well Led is defined by the CQC as meaning “<b>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</b>”.</p> <p>Characteristics of services the CQC would rate as Good, are those where “<b>the service is consistently well- managed and led. The leadership, governance and culture promote the delivery of high-quality, person-centered care, and the service has clear, consistent and effective governance, management and accountability arrangements</b>”</p> <p><b>SRG RATING: Good</b></p>		

## ACTION PLAN:

### CQC KLoE SAFE

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

Reference Point	Recommendation Made	Action to be taken	Who By	Date to Complete by	Evidence of Completion	RAG Status	Comment
SR1	<i>Consider putting a summary in place to supplement the monthly lessons learnt folder.</i>						
SR2	<i>Ensure that associated risks such as falls, and use of blood thinners are linked together.</i>						
SR3	<i>Ensure that information and guidance from risk assessments is included in the support plans.</i>						
SR4	<i>Ensure any anomalies in employment dates have a clearly recorded explanation.</i>						
SR5	<i>Ensure that there is proof of who had provided information around gaps in employment, this should be more robust than a text.</i>						
SR6	<i>Ensure that updates to competencies are carried out for staff who are outstanding.</i>						

## CQC KLoE SAFE

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

SR7	Ensure that reasons for administering PRN are recorded correctly.						
SR8	Ensure that body maps are in place where needed.						
SR9	Check the range of temperatures to ensure they are maintained appropriately.						

## CQC KLoE EFFECTIVE

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence

Reference Point	Recommendation Made	Action to be taken	Who By	Date to Complete by	Evidence of Completion	RAG Status	Comment
ER1	<i>Arrange for more specialised training for staff in relation to food modification.</i>						
ER2	<i>Review how people who cannot weight bear have their weights monitored.</i>						
ER3	<i>Ensure that there is a record of action taken where people may be at risk of constipation.</i>						

## CQC KLoE CARING

By caring, we mean that the service involves and treats people with compassion, kindness, dignity and respect.

Reference Point	Recommendation Made	Action to be taken	Who By	Date to Complete by	Evidence of Completion	RAG Status	Comment
CR1	<i>Ensure that people are supported to face their face wiped following their meals.</i>						



## CQC KLoE RESPONSIVE

By responsive, we mean that services meet people's needs.

Reference Point	Recommendation Made	Action to be taken	Who By	Date to Complete by	Evidence of Completion	RAG Status	Comment
RR1	<i>Ensure that when supporting people with their meals, staff are focused on the individual, and they let them know what they are eating.</i>						
RR2	<i>Record minor and informal concerns on the RADAR system to help monitor.</i>						
RR3	<i>Ensure that where there is a risk of someone making allegations, this is clearly recorded as a risk with detail in the care plan on how to support in these circumstances.</i>						
RR4	<i>Produce a more formal you said – we did report for people using the service and ensure that this is made available.</i>						
RR5	<i>Ensure that reference to menu planning meetings is included in the daily notes for people who have been involved.</i>						
RR6	<i>Write up a case study to evidence the support sourced to make improvements in one person's outcomes.</i>						
RR7	<i>Review how goals are monitored and achieved.</i>						

## CQC KLoE WELL-LED

By well-led, we mean that the leadership, management and governance of the organisation assures the delivery of high-quality and person-centred care, supports learning and innovation, and promotes an open and fair culture.

Reference Point	Recommendation Made	Action to be taken	Who By	Date to Complete by	Evidence of Completion	RAG Status	Comment
WR1	<i>Continue to promote the reduced use of paper records.</i>						