



# AUDIT REPORT

## Lulworth

Date of Visit: 8<sup>th</sup> and 9<sup>th</sup> October 2024

Private & Confidential  
SRG CARE CONSULTANCY LIMITED

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**Service Name:** Lulworth

**Provider:** Liaise (Southeast) Limited

**Address of Service:** 4 Nursery Lane, Worthing, West Sussex

**Date of Last CQC Inspection:** 25<sup>th</sup> January 2024

## Ratings

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

Good



**SRG Overall Rating for this Service:**

Outstanding



KLoE Domain	Rating		Overall Score
Is the service safe?	Good		84 (out of 100)
Is the service Effective?	Good		83 (out of 100)
Is the service caring?	Outstanding		95 (out of 100)
Is the service responsive?	Outstanding		89 (out of 100)
Is the service well-led?	Outstanding		93 (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 on one the 8<sup>th</sup> and 9<sup>th</sup> October 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 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 Service users, who used the service. These included conversations with the Manager, Deputy Manager, Maintenance person, Team leaders, Support Staff and People they support, and a review of all feedback and review of key documentation.

### SUMMARY OF OUTCOME

Lulworth is a residential care home providing accommodation with personal care for up to 16 people. The service provides care to older and younger people, people with dementia, and people with a physical disability. At the time of our inspection there were sixteen people living in the home. People lived in two separate buildings in the premises of the service; a larger building named Lulworth, and a smaller annex called Blake. At the time of the inspection there were 16 people in total living at Lulworth. 11 people lived in Lulworth and five people lived in Blake.

We read care plans for four people, we checked two staff recruitment files and records to confirm staff training, supervisions and competencies had occurred appropriately. We checked medicine records and the records pertaining to the operation of the service, including quality assurance audits, minutes of staff meetings, H&S and Fire related documentation.

Lulworth use Blyssful Software for all service user information. Staff input daily occurrences via the tablet 'such as nutrition, personal care and support provided. Care Plans were seen on the software. Lulworth currently uses the homes documents Software for staffing records, YourHippo for e-learning that

staff complete, Radar is used for auditing, and polices etc. Quooda is used for compliance checks and Liaise Maintenance Service Portal is used for reporting any maintenance concerns/call outs and budget records.

## 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 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 conducting 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 – Score 4</b></p> <p>Lulworth is a residential care home providing personal care to up to sixteen people between two buildings. The service provides care to older and younger people, people with dementia, and people with a physical disability.</p> <p>Learning from safety incidents was embedded within the home. Where there was an accident or an incident, care plans and risk assessments were updated with changes in need and discussed in meetings and briefings.</p> <p>The service was very transparent, and all incidents had been logged on radar.</p> <p>The manager advised Team meetings were conducted Bi- monthly, where lessons learnt was discussed, this was also evidenced in the meeting minutes, where a recent safeguarding incident had been discussed as part of the team meeting.</p> <p><b>Safe systems, pathways, and transitions – Score 3</b></p> <p>The provider had systems and processes in place to ensure people were appropriately protected from the risks of coming to avoidable harm or suffering abuse.</p> <p>Accidents and incidents were logged and learning outcomes were in place, these were then discussed in the team meetings.</p> <p>People were aware of what constitutes an accident and incident, and all incidents were logged, from bruises, behaviours, and any concerns.</p> <p>Whilst the service used a digital system, they also had paper files in place, this consisted of a grab file for the person and a personal file. All the files had the same documentation in place (duplicates), this</p>

KLOE	Applicable Regulations	Comments
		<p>does leave its self-open to mistakes being made and documentation being missed and not being updated and increases the workload for the staff. <b>(SR1)</b></p> <p><b>Safeguarding – Score 4</b>            People were protected from avoidable harm as staff understood how to recognise signs of abuse and the actions needed if abuse was suspected.</p> <p>The service was open and transparent in reporting.</p> <p>There was one safeguarding reported on the 25<sup>th</sup> of September 2024, this was due to a medication error, this had been closed.</p> <p>The service had taken the following actions:</p> <ul style="list-style-type: none"> <li>• Reported to safeguarding</li> <li>• CQC notification</li> <li>• Family was updated.</li> <li>• Consulted with the GP</li> </ul> <p>Safeguarding training was showing as over 90% compliant.</p> <p><b>Involving people to manage risks – Score 3</b>            There were set risk assessments incorporated into the care planning system. These included, MCA/DoLs, Epilepsy, Nutrition, and various others.</p> <p>People’s risk assessments covered activities, trips in the community, and physical interventions.</p> <p>People were weighed monthly or weekly if required.</p>

KLOE	Applicable Regulations	Comments
		<p>The service was supporting one person to help them lose weight, which was a concern raised by the persons family, the service had communications in place to help support.</p> <p><b>Safe environments – Score 3</b></p> <p>The living environment was clean and tidy, and free from any mal odours.</p> <p>There was plenty of space for the service users to access.</p> <p>The service users’ rooms were large, and person centred, and could decorate their room how they liked to.</p> <p>There were regular checks and an effective maintenance system to make sure the home remained a safe place to live. These included an independent legionella and water safety risk assessment. There were regular checks on appliances and equipment and regular checks on safety items such as window restrictors.</p> <p>On checking Quooda all check’s and servicing were compliant.</p> <p>The home would use Liaise Maintenance Service Portal to log and report any maintenance concerns within in the home, which the manager advised was beneficial.</p> <p>There was a maintenance person at the service at the time of the audit who was completing maintenance issues that required addressing.</p> <p><b>Safe and effective staffing – Score 4</b></p> <p>The home had a stable staff team, and employed 33 staff in total, and were recruiting for one full time TL.</p> <p>Agency staff were used only as required to cover staff sickness etc.</p>



KLOE	Applicable Regulations	Comments
		<p>Recruitment procedures were checked to assess compliance with Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>Employment records were checked for two people which included obtaining a full employment history, proof of identify and address, references, right to work checks and checks with the Disclosure and Barring Service (DBS).</p> <p>The DBS helps employers make safer recruitment decisions and help prevent unsuitable people from working in care services and was renewed every three years.</p> <p>Staff training was reviewed, and the service was 100% compliant in both Blake and Lulworth.</p> <p>The training covered a range of courses which included, Autism, LD, Safeguarding, MCA/DOLS, Fire and Medications. There was a training matrix in place to monitor compliance/renewals.</p> <p>Staffing levels were appropriate to meet people's needs.</p> <p>I observed staff were available and respond to people's requests for support. For example, one person wished to go out, the staff supported them to do so for a coffee.</p> <p>One staff member was seen sat in the lounge talking to the service users.</p> <p><b>Infection prevention and control – Score 3</b>          Infection control training was over 90% complaint.</p> <p>The laundry area was clean and tidy.</p>

KLOE	Applicable Regulations	Comments
		<p>Staff were seen to using PPE.</p> <p>The home was clean and tidy.</p> <p><b>Medicines optimisation – Score 3</b></p> <p>There was a sign displayed on the clinic room door when medication was in progress, so people did not disturb the staff during this period.</p> <p>Medication systems were reviewed, and findings as follows:</p> <ul style="list-style-type: none"> <li>• Medication checked for two service users.</li> <li>• Medication was seen to be locked away securely.</li> <li>• Room temperature and fridge checks were conducted daily and recorded.</li> <li>• There was useful information in place supporting the administration of PRN medication.</li> <li>• Creams, eye drops and liquids had open dates.</li> </ul> <p>People who had Topical medications had a body chart in place, to advise staff where to apply creams/ointments.</p> <p>Medicine competencies are completed annually.</p> <p>Some MAR charts had missing signatures.</p> <p>One person had a missing signature for Quetiapine 200mg on the 18/09/24 for bedtime, on checking the stock it was correct. <b>(SR2)</b></p> <p>The medication fridge was also being used to store staff food- this fridge should only be used for medication purposes. <b>(SR3)</b></p> <p>Tippex had been used on some MAR charts. <b>(SR4)</b></p>

KLOE	Applicable Regulations	Comments
		<p>Staff were seen administering medication, then documenting on Blyssful and the MAR chart.</p> <ul style="list-style-type: none"> <li>This service scored 84 for this area.</li> </ul>
<p><b>Outcome:</b> The service is considered as Safe. 'Safe' is defined by the CQC as meaning “<b>people are protected from abuse and avoidable harm.</b>”</p> <p><b>SRG RATING:</b> <b>Good</b></p>		

KLOE	Regulations	Comments
Effective	<b>Regulation 9: Person Centred Care</b>	<b>Assessing needs – Score 4</b> People were assessed before moving into the service to ensure the service could meet their needs, and had ongoing reviews once placed as required.
	<b>Regulation 11: The need for Consent</b>	The service worked closely with other external agencies on sharing information for the best outcome for the person.
	<b>Regulation 12: Providing Safe Care and Treatment</b>	People had risk assessments in place, and these were reviewed.
	<b>Regulation 14: Meeting Nutrition and Hydration Needs</b>	One person had been assessed by the SALT team and had a Risk Management guideline in place, this was incorporated into their support plan and risk assessments, which staff had to read and signed.  The home had keyworkers in place and would have monthly key worker meetings.
	<b>Regulation 15: Premises and Equipment.</b>	<b>Delivering evidence-based care and treatment – Score 3</b> Staff were following people's documented wishes, which was recorded in their daily notes.
	<b>Regulation 17: Good Governance</b>	Staff were seen asking people for consent before supporting them.
	<b>Regulation 19: Staffing</b>	<b>How staff, teams and services work together – Score 3</b> The service collaborated with other professionals. There was evidence that assessments were obtained from other professionals when people started using the service.  Staff were seen coming into the office to communicate with the management team over any concerns etc.  Staff had access to OOH clinician number, in case they required advise OOH regarding a service user who unwell or requires support.  <b>Supporting people to live healthier lives - Score 4</b>

KLOE	Regulations	Comments
		<p>Service users had access to a GP, they would be supported to contact the GP as required and go to the surgery with staff, those service users who were unable to the GP would visit the service.</p> <p>Service users had access to the dentist they would be supported to attend, or the dentist would visit the home along with the chiropodist.</p> <p>The kitchen area was clean and tidy.</p> <p>Open and close checks were in place.</p> <p>People were weighed weekly or as required, so weights could be monitored.</p> <p>The food was home cooked and looked appetising and nutritious, the service users had a choice at mealtimes, if they did not like what was on offer, they had a choice of another option.</p> <p>The was a menu for the day displayed and pictures to support.</p> <p>People had input into the menu planning and could choose the meals they would like on the menu.</p> <p>One person I spoke to said she had porridge for breakfast, which she enjoyed and chose.</p> <p>Another person said they enjoyed the meals at the home, and she also helped to prepare her meals.</p> <p><b>Monitoring and improving outcomes – Score 3</b> The staff use iPads to log the daily records.</p> <p>Daily records were in place on how people spent their day.</p> <p>Die and fluid intakes were monitored, and charts were in place.</p> <p><b>Consent to care and treatment – Score 3</b></p>

KLOE	Regulations	Comments
		<p>The service worked in line with the principles of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). As far as possible, people made their own decisions. If it was necessary, people had had appropriate support to make decision in their best interests and in the least restrictive ways possible.</p> <p>12 DOLS referrals were made between both houses which was reflected in the support plans.</p> <p>Staff understood the importance of maintaining people's confidentiality. There were data protection and record keeping policies in place that the registered manager and staff adhered to. This ensured people's personal information was correctly stored, used, and shared.</p> <ul style="list-style-type: none"> <li>This service scored 83 for this area.</li> </ul>
<p><b>Outcome:</b> The service is considered as Effective. 'Effective' is defined by the CQC as meaning “<b>people’s care, treatment and support, achieves good outcomes, promotes a good quality of life and based on the best available evidence.</b>”</p> <p><b>SRG RATING: Good</b></p>		

KLOE	Regulations	Comments
Caring	<p><b>Regulation 9: Person-centred care</b></p> <p><b>Regulation 10: Dignity and respect</b></p>	<p><b>Kindness, compassion, and dignity – Score 4</b>  People were at the centre of their care and support. We saw that staff respected people and their own private space, some people choose to spend the days in their rooms, whilst others came into the communal areas.</p> <p>Staff were seen to be knocking on people's doors before entering.</p> <p>Staff were seen taking time to talk to people, all staff seemed happy, relaxed, and engaging.</p> <p>Support plans for communication were in place and person centred, one person who is unable to verbally communicate can communicate with her eyes, the support plan advised staff on how to support her, to ensure her needs are met.</p> <p>Family surveys from May 2024 were positive, with feedback such as:</p> <ul style="list-style-type: none"> <li>• "The manager and deputy manager are exceptional, and the staff follow their lead".</li> <li>• "Staff are very welcoming".</li> </ul> <p>Client surveys from 2024 were reviewed, and were all positive with 100% of people being happy, with comments as follows:</p> <ul style="list-style-type: none"> <li>• 'Staff do a great job.'</li> <li>• 'I love where I live.'</li> <li>• 'I get to have a meeting weekly with the deputy manager.'</li> </ul> <p>People had names on their room doors so they could locate their rooms.</p> <p><b>Treating people as individuals – Score 4</b>  Care plans contained information about respecting and promoting people's dignity.</p> <p>Staff used appropriate communication methods to enable people to be involved in planning and reviewing their care.</p>

KLOE	Regulations	Comments
		<p>People had in place consents and mental capacity assessments and there was evidence that people were asked for consent and encouraged to make their own choices and decisions daily.</p> <p>The service had no recent or open complaints. The last complaint was in May 2024, which was a whistleblowing complaint to the CQC regrading changes made within the company, this was logged by the manager.</p> <p>There was a complaints procedure displayed; this was in an easy read format with included pictorial symbols.</p> <p>Each client has a key worker with the key worker provision this will support person-centred care and enhancing staff's knowledge.</p> <p>Staff knew people's needs and triggers and responded effectively.</p> <p><b>Independence, choice, and control – Score 3</b>  Independence is encouraged with the clients where possible, in line with their support plans and risk assessments.  People chose how to spend their days and had input into their care planning.</p> <p>People were supported to make choices about their care. Consideration was given to preferred times, gender, and culture of staff.</p> <p>People were enabled to make choices for themselves by staff who ensured they had the information they needed. Staff supported people to express their views and were given time to listen, process information and respond.  Service users contributed to the meal planning and helped with food shopping.</p> <p>Picture menus were used to help support people to make meal choices.</p> <p><b>Responding to people's immediate needs – Score 4</b></p>



KLOE	Regulations	Comments
		<p>There is access/referral to the appropriate agencies/external healthcare providers where required to support with any outstanding needs provision.</p> <p>The service advised that one person had a change in their behaviours and were showing signs of hallucinations and paranoia, the staff were concerned as this was out of character for her.</p> <p>The staff contacted the GP to raise their concerns and supported the person to attend appointments etc...</p> <p>They kept following up on outcomes as they were concerned that her needs and general health were declining, with the staff input and support, the person was also referred to the mental health team, and she is now showing signs of improvement.</p> <p><b>Workforce wellbeing and enablement – Score 4</b>  Staff surveys were reviewed in 2024, there was a positive response, and feedback as follows:</p> <ul style="list-style-type: none"> <li>Over 90% of staff said they felt they had appropriate training in place to meet people's needs.</li> <li>Over 90% of staff said they felt people they supported were treated with kindness and compassion.</li> </ul> <p>Where there were some negative comments and feedback, the manager had raised an action plan, which included, you said we did feedback form and discussed in team meetings.</p> <p>The provider sent out a Newsletter every three months to people who used the service.</p> <p>Staff supervisions were conducted, and Appraisals were conducted yearly.</p> <p>Staff competencies covered, Infection Control, Medication, MCA/DOLs, safeguarding and service led competencies like PEG feeding etc.</p> <p>Staff spoken to said they felt supported and happy.</p> <p>One staff spoken to had worked at the service for over 14 years, they said they enjoyed their role, and everyday was different.</p>

KLOE	Regulations	Comments
		<ul style="list-style-type: none"> <li>This service scored 95 for this area.</li> </ul>
<p><b>Outcome:</b> The service is considered as Caring. '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: Outstanding</b></p>		

KLOE	Regulations	Comments
<b>Responsive</b>	<p><b>Regulation 9: Person Centred Care</b></p> <p><b>Regulation 12: Providing Safe Care and Treatment</b></p> <p><b>Regulation 16: Receiving and Acting on Complaints</b></p>	<p><b>Person-centred care – Score 4</b> The environment was calm and relaxed.</p> <p>People had support to follow their interests and take an active part in the wider community.</p> <p>There was a music entertainer playing music at the time of the audit, the service users were enjoying this and participating.</p> <p>One person had a visit from a massage therapist.</p> <p>The service celebrated special events, and had Halloween decorations in place around the home, and were organising a party. On the day of the audit people were enjoying arts and crafts with staff and making Halloween decorations.</p> <p>Care plans were person centred and detailed and had goals and outcomes to support people's independence.</p> <p>People and relatives were fully involved in the planning of people's care and support where possible.</p> <p>Picture cards were used to identify things like food, activities etc.</p> <p>There were photos displayed around the home of the people who lived at the service, from trips out, and events within the home, which made it homely.</p> <p>The service also had a photo album which had a section for each person they support and gave an overview on them as a person and their likes and dislikes which photos of them on trips out and enjoying life.</p> <p>The photo album was good for staff, service users and families to access and read so they could get an overview on each person they support.</p>

KLOE	Regulations	Comments
		<p>Trips out were planned with the service users, this ranged from meals out, walks, shopping, swimming, trips to the seaside, water park centres, ice skating and much more....</p> <p>The service had a minibus that was used on a regular basis.</p> <p>One person I spoke to said they enjoyed living at Lulworth, the staff were all good, she showed me her room which was person centred. She told me she was taken out for coffee today by the staff to the local café, and she also showed me some cakes she had made.</p> <p>There was an exercise video playing in the lounge, the service users were enjoying this and participating.</p> <p>The service supported people to go on holiday, and four people at the service were supported to go to Disneyland with staff in September 2024. They really enjoyed this trip and went for 3 nights.</p> <p>The service was in the process of planning another holiday to Butlins this year.</p> <p>One person was supported to attend another service within the group, they have a good friend who lives there, so they could spend time together.</p> <p>People's bedrooms had been personalised with their own pictures, furniture, and belongings.</p> <p><b>Care provision, integration, and continuity – Score 4</b> Staff collaborated with other professionals such as the GP, Psychiatric team, learning disabilities team, to help improve people's quality of life.</p> <p>One person had access to the Advocacy service to act on her behalf as required.</p> <p><b>Listening to and involving people – Score 4</b> Quality assurance surveys were given out to family, staff, and service users, last surveys were given out in 2024, and feedback had been analysed with action plans in place.</p> <p>There were prompts and guidance displayed to guide people on how to raise any concerns.</p>

KLOE	Regulations	Comments
		<p>People had an activity planner displayed in their rooms, this advised staff and people the plans they had for each day.</p> <p>People also had 'My goals and achievements' displayed in their rooms for the month to meet.</p> <p>One person for September had swimming and making cakes for her goal, which she had already achieved with the support of the staff.</p> <p>Service user meetings were held bi-monthly, this gave people the opportunity to have their views heard.</p> <p><b>Equity in access – Score 3</b> The staff rotas are completed in advance by six weeks, so all shifts can be covered in adequate time to ensure the services are fully staffed.</p> <p>There was an on-call procedure in place which staff were aware of so there was support 24/7.</p> <p><b>Equity in experiences and outcomes – Score 3</b> One service user preferred female support worker to support them, which the service provided.</p> <p><b>Planning for the future – Score 4</b> Two people were receiving end of life care.</p> <p>There were EOLC support plans in place and the service had access to the local hospice if required.</p> <p>Support plans were person centred and detailed with the person's end of life wishes.</p> <p>People had input into their future wishes/plans which were incorporated into their care plans.</p> <p><b>Providing information – Score 3</b> The service is aware of the accessible information standards. Ensure all staff are equally aware and if documentation needs to be provided in an alternative format this is recognised and provided. UK GDPR requirements are being met.</p>

KLOE	Regulations	Comments
		<p>There was a service user information in place in the foyer, where people can access the complaints procedure.</p> <p>The service had the CQC rating displayed and easy read report.</p> <p>The service had a staff photo board in place, this had photos of all staff and their roles.</p> <ul style="list-style-type: none"> <li>This service scored 89 for this area.</li> </ul>
<p><b>Outcome:</b> The service is considered as Responsive. Responsive is defined by the CQC as meaning “that the service meets people's needs.” “Characteristics of services the CQC would rate as ‘Good,’ are those that people’s needs are met through the way services are organised and delivered.”</p> <p><b>SRG RATING: Outstanding</b></p>		

KLOE	Regulations	Comments
Well, led	<p><b>Regulation 12: Providing Safe Care and Treatment</b></p> <p><b>Regulation 17: Good governance / Record Keeping</b></p> <p><b>Regulation 19 - Fit and Proper persons employed.</b></p>	<p><b>Shared direction and culture – Score 4</b> The manager and deputy manager were visible and seen supporting the staff and service users.</p> <p>The management team was very approachable, and people were coming into the office to interact.</p> <p>People who lived in the home, looked happy, and relaxed and there was a warm and inviting atmosphere, and were all interacting well with the staff and seemed content.</p> <p>The provider sends out a Company Newsletter every three months, where good practice and success stories can be shared within the homes.</p> <p>The manager stated that they have one to one supervision with their line manager every 12 weeks, however there last one was May. <b>(WR1)</b></p> <p>They managers attend monthly managers meetings, and they are sent an agenda and can add anything they wish to discuss.</p> <p><b>Capable, compassionate, and inclusive leaders – Score 4</b> The leadership within the home was exceptionally good, the manager/deputy was very organised in their approach, and the service promoted a positive culture, which is person centred, open, inclusive, and empowering, which achieves good outcomes for people.</p> <p>The Registered Manager and deputy were knowledgeable of the service user's needs and was seen interacting with them throughout the visit and staff.</p>

KLOE	Regulations	Comments
		<p>A staff member had come into the office to speak to the manager at the time of the audit, to say how other staff from another service was very complimentary of her and her management style. This had also been logged on Radar as a compliment.</p> <p><b>Freedom to speak up – Score 4</b>  The whistleblowing policy was available for staff to access through the Radar App.</p> <p>Staff surveys were sent in 2024 to give the staff the opportunity to share their views.</p> <p>The home has an open-door policy, and staff were seen coming into the office and speaking to the manager/deputy.</p> <p>There was a managers clinic made available for staff to attend, this gave them the opportunity to speak to the management team 1-1, the notice advised staff on times/dates to attend.</p> <p><b>Workforce equality, diversity, and inclusion – Score 4</b>  Policies and Procedures are in place to support with equality and diversity, staff can access these through their Radar App.</p> <p>The deputy manager was seen completing the weekly walk round audit and asking staff about policies and procedures, to check their knowledge.</p> <p>The service had organised a staff Christmas party, they also invited the service users and families and had made gift parcels to hand out at the party.</p> <p>The manager organised bi-monthly social events for the staff so they could meet up outside work for a social event to build team morale and relationships.</p>



KLOE	Regulations	Comments
		<p><b>Governance, management, and sustainability – Score 4</b>  There was good auditing in place, which was conducted weekly, monthly and every quarter.</p> <p>The audits covered areas such as managers walk around, weekly medication, monthly finance audit.</p> <p>Audits had action plans in place.</p> <p>The monthly Audits was completed on Radar, and covered H&amp;S, IPC, Support Plans, Finance, and Medication, actions were then put in place to work through any shortfalls.</p> <p>The registered manager and staff understood their responsibilities under the duty of candour. They were open with people when incidents happened, gave honest information, and applied the duty of candour where appropriate.</p> <p><b>Partnerships and communities – Score 4</b>  There was evidence of working in partnership with other organisations.</p> <p>The service worked with other healthcare professionals and stakeholders to ensure they shared best practice, gained up to date knowledge of new innovations and learned from others. We saw evidence of effective, collaborative working with a broad cross section of health and social care professionals throughout the audit.</p> <p>The service makes referrals to other agencies as required Information is shared when necessary, and this information is shared in line with UK GDPR requirements. The service is clear about what needs it can meet and consults with other providers and agencies for the benefit of the person using services.</p> <p><b>Learning, improving and innovation – Score 3</b></p>

KLOE	Regulations	Comments
		<p>There were robust measures to monitor quality, safety, and the experience of people within the service. Quality assurance was embedded within the culture and running of the service.</p> <p>The monthly Audits was completed on Radar, and covered H&amp;S, IPC, Support Plans, Finance, and Medication, actions were then put in place to work through any shortfalls.</p> <p>There was a Fire folder in place that had the following documents:</p> <ul style="list-style-type: none"> <li>• Business Continuity plan</li> <li>• Fire safety policy.</li> <li>• Emergency response plan</li> <li>• Service user emergency information.</li> <li>• Emergency contact numbers</li> <li>• Individual PEEPS</li> </ul> <p>Fire inspections had taken place from the local brigade and reports accessible.</p> <p><b>Environmental sustainability – sustainable development – Score 3</b></p> <p>The services used a digital recording system, however they still used paper-based files for person files/ grab file which did duplicate a lot of information.</p> <ul style="list-style-type: none"> <li>• This service scored 93 for this area.</li> </ul>
<p><b>Outcome:</b> This service is considered as 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>” 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: Outstanding</b></p>		

## ACTION PLAN: Lulworth

### 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	Review paper files being used	Review paper files being used					
SR2	Missing signatures on MAR charts	To review					
SR3	Not to store food items in the medication fridge	To communicate to staff					
SR4	Not to use Tippex on MAR charts	To communicate to staff					

## CQC KLoE 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
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## 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
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## 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
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## 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	Manager supervisions	To ensure the manager also receives supervision and support in line with policies.					