



AUDIT REPORT

MARIKA HOUSE

Date of Visit: 28th & 29th January 2025

SRG Care Consultancy Limited

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Service Name: Marika House

Provider: Liaise (South) Limited

Address of Service: Stoneymarsh, Michelmersh, Romsey, Hampshire, SO51 0LB

Date of Last CQC Inspection: 26th June 2017

Ratings

CQC's Overall Rating for this Service:






Good



SRG's Overall Rating for this Service:

Good



Key Questions	Rating	Overall Score
Safe	Good 	75 (out of 100)
Effective	Good 	75 (out of 100)
Caring	Good 	70 (out of 100)
Responsive	Good 	75 (out of 100)
Well-ed	Good 	82 (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 28th & 29th January 2025. The purpose of this review was to highlight in a purely advisory capacity, any areas of the service operation which should or could be addressed in order to improve the provision and recording of care and increase overall efficiency and compliance with CQC Standards and Regulatory Requirements.

TYPE OF INSPECTION

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

METHODOLOGY

To gain an understanding of the experiences of people using the service, a variety of methods were employed. These included observing interactions between people and staff, speaking with the Manager, and holding discussions with staff and people. A tour of the building was conducted, along with a review of key documentation. For people with communication difficulties and/or cognitive impairments, observations were made to ensure they appeared comfortable and content with the support they were receiving. Additionally, seven care plans were reviewed, four staff recruitment files were checked, and records were examined to confirm that staff training and supervision had been conducted appropriately. Medication records and operational documents, such as quality assurance audits, staff meeting minutes, and health and safety and fire-related documentation, were also assessed.

OUR VIEW OF THE SERVICE

The service is a residential care home providing support for 7 people living with a range of mental health, Learning Disability, Autism and Physical disability. People expressed they were happy living at Marika, and staff demonstrated a clear understanding of managing risks effectively. Managers investigated incidents thoroughly, taking appropriate actions to mitigate future risks. While the home was generally clean, external areas required some attention. Equipment was well-maintained and met the needs of the people living in the home.

The home had adequate staffing levels, with staff receiving regular training and supervision. Medicines were managed effectively by staff. People and their families were actively involved in the assessment of their needs, which staff regularly reviewed. People had sufficient food and drink, and staff closely monitored their

health, working collaboratively with medical professionals. Consent was sought before providing support, and families or advocates were involved in decisions made in the best interests of individuals who lacked capacity.

People were treated with kindness and compassion, with staff respecting their privacy and dignity. Staff recognised people as individuals and supported them in making choices about their care. The home was welcoming and the great rapport between individuals and the staff team was evident with ongoing communication and laughter throughout the inspection. Activities were varied and staff responded promptly to people's needs, and both people and their families felt involved in care decisions. Families knew how to provide feedback or raise concerns, and any issues raised were addressed promptly. People's preferences for end-of-life care were also explored.

Governance systems were in place, and identified actions were completed. The management team was visible and approachable, and staff reported enjoying their roles and feeling supported to provide feedback. Feedback from external partners about the service was positive.

PEOPLE'S EXPERIENCE OF THIS SERVICE

People and their relatives expressed positivity about the quality of care provided. They felt safe and actively involved in planning their care. Individuals were supported to make their own choices and were encouraged to maintain their independence wherever possible. One relative commented, "It is the best place he has ever been in and it is the happiest he's ever been".

Both people and their relatives noted that the staff were kind, respectful, and upheld their dignity. One person shared, "I like living in Marika because it's nice" People expressed satisfaction with the food, menu planning was inclusive of all individuals' preferences and participation from all each week to plan the menu. A relative noted "They are very kind, it is very difficult for them with his high needs, the people who work there are marvellous"

People and their relatives felt comfortable raising concerns and confident that any issues would be addressed promptly. One relative mentioned "I'm happy to raise concerns and have done in the past they are quick to respond and get resolved"

For people unable to directly share their experiences, observations during the assessment were used to evaluate the quality of care. On the first day, the Manager sought consent before entering individuals' rooms and introducing inspector. On both days, staff and managers were fully interacting with people during general work time and specific support requests, the manager's office was seen as another room in the home where all were welcome.

Both people and their relatives described the staff as caring and attentive. Visiting professionals also shared positive feedback about the staff team and the support they delivered. People were familiar with staff and leadership, a relative commented "He's very fond of some of the staff, they cope very well with his needs." There was a feeling that management communication had decreased with a relative commenting "I've not had any updates since the previous Manager left, I used to get a monthly report".

DISCLAIMER

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

RATINGS

Our audit reports include an overall rating as well as a rating for each of the Key Questions.

There are 4 possible ratings that we can give to a care service;

Outstanding – The service is performing exceptionally well.

Good – The service is performing well and meeting regulatory expectations.

Requires Improvement – The service is not performing as well as it should, and we have advised the service how it must improve.

Inadequate – The service is performing badly and if awarded this rating by CQC, action would be taken against the person or organisation that runs the service.

Please be advised that this represents the professional opinion of the reviewer conducting the audit, based on the evidence gathered during the review visit. This evaluation considers compliance with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and is aligned with the CQC's current assessment framework.

Key Question	Applicable Regulations	Quality Statements and Comments
<p>Safe</p>	<p>Regulation 12: Safe Care and Treatment</p> <p>Regulation 13: Safeguarding Service Users from Abuse and Improper Treatment</p> <p>Regulation 17: Good Governance</p> <p>Regulation 18: Staffing</p> <p>Regulation 19: Fit and Proper persons employed</p> <p>Regulation 20: Duty of Candour</p> <p>Regulation 15: Premises and Equipment</p>	<p>Learning culture – Score 3 There is a culture of safety and learning. Incidents and complaints are appropriately investigated and reported. Lessons are learned from safety incidents or complaints, resulting in changes that improve care for others. Debriefs take place after incidents for reflection on an individual basis between staff and manager and also during the regular team meetings for all to discuss together.</p> <p>Safe systems, pathways and transitions – Score 3 Records are all held electronically which enables all in the team to have access to the same information.</p> <p>Records were evidenced as reviewed regularly and updated where required.</p> <p>Records evidenced continuity of the same group of staff working with individuals.</p> <p>People supported are involved in discussions around their support and care pathways and transitions, including how to keep them safe throughout these processes. Mental capacity assessment, communication passports, aids such as pictorial guides or Makaton and advocates are used to support the individuals communication to be involved and documents such as hospital passports are in place to support emergency or planned hospital care transition.</p> <p>Safeguarding – Score 3 All staff attend safeguarding of adults and children training as mandatory and receive refreshers.</p> <p>Staff demonstrated knowledge of safeguarding and whistleblowing when asked during inspection.</p> <p>Evidence was seen of “speak up” encouragement posters in the hallway with how to report anonymously and a QR code to scan.</p>

Key Question	Applicable Regulations	Quality Statements and Comments
		<p>Safeguarding concerns were raised and evidenced on the system.</p> <p>Involving people to manage risks – Score 3 People and staff are encouraged and supported to raise concerns and given direct and anonymous ways to do so. It was evidently an open culture during the 2 days of inspection with staff members approaching the Registered Manager and Deputy with queries, concerns and for support. Staff and managers use the same system to assessment risk assessments and Risks are assessed, and people and staff understand them.</p> <p>Risk assessments about care are person-centred and regularly reviewed with the person where possible. Communication aids are used to support the individuals input where required.</p> <p>Communication needs were recorded to identify emotions or distress, staff can manage this in a positive way that protects their rights and dignity and maximises learning for the future about the causes of their distress. Things that upset or worry me are identified in the individuals initial information. Staff were observed supporting people and ensuring reassurance and kindness where concern or distress was displayed.</p> <p>Safe environments – Score 3 Environmental risk assessments are undertaken for all environments of living and activities. People are cared for in spacious, safe environments that are designed to meet their needs. Detection and safety technology equipment are in place to support safe care environments.</p> <p>Access to the property had a sign that advised visitors to ring the doorbell, there was no separate doorbell however the door keypad had a bell icon. The inspector used this on both days had a delay in door response and was advised on day 2 the keypad bell does not work. (SR1) Door keypad locks were on all external doors, window restrictors and radiator covers were in place.</p>

Key Question	Applicable Regulations	Quality Statements and Comments
		<p>External property gates were open and maintenance was on site to fix gate error during inspection due to an electrical fault.</p> <p>Documentation was seen of maintenance checks and repair requests being in place to monitor the safety and upkeep of the premises. Exterior grounds garden and fencing and un-useable staff room shed need attention. (SR2)</p> <p>Safe and effective staffing – Score 3 There was adequate staffing in place. The staff were qualified, skilled and experienced and receive effective support, supervision and development from the management/provider. They work together effectively to provide safe care that meets people’s individual needs.</p> <p>Safe recruitment documentation was evidenced on staff files checked of employment history, references, ID, right to work documentation and DBS check.</p> <p>Staff receive training appropriate and relevant to their role.</p> <p>Staff receive the support they need to deliver safe care, inclusive of supervision and appraisal meetings.</p> <p>Staff at all levels have opportunities to learn, and poor performance is managed appropriately, supervisions documented some challenging discussions between manager and support worker.</p> <p>The Deputy Manager plans rotas. On the 15th of every month staff are given one month rota in advance, and cover requirements are put into an all staff WhatsApp group for overtime to be picked up before shifts are then offered to bank workers. Agency are rarely required.</p> <p>Infection prevention and control – Score 3</p>

Key Question	Applicable Regulations	Quality Statements and Comments
		<p>Risk of infection was assessed and managed, all staff complete training in infection control and PPE stations were in place around the home for all staff easily access.</p> <p>People are protected as much as possible from the risk of infection because premises and equipment are kept clean and hygienic. There are clear roles and responsibilities around infection prevention and control and the checking of this is monitored through manager and senior manager quality checks.</p> <p>The laundry room was clean, the kitchen and work top areas were clean and cleaning schedules clearly visible.</p> <p>Medicines optimisation – Score 3</p> <p>People are appropriately involved in decisions about their medicines. People are involved with assessments and reviews about the level of support they need to manage their medicines safely and to make sure their preferences are included. This is clearly documented in their personal support profile. The approach to medicines reflects current and relevant best practice and professional guidance.</p> <p>Evidence was seen that medicines and treatments are safe and meet people’s needs, capacities and preferences by enabling them to be involved in planning, including when changes happen. Medication support was observed during the inspection and was seen to be safe, the employee observed was knowledgeable of administration and medication when questioned and evidence people are appropriately involved in decisions about their medicines was observed, the individual themselves was in control of when and how medication support was given to them.</p> <p>There was clear documentation within individual’s files of their medication, support and capacity, medication was stored in locked cabinets, toothpastes and creams in a separate locked cabinet.</p> <p>Regular health checks were evidenced on files and communication with GP, any other relevant persons for best interest decisions were documented.</p> <ul style="list-style-type: none"> • This service scored 75 (out of 100) for this area.

Key Question	Applicable Regulations	Quality Statements and Comments
		<p>SRG RATING: GOOD – This service maximised the effectiveness of people’s care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.</p> <p>“Characteristics of services the CQC would rate as ‘Good’ Safety is a priority for everyone and leaders embed a culture of openness and collaboration. People are always safe and protected from bullying, harassment, avoidable harm, neglect, abuse and discrimination. Their liberty is protected where this is in their best interests and in line with legislation”.</p>

Key Question	Regulations	Quality Statements and Comments
Effective	Regulation 9: Person Centred Care Regulation 11: Need for Consent Regulation 14: Meeting Nutrition and Hydration Needs Regulation 18: Staffing	<p>Assessing needs – Score 3 Risk assessments and support plans were in place.</p> <p>People are involved in the assessment of their needs, and support is provided where needed to maximise their involvement. People are confident that their individual needs have been appropriately assessed and are fully understood. People's communication needs are assessed and met to maximise the effectiveness of their care and treatment. People's needs are assessed using a range of assessment tools to ensure their needs are reflected and understood.</p> <p>Assessments consider the person's health, care, wellbeing, and communication needs, to enable them to receive care or treatment that has the best possible outcomes.</p> <p>Reviews were in place.</p> <p>Delivering evidence-based care and treatment – Score 3 What is important to people is identified and outcomes are set and evidenced on the Blyssful system in long term and medium-term goals to record the steps achieved along the way to main outcome.</p> <p>Outcomes related to health and nutrition are evidenced such being supported to gain confidence in cooking for their self and participating in physical activity once a week.</p> <p>How staff, teams and services work together – Score 3 The Blyssful system used, person profiles with photos and full name with icons to identify allergies, medical health conditions, risks and DoLS personal details and identifiers, key contacts and keyworker. About me section covering likes, dislikes, who knows me best, who like working with, things that worry or upset me, communication and how pain is expressed. If a DoL is in place a highlighted box is present on screen that shows the start date, end date, review date, when clicked on this opens up to give full information with attached documents so that all staff members can access the same information at any point they need to appropriately assess, plan and deliver people's care, treatment and support.</p> <p>Handovers are recorded on Blyssful and also in a handover folder that is kept in the office.</p>

Key Question	Regulations	Quality Statements and Comments
		<p>Mandatory training is a mixture of e-learning on the My Hippo platform and some face-to-face training.</p> <p>To further embed experience, leadership and best practice, each area must have an identified lead that has additional training/knowledge specific areas providing they are compliant with all training and show an interest/have additional knowledge and are prepared to continue to become upskilled within a particular area. For example, champions of safeguarding, nutrition, dignity, infection control etc. (ER1)</p> <p>Supervisions were evidenced as taking place regularly covering a range of issues.</p> <p>Note recorded was inconsistent with some questions and answers present others free text, in one instance nighttime checks were in place, and recorded on system. In some records question asks did sleep well, how many hours sleep – some answers record only yes no sleep hours recorded.</p> <p>Some had face icons recording moods and others do not. General daily care notes summarise information from during the shift including things such as mood reassurances required, requests activities, chats, watching tv, tasks undertaken independently or not and where support was requested/given. This is not consistent of all staff, some record detailed notes and others not with choices that are offered not being recorded.</p> <p>Supporting people to live healthier lives – Score 3</p> <p>Evidence was seen of the service supporting people to manage their health and wellbeing so they can maximise their independence, choice and control. Support is given in ways to enable them to live healthier lives and where possible, reduce their future needs for care and support. Care hours and support are monitored through day diaries to ensure support is reduced where no longer required.</p> <p>Ongoing health checks are on files and individuals attending appointments with health professionals or in some instances GP's may come to the service for individuals unable to go to the surgery.</p> <p>Choices are given for meals and activity to promote health and wellbeing. Meal planning is inclusive of the awareness of vegetables and healthy food whilst maintaining a variety in meals not just their same favourite food.</p>

Key Question	Regulations	Quality Statements and Comments
		<p>Monitoring and improving outcomes – Score 3 People who use the service have identified outcomes and there are effective approaches to monitor people's care and treatment and their outcomes. This means that continuous improvements are made to people's care and treatment.</p> <p>In some instances, a wall board or document is in place as a visual key to individual of some of the upcoming activities for individual outcomes being achieved.</p> <p>Evidence was seen of prior achievements from the Deputy of before maternity leave of photographs documenting the journey to achieving outcomes, where an attempt had been made and failed, the review of what happened and how to try again documented. (ER2)</p> <p>Consent to care and treatment – Score 3 Communication passports are in place to support and recorded information on system is very detailed for consents being given.</p> <p>People understand their rights around consent to the care and treatment they are offered. People's views and wishes are taken into account when their care is planned. Communication support is evidenced on files, people's capacity and ability to consent is taken into account, and they, or a person lawfully acting on their behalf, are involved in planning, managing and reviewing their care and treatment. During inspection observations were made of asking before entering rooms, checking individual wanted to go out/undertake activity or task before starting.</p> <p>All team had awareness of MCA, training was allocated to all staff.</p> <ul style="list-style-type: none"> • This service scored 75 (out of 100) for this area.
<p>SRG RATING: GOOD This service maximises the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.</p> <p>“Characteristics of services the CQC would rate as 'Good' People and communities have the best possible outcomes because their needs are</p>		

Key Question	Regulations	Quality Statements and Comments
		<p>assessed. Their care, support and treatment reflects these needs and any protected equality characteristics. Services work in harmony, with people at the centre of their care. Leaders instil a culture of improvement, where understanding current outcomes and exploring best practice is part of everyday work”.</p>

Key Question	Regulations	Quality Statements and Comments
Caring	<p>Regulation 9: Person-centred Care</p> <p>Regulation 10: Dignity and Respect</p>	<p>Kindness, compassion and dignity – Score 2 Throughout inspection people were treated in a kind and positive way during many observed interactions.</p> <p>There was clear demonstration of good relationships inclusive of trust and good rapport with ongoing banter and laughter between individuals and staff and the managers as a constant throughout inspection.</p> <p>Individuals were happy for support workers to take part in activities with them and approach at any point, it was a welcoming home.</p> <p>As mentioned to Registered Manager on arrival, there was an individual with exposed nudity to the external of the home whilst staff were present on day 2 of inspection, blinds being closed must be in place. (CR1)</p> <p>Treating people as individuals – Score 3 Individual care plans and risk assessments were in place.</p> <p>Specific information is completed to ensure all information captured is relevant to the individual only. All staff work towards what is best for the individual and spend time learning behaviours to easily recognise when service users are happy and respect when they are not and do not force activities, social interactions when not wanted. People's personal, cultural, social and religious needs are understood and met.</p> <p>Individuals rooms are decorated by their choice and items they choose of their own preference.</p> <p>Independence, choice and control – Score 3 Independence is encouraged with the individuals supported where possible, in line with their support plans and risk assessments. They have choice as to how their care is to be provided. Staff were seen</p>

Key Question	Regulations	Quality Statements and Comments
		<p>supporting people to be independent at mealtimes and support during inspection and individuals happy to share planned upcoming activities and visits out into the community promoting choice of activities.</p> <p>Responding to people's immediate needs – Score 3 If needs change then these are reflected in care plans and risk assessments. This would in the main be due to a deterioration in health or additional needs being identified.</p> <p>People's needs, views, wishes and comfort are a priority, and staff quickly anticipate these to avoid any preventable discomfort, concern or distress, detailed information is recorded within support plans so staff can quickly recognise when people need urgent help or support and use appropriate techniques to deescalate situations that may arise</p> <p>Workforce wellbeing and enablement – Score 3 All staff spoken to during inspection felt cared for and valued. There is not a separate staff room that can be used for breaks or time out area. (CR2)</p> <p>The Manager's office is open. Residents and staff come in and out as needed and both the Registered Manager and Deputy interact with all.</p> <p>Blue light card and free counselling services are in place paid for by the company along with a recognition scheme of Above and Beyond Award – where the Manager nominates with a reason of why they go above and beyond. The winner receives voucher and card and thank you from exec team and the individuals photo is taken and sent to internal magazine to publish.</p> <p>Staff are given regular individual supervisions.</p> <p>Team meetings are also held monthly. These cover items such as any general issues, reminders of medication 6 R's, goals updates, staff understanding of MCA, whistleblowing and KLOE's.</p>

Key Question	Regulations	Quality Statements and Comments
		<p>The Registered Manager is proactive in supporting the team with changes and new systems and created additional training for the staff on Loom to help the team, this has now been shared with managers and the company are now using the technology to provide engaging training for the staff across the region.</p> <ul style="list-style-type: none"> • This service scored 70 (out of 100) for this area.
<p>SRG RATING: GOOD - This service maximises the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.</p> <p>“Characteristics of services the CQC would rate as ‘Good’ People are always treated with kindness, empathy and compassion. They understand that they matter and that their experience of how they are treated and supported matters. Their privacy and dignity is respected. Every effort is made to take their wishes into account and respect their choices, to achieve the best possible outcomes for them. This includes supporting people to live as independently as possible.”</p>		

Key Question	Regulations	Quality Statements and Comments
Responsive	<p>Regulation 9: Person Centred Care</p> <p>Regulation 17: Good Governance</p> <p>Regulation 16: Receiving and Acting on Complaints</p>	<p>Person-centred Care – Score 3 The support plans seen evidenced good detail as to how care should be provided for the individual. It was clear what the individuals wishes were and the support plans evidenced person-centred care.</p> <p>As mentioned in previous domainds, person centred detail on recording to be increased. (RR1)</p> <p>Care provision, integration, and continuity – Score 3 Where required external services are sought. Individuals are supported to attend to engage with health professionals, services included dialogue with mental health teams and social workers. The Registered Manager was keen to forge positive relationships with external providers.</p> <p>Health documents seen on individuals’ files in different formats for communicating the information in a way that is accessible to them. Hospital passports were in place.</p> <p>Providing information – Score 3 A service guide could not be located during inspection. (RR2)</p> <p>Staff information with names and photographs were displayed in the service.</p> <p>Posters around office advised of how to get in touch for concerns.</p> <p>Listening to and involving people – Score 3 Regular staff meetings were in place to share ideas, information and also include training.</p> <p>Staff were also asked for feedback via a staff survey.</p> <p>Questionnaires are completed by staff members with individuals, staff surveys and family surveys also take place.</p>

Key Question	Regulations	Quality Statements and Comments
		<p>Equity in access – Score 3 There are no barriers to accessing any areas within the service. All individuals receive equal experienced in support to access external professionals where required.</p> <p>Equity in experiences and outcomes – Score 3 All individuals receive equal experiences that will be reflected in outcomes and evaluations of support plans.</p> <p>Planning for the future – Score 3 The service supports people to plan for important life changes, end of life plans were included within support planning.</p> <p>There are no end-of-life champions in the service. (RR3)</p> <ul style="list-style-type: none"> This service scored 75 (out of 100) for this area.
<p>SRG RATING: GOOD – This service maximises the effectiveness of people’s care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.</p> <p>“Characteristics of services the CQC would rate as ‘Good’ People and communities are always at the centre of how care is planned and delivered. The health and care needs of people and communities are understood and they are actively involved in planning care that meets these needs. Care, support and treatment is easily accessible, including physical access. People can access care in ways that meet their personal circumstances and protected equality characteristics”.</p>		

Key Question	Regulations	Quality Statements and Comments
Well led	<p>Regulation 17: Good Governance</p> <p>Regulation 5: Fit and Proper Persons Employed - Directors</p> <p>Regulation 7: Requirements Relating to Registered Managers</p> <p>Regulation 18: Staffing</p> <p>Regulation 20A: Requirement as to Display of Performance Assessments</p>	<p>Shared direction and culture – Score 4 The company values are shared and in view in the service. Personal, Progressive and Positive and the Registered Manager related these to the specific service in the way goals and outcomes are identified with individuals and their support needs detailed.</p> <p>The Registered Manager felt that she is familiar with Senior Managers Manager and there is a good peer support network of other Managers and Deputy Managers in the South area.</p> <p>The Operations Manager and Regional Manager are on site or on Teams to provide support. An open culture is encouraged, and ongoing meetings for all levels gives the opportunity to be involved.</p> <p>Capable, compassionate and inclusive leaders – Score 3 Observed during inspection the Registered Manager was actively involved with individuals and familiar with their needs and support.</p> <p>Staff spoken to during inspection spoke highly of the Managers, with comments such as they are very approachable and responsive.</p> <p>Freedom to speak up – Score 3 All staff stated the management team were supportive and always present to provide assistance when required.</p> <p>We spoke with staff during the visit, and they explained they were comfortable speaking to management with concerns or support requests and felt cared for. They were confident knowing that if they felt need to, they would speak to Senior Managers or CQC without fear of reprisal. Encouragement to speak up posters are around the service.</p> <p>Workforce equality, diversity and inclusion – Score 3</p>

Key Question	Regulations	Quality Statements and Comments
		<p>Staff are recruited from many backgrounds and cultures. Policies and procedures are in place that are regularly reviewed and support this.</p> <p>Governance, management and sustainability – Score 4 Marika House have clear responsibilities, roles, systems of accountability and good governance. There are clear and effective governance, management and accountability arrangements. Staff understand their roles and responsibilities. Quality and health and safety audits take place regularly with reports completed and any actions required which is shared with the Registered Manager.</p> <p>Evidence was seen of an action plan of actions completed following an internal audit. External auditors were also sought for feedback. In addition, there were various audits being completed each month by the Registered Manager.</p> <p>The systems to manage current and future performance and risks to the quality of the service take a proportionate approach to managing risk that allows new and innovative ideas to be tested within the service.</p> <p>Evidence was seen of notifications submitted to CQC and safeguarding teams.</p> <p>Partnerships and communities – Score 3 Staff and leaders are open and transparent, and they collaborate with all relevant external stakeholders and agencies. Staff and leaders work in partnership with key organisations to support care provision, service development and joined-up care. Individuals are part of the local community for activities and outings.</p> <p>There are local community links the service hosts events where other homes and families are invited into the service.</p>

Key Question	Regulations	Quality Statements and Comments
		<p>The Registered Manager plans to have events in the garden in the warmer weather and will invite external agencies in.</p> <p>Annual feedback questionnaires sent to external professionals.</p> <p>Learning, improving and innovation – Score 3 The Registered Manager is responsible to continually look at standards, innovations and the required improvements to ensure best practice, good practice is in place with team meetings being used to share learning.</p> <p>There was evidence of the Registered Manger having a good support network of the locality manager and Operations Manager, Quality team and other peers within other service areas in the company.</p> <p>The Manager advised 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 liaises with other providers and agencies for the benefit of the person using services.</p> <p>The Registered Manager undertakes positive observations, where staff are praised for good practice during observation of support.</p> <p>Environmental sustainability – sustainable development – Score 3 The Registered Manager advised of the service records being electronic systems and being cashless now as cards are used on apps and receipts are scanned for activities to reduce paper systems.</p> <ul style="list-style-type: none"> • This service scored 82 (out of 100) for this area.

Key Question	Regulations	Quality Statements and Comments
		<p>SRG RATING: GOOD This service maximises the effectiveness of people’s care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.</p> <p>“Characteristics of services the CQC would rate as ‘Good’ There is an inclusive and positive culture of continuous learning and improvement. This is based on meeting the needs of people who use services and wider communities, and all leaders and staff share this. Leaders proactively support staff and collaborate with partners to deliver care that is safe, integrated, person-centred and sustainable, and to reduce inequalities”.</p>

ACTION PLAN:

CQC Key Question - SAFE

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

Reference Point	Recommendation Made	Action to be taken	Who By	Date to Complete by	Evidence of Completion	RAG Status	Comment
SR1	Clear visitor information						
SR2	Review external area repairs						

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	Identified leads						
ER2	Continued outcome evidence						

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	Dignity assurance						
CR2	Staff break area						

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	PC care details in recordings						
RR2	Service guide						
RR3	EOL champion						

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 RECCOMENDATIONS MADE						