



AUDIT REPORT

Service Name: Sansa House

Date of Visit: 30th and 31st January 2024

Private & Confidential
SRG CARE CONSULTANCY LIMITED

Contents:

Page	Subject
3	Current CQC & SRG Ratings
4 – 5	Overall Review Summary
6 – 11	KLoE Safe Domain
12 – 14	KLoE Effective Domain
15 – 16	KLoE Caring Domain
17 – 20	KLoE Responsive Domain
21 – 24	KLoE Well Led Domain
25 - 27	Action Plan

Service Name: Sansa House

Provider: Liaise (South) Limited

Address of Service: 39 Cliddesden Road, Basingstoke, Hampshire, RG21 3DT

Date of Last CQC Inspection: 24/02/2022

Ratings

CQC's Overall Rating for this Service:




Outstanding



SRG Overall Rating for this Service:

Outstanding



KLoE Domain	Rating		Overall Score
Is the service safe?	Good		75 (out of 100)
Is the service Effective?	Good		75 (out of 100)
Is the service caring?	Outstanding		100 (out of 100)
Is the service responsive?	Outstanding		100 (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 30th and 31st January 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 residents who used the service. These included observation of interactions between people who use the service and staff, conversations with the Manager, Deputy Manager, shift leader, and support workers, discussions with people who use the service, a tour of the building and review of key documentation.

SUMMARY OF OUTCOME

Sansa House is registered with the CQC and provides accommodation for persons who require nursing or personal care. Its category of registration is a Residential home and has specialisms/services in, caring for adults under 65yrs, with a Learning disabilities and Physical disabilities. At the time of the audit there were five people living at the home. The home is an adapted building with bedrooms, shared living spaces and a garden for people to use.

Some of the people who live at Sansa House, have communication difficulties and/or cognitive impairments; therefore, we observed some interactions between staff and residents to ensure they were comfortable with the support/ engagement that they were having. We read care plans for two people, we checked three staff recruitment files and records to confirm staff training and supervisions 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.

Sansa House use Abylss Software available 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. Sansa House currently uses the homes documents Software for staffing records, Your Hippo for

e-learning that staff complete, Radar is used for auditing, and polices etc. Quooda is used for compliance checks and Access maintain is used for reporting any maintenance concerns/call outs and budget records.

During the visit it was observed that the staff were responsive to people's needs and treated them with kindnesses, dignity, and respect. It could be seen that the people who lived in the home were encouraged to make their own decisions and were actively involved in how they wished to spend their days. The home had a warm and homely atmosphere and people were seen to be able to access the home freely. People were seen to be interacting with the staff and coming into the office to spend time, talk to the staff, and make them drinks.

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>Regulation 12 (f) and (g) Safe Care and Treatment</p> <p>Regulation 13: Safeguarding users from abuse and improper treatment</p> <p>Regulation 17: Good Governance</p> <p>Regulations 18 & 19: Staffing - Fit and Proper persons employed.</p> <p>Regulation 20: Duty of Candour</p>	<p>Sansa House is a residential care home providing personal care to five people living with learning disabilities, autism spectrum disorder, and/or mental health needs. Accommodation was provided across a ground floor building with five "annexes" and shared living spaces and kitchen facilities and a first-floor self-contained annexe. The home was close to local amenities and fit in with surrounding properties.</p> <p>At the time of the audit five people were living in the service and were receiving 1-1 or 2-1 support.</p> <p>The staff spoken to said they enjoyed working at Sansa House, and this was evident in their approach. All staff had good knowledge and understanding of the people they were supporting and were aware of their triggers and likes/dislikes. Staff were seen to be interacting and engaging with the service users with appeared to be effective.</p> <p>Learning Culture: Score 3</p> <p>Staff meetings are conducted every 6-8 weeks. Minutes of the meetings are shared with the team, and there is a file that the staff can access to review the minutes from throughout the year. In the meeting's the team discuss lessons learnt, which includes safeguarding concerns, and any other areas that need to be addressed, so they can make improvements. Incidents and near misses were reported, staff felt there was an open and supportive culture and learning and changes in people's management plans was shared following any incidents. The management team analysed incidents and reviews to establish appropriate actions to reduce the risk of re-occurrence.</p> <p>Safe systems, pathways, and transitions: Score 3</p>

KLOE	Applicable Regulations	Comments
		<p>The service had policies and procedures in place. There was a folder kept in the staff area, that they could access with updated policies. Staff could also access policies through the Radar app.</p> <p>There was several systems and process in place for monitoring the quality of care. These included audits for medicines, managers walk arounds, weekly vehicle checks, and where issues were identified an action plan was put in place to address any shortfalls.</p> <p>The service worked in partnership with other agencies, examples include the learning disabilities team, and Occupational health team, and the local GP.</p> <p>Three sets of staff records were selected at random for review to confirm safe recruitment practices were in place. The files were stored electronically, and all contained the necessary documentation covering, full work history DBS, References, interview notes, RTW checks, Health questionnaires and gaps in work history were accounted for.</p> <p>Safeguarding: Score 3</p> <p>The service has had fourteen safeguarding referrals in the past 12 months, four remain open. The service was incredibly open and transparent when it came to reporting. The manager stated the open safeguarding has had been followed up and could evidence this with emails sent to the Local Authority to obtain an outcome on the referrals, as some open cases go back to 2022.</p> <p>Safeguarding training for the service was 100%</p> <p>Staff were aware on what contributed to a safeguarding and how to report any concerns.</p> <p>The service worked closely with the safeguarding team to ensure people were safe.</p> <p>Involving people to manage risks: Score 3</p> <p>Risk assessments were in place for each person who used the service.</p>

KLOE	Applicable Regulations	Comments
		<p>One person who was at risk of choking had a RA in place and had been seen by the SALT team, which was reflective in his support plan.</p> <p>On speaking to staff who were cooking the meal on the day of the audit, they had a good understanding of the person's needs, and diet requirements.</p> <p>This was also evidence in his care plan, which was incredibly detailed on how to support him to eat safely.</p> <p>People were encouraged to still live an active life, and enjoy trips and activities out, there was a RA in place to cover these areas so that risk could be managed, but the person could still live an active and fulling life.</p> <p>Safe environments: Score 3</p> <p>The home was clean, tidy, safe, and well maintained.</p> <p>I checked the compliance and health and safety checks for the home, covering fire, health, and safety, TMV, gas, fire equipment, and fire alarms, were being conducted, and this was logged electronically on Quooda, all were completed and in date.</p> <p>Any remedial actions were being addressed and updated.</p> <p>The PPM for the home was compliant.</p> <p>Staff could use Access maintain for call outs to the home as required and OOH calls.</p> <p>Personal Emergency Evacuation Plans (PEEPS) were in place, they were up to date and accessible from the Grab bag.</p> <p>The Grab bag was checked, and all items were in place. The service had also added extra items like bottled water and snack bars for the service users.</p> <p>(SR1) – Some areas of the home are looking tired and do require a redecoration, some of this was caused by some recent works conducted.</p>

KLOE	Applicable Regulations	Comments
		<p>The staff did however show me a recent room that was decorated for a service user, due to damage occurred to the walls when he was going through a crisis period.</p> <p>Safe and effective staffing: Score 3</p> <p>There was a registered manager in place, who had worked at the home for over 3 years and was present on the day of the audit, along with the deputy manager, both had in-depth knowledge on the people who lived at Sansa House.</p> <p>The home was recruiting for full time support workers but was covering any uncovered shifts with existing team members.</p> <p>The service had not used agency staff since October 2023</p> <p>There appeared to be enough staff on shift, the staff did not feel rushed, the recent staff survey conducted In November 2023, received feedback from the staff with over 90% saying that they felt there was enough staff on duty to meet people's needs safely.</p> <p>Infection prevention and control: Score 3</p> <p>The home was clean and tidy and free from mal odours.</p> <p>There was PPE available for all staff.</p> <p>There was face to face training taking place at the time of the audit, this covered handwashing and COSHH and the service had passed the audit.</p> <p>Training compliance for Infection control was 100% for the service.</p> <p>The laundry area was clean and tidy and service users were encouraged to do their own laundry.</p> <p>Cupboards containing chemicals were locked.</p>

KLOE	Applicable Regulations	Comments
		<p>Medicines optimisation: Score 3</p> <p>Medication compliance training was 100% for the service. Staff had medication competencies conducted yearly, or as needed.</p> <p>The medication room was clean and tidy. PPE was available. Medication records were checked for three people. All people who lived at the service had a separate MAR file's; the folders were organised and easy to follow. All MAR charts were completed. Handwritten MAR charts were completed by two staff. Where people were taking homely remedies there was evidence a GP had approved this, to ensure there was no interactions with other medications. There was evidence GP reviewed medication for people. One person had a protocol in place for the refusal of medication, he could be administrated medication covertly, there was a care plan in place for this, with clear guidelines on how to support this.</p> <p>Medication was seen to be locked away securely. Room temperature checks were conducted daily and complete. There was valuable information in place supporting the administration of PRN medication. Where people were prescribed creams a body map was in place, and creams had open dates on them.</p> <p>The service had implemented a second signature sheet for medication. This was due to a recent incident with a medication error, when staff were administrating medication to a person, the second staff member would also sign to say this had been given, to prevent any further incidents.</p>

KLOE	Applicable Regulations	Comments
		<p>(SR2) – On one person’s medication record, staff had made an error with the amount of medication signed in, and tried to write over this, which made it unclear. It was discussed with the staff they should put a line through the error and initial then write the correct amount.</p> <p>This service scored 75 (out of 100) for this area.</p>
<p>Outcome: Improvement is required to ensure that this service is considered as Safe. ‘Safe’ is defined by the CQC as meaning “people are protected from abuse and avoidable harm.”</p> <p>SRG RATING: Good</p>		

KLOE	Regulations	Comments
Effective	<p>Regulation 9: Person Centred Care</p> <p>Regulation 11: The need for Consent</p> <p>Regulation 12: Providing Safe Care and Treatment</p> <p>Regulation 14: Meeting Nutrition and Hydration Needs</p> <p>Regulation 15: Premises and Equipment.</p> <p>Regulation 17: Good Governance</p> <p>Regulation 19: Staffing</p>	<p>Assessing needs: Score 3</p> <p>Delivering evidence – based care and treatment: Score 3</p> <p>All people who use the service are assessed before coming into the home. People's needs were reviewed and assessed as needed.</p> <p>One person who needs were increasing was currently being reviewed, as the service could no longer meet his needs safely and the staff felt he needed to be in another service more suited to his needs. The home had made a referral to the local authority, safeguarding team and collaborated closely with the psychiatric team to express their concerns and find him a suitable placement. The home had looked at all measures to be able to manage his needs so he could remain at Sansa house, but unfortunately these were not working.</p> <p>The service took a truly comprehensive approach to assessing people's needs, including what support they would need at various times of the day and during different activities. The service could evidence how the support they provided to people achieved positive outcomes, improving people's abilities to communicate their needs, reducing incidents involving behaviours which may challenge and building life skills. This resulted in people having an improved quality of life.</p> <p>How staff, teams and services work together: Score 3</p> <p>There was effective communication between the team, this was evident in handover of shifts and meetings.</p> <p>When an incident had taken place, the manager/deputy discussed with this the staff as debrief session, to see how this could be prevented in the future, and if the staff member required any further support.</p> <p>Supporting people to live healthier lives: Score 3</p> <p>People were encouraged to eat a healthy balanced diet.</p> <p>Service users spoken to said they enjoyed the meals, the meals on both days were presented well.</p>

KLOE	Regulations	Comments
		<p>There was a choice of two options. On day one of the audit the meal was beef stew and dumplings, and day two, was sweet & sour pork with rice. Both meals were made from fresh. I was served the sweet & sour dish, which was lovely and very tasty. One service user did not want the sweet & sour dish, as he did not like this, and asked for another option of pork chops and chips, which was served to his liking. People had access to snacks, and healthy meal choices, and could add items to the shopping list for the home and supported the staff to do the food ordering. People who used the service can choose what meals they would like, the staff would go round to each person so they could choose a meal each a week to be added to the menu, so all their preferences were met, if there was nothing on the menu, they like that day, they could choose another option. Service users were weighed weekly. One person was supported to lose weight, which was successful, the staff implemented a healthy balanced diet, as well as supporting him to play basketball and regular exercise. Service users could access the shops with the staff and purchase their own snacks. One person had a gluten free diet, this was recorded in his care plan and his food items were stored separately for him.</p> <p>The kitchen area was clean and tidy. Fridge temperature checks were completed. Open and close checks were in place. Food items that were open were dated.</p> <p>Monitoring and improving outcomes: Score 3</p> <p>There was a suggestion box in the reception area, this was accessible for people to add in any suggestions they had to improve the service, the manager checked this through the week to action any feedback.</p> <p>Annual audits were sent to all people who used the service, including, families and staff.</p>

KLOE	Regulations	Comments
		<p>There was good auditing in place, which was conducted weekly, monthly and every quarter. The audits covered areas such as managers walk around, weekly medication, monthly finance audit. All audits were up to date. Where audits were not 100% there was a clear action plan in place and follow up when the actions had been completed.</p> <p>Consent to care and treatment: Score 3</p> <p>People had MCA/BI in their care plans. People had a referral for a DOLS and authorised DOLS in place, this was recorded in the care plan.</p> <p>The Mental Capacity Act 2005 requires that as far as people make their own decisions and are helped to do so as needed. When they do lack capacity to decide, any made on their behalf must be within their best interest. Of those records reviewed, there was evidence that people were encouraged to make their own decisions where possible and when they were unable to do so, it was evident that the principles of the MCA were being addressed.</p> <p>Staff were seen asking people for consent before supporting them and were involving them on how they wanted to spend their day.</p> <p>This service scored 75 (out of 100) for this area.</p>
<p>Outcome: Improvement are required to ensure that this service is considered as Effective. 'Effective' is defined by the CQC as meaning “people’s care, treatment and support, achieves good outcomes, promotes a good quality of life 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>SRG RATING: Good</p>		

KLOE	Regulations	Comments
Caring	Regulation 9: Person-centred care Regulation 10: Dignity and respect	<p>Kindness, compassion, and dignity: Score 4</p> <p>Staff were seen throughout the audit to be supporting the service users, they were respectful and engaging in conversations. Their approach was warm, informal, and relaxed, the atmosphere in the home was relaxed and calm, there were many occasions during the day where staff and people engaged in conversation and people were supported to go out into the community.</p> <p>Staff survey results were positive with over 60% of staff saying they felt people were treated with kindness and respect.</p> <p>Service users were coming into the office to engage in conversation with staff, they were also supported in making their own drinks in the kitchen and bringing one in for the staff.</p> <p>Staff were witnessed sat engaging with people, one service user was being supported to go on holiday with his grandparents and staff. This was the first time for him, and the team were helping him to build a relationship with them, since the loss of his late father.</p> <p>The staff had helped him to choose a hotel and planned the trip with him.</p> <p>The service users were happy and excited about this and was chatting to staff about the trip and was seen looking at the photos of the hotel with the staff.</p> <p>Treating people as individuals: Score 4</p> <p>Independence, choice, and control: Score 4</p> <p>People were treated as individuals, people had person centred care plans in place.</p> <p>People were asked how they wanted to spend their days, and this was evidenced in the daily notes.</p> <p>There was a service users timetable displayed, this showed who was supporting them throughout the day, and activities available on and off site.</p>

KLOE	Regulations	Comments
		<p>People's rooms were all decorated in a person-centred way with their own furniture, pictures, and home comforts with the support of staff.</p> <p>Responding to people's immediate needs: Score 4</p> <p>A monthly report was sent to the relatives and funded authority, with an update on how the person was, along with photos, and what activities they had been involved in and a general update on their wellbeing.</p> <p>The service did act on peoples changing needs and were in the process of supporting a service user to find a more suitable placement.</p> <p>Workforce wellbeing and enablement: Score 4</p> <p>The staff spoken to; had good knowledge of the people they were supporting. They also said they enjoyed working for the service and felt supported by the manager.</p> <p>Both the manager and deputy were visible with an open-door policy.</p> <p>Service users' records were kept secure, and information held about people was considered effective and protected, these being always stored appropriately and accessible to staff.</p> <p>Staff had access to a tablet where they were updating the support they were providing throughout the shift.</p> <p>This service scored 100 (out of 100) for this area.</p>
<p>Outcome: The service is considered as Caring. 'Caring' is defined by the CQC as meaning "that the service involves and treats people with compassion, kindness, dignity and respect."</p> <p>"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."</p> <p>SRG RATING: Outstanding</p>		

KLOE	Regulations	Comments
Responsive	Regulation 9: Person Centred Care Regulation 12: Providing Safe Care and Treatment Regulation 16: Receiving and Acting on Complaints	<p>Person-centred care: Score 4</p> <p>The service demonstrated that it was extremely responsive. The service users' records reviewed demonstrated a focus on being person centred and specific. The records were well set out and easy to follow, covering care plan/support plan and risk assessments. People had individual communication care plans and their level of understanding. Staff used signs and symbols to communicate, which was observed on the visit, which service users were responding positively too. Care plans were stored electronically and were secure, which staff could access.</p> <p>There were pictorial cards used to identify things like, foods/drinks, feelings, and activities, which were being used. These were also displayed on the kitchen cupboards so the service users could access items independently. People were encouraged to maintain their independence and help with the washing up, laundry, household cleaning and cooking which was incorporated into the persons daily aims and goals.</p> <p>One service user does not like the temperature to hot, the home ensured the radiators in his annexe were set to a low temperature, the staff monitored the room temperature daily and recorded this, if he became too hot, this could impact on his behaviours and triggers. This was incorporated into his care plan.</p> <p>One service user had a countdown calendar in place, this reminded him and supported him to countdown sleeps until he goes home to see his parents, which helps him with his anxieties.</p> <p>One service user had his own separate annexe, which was upstairs in the home, he showed me around and was very proud of his space, he had a separate kitchen area as well as a bathroom and bedroom, the home was supporting him to live as independent as possible so he could potentially move into a less restrictive placement.</p>

KLOE	Regulations	Comments
		<p>Care provision, integration, and continuity: Score 4</p> <p>The service supported people to maintain relationships within the community to avoid isolation and supported them to follow interest and take part in activities. Service users were routinely able to access a wide range of activities with their personal choices and There was a range of indoor activities the people could access, like board games, and supporting with household chores. People who used the service had the opportunity to go outside daily, this involved walks out, going to the shops, swimming, bowling, local pubs for lunch, and on the day of the audit, the service users were accompanied to go on a bike ride, this was something they really enjoyed.</p> <p>The service users also integrated with other service users in other services locally, they would attend the homes for events and Christmas parties.</p> <p>Listening to and involving people: Score 4</p> <p>Families could access Abylss and were sent monthly reports on the person's progress (with consent) this enabled them to have a good insight to the daily support the person was receiving and how they spent their days and general wellbeing with photos. Annual surveys were sent to service users and staff, which had positive feedback about the service.</p> <p>Equity in access: Score 4</p> <p>Everyone who used the service had the same access as everyone else. The service was responsive to people needs and delivered flexibility, choice, and continuity of care. People were weighed weekly if required, and their BMI updated. People had access to the learning disability team, OT, and other external services, like the dentist and chiroprapist.</p> <p>Equity in experiences and outcomes: Score 4</p>

KLOE	Regulations	Comments
		<p>The service had produced a 'Our goal' folder for each service user, this was to support them to meet their goals. There was a file in place to evidence if they had achieved their goals and what support they needed to achieve the goal.</p> <p>One example was a service user wanted to lose weight, he was supported the staff to meet his goal, by encouraging daily physical activities and healthy eating, in which he had succeeded.</p> <p>Each service user had a photo album made with all their memories of birthdays and trips/events that they could look through and share with others.</p> <p>Planning for the future: Score 4</p> <p>Providing information: Score 4</p> <p>The people who used the service were provided with information on how to make a complaint and information about the service.</p> <p>Complaints were dealt with in a timely manner.</p> <p>There were three complaints made in a period of 12 months, all were closed, with a clear process of actions taken.</p> <p>People who used the service had restriction and reduce plans in place, this was tailored to meet their needs, so things were done in a less restrictive way as possible.</p> <p>The service was always looking at ways to improve the service, by conducting audits, feedback from surveys and lessons learnt.</p> <p>Care plans included information on people's future care wishes.</p> <p>This service scored 100 (out of 100) for this area.</p>

KLOE	Regulations	Comments
<p>Outcome: The service is considered as Responsive. Responsive is defined by the CQC as meaning “that the service meets people's needs.”</p> <p>“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>SRG RATING: Outstanding</p>		

KLOE	Regulations	Comments
Well led	<p>Regulation 12: Providing Safe Care and Treatment</p> <p>Regulation 17: Good governance / Record Keeping</p> <p>Regulation 19 - Fit and Proper persons employed.</p>	<p>Shared direction and culture: Score 3</p> <p>Capable, compassionate, and inclusive leaders: Score 3</p> <p>The leadership within the home was good, the manager was very organised in her 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 manager was incredibly involved in the day to day running of the service, and this was evident at the time of the auditing.</p> <p>I spoke to various Staff, and they all said they felt supported by the manager, and said she was visible and approachable, with an open-door policy, and was a good leader and was always available.</p> <p>Freedom to speak up: Score 3</p> <p>People were encouraged to speak and share their ideas and suggestions.</p> <p>There was a suggestion box in the entrance to the home, with a suggestion card people could complete, this was 'My suggestion and My suggestion would benefit.'</p> <p>Staff were sent annual surveys to complete, the results were sent to the manager who would act upon the feedback and produce an action plan. This would then be discussed in the staff meetings.</p> <p>Family/relative surveys were not sent for 2023.</p> <p>There was a on call procedure in place, so staff could access support 24/7.</p>

KLOE	Regulations	Comments
		<p>People who used the service were sent surveys to complete, only one person living in the home could complete this, the feedback was excellent with 100% in all areas.</p> <p>(WR1) Would be good to produce a 'You said we did' board to display the results and actions taken so everyone can see what action has been taken.</p> <p>Workforce equality, diversity, and inclusion: Score 3</p> <p>Employee month scheme, this is nominated by management for those staff who go the extra mile, and they are awarded with a gift and a photo is displayed of them so everyone is aware and can celebrate and their photo is shared within the company newsletter.</p> <p>One staff member had just enrolled onto her level 4 Health and Social care, which she was enjoying. The service supported her to do this and allowed her the time to complete and attend meetings. The staff member was keen to share her knowledge with the team on what she had learnt so far and was printing items off she could share and discuss.</p> <p>Governance, management, and sustainability: Score 3</p> <p>There was several systems and process in place for monitoring the quality of care. These included audits for medicines, complaints, supervision, training, and staffing, where issues were identified an action plan was put in place to address any shortfalls.</p> <p>The service worked in partnership with other agencies, examples include the learning disabilities team, and Occupational health team, and the local GP.</p> <p>Accidents and incidents were logged and learning outcomes in place, these were then discussed in the team meetings of any areas of improvements.</p>

KLOE	Regulations	Comments
		<p>Partnerships and communities: Score 3</p> <p>The service worked in partnership with other agencies, examples include the learning disabilities team, and Occupational health team, safeguarding team, and the local GP.</p> <p>The service focused on integrating with the community and ensuring the service users were supported to engage and access the community.</p> <p>Learning, improving and innovation: Score 3</p> <p>The service focused on lessons learnt, this was evidenced in the staff meeting meetings and audits, where it was discussed as a team.</p> <p>The staff had a debrief session when things did go wrong, this was an opportunity to discuss what could have been done to prevent the incident and what to avoid going forwards.</p> <p>Beyond- The staff nominate each other; this is for those they believe have gone above and beyond. They can nominate online, which is displayed in the staff areas. Again, the winner is awarded with a gift.</p> <p>Residents were seen coming into the office throughout the day talking and interacting with the staff team.</p> <p>The leadership within the home was excellent, the manager was very organised in her 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 manager engaged in the day to day running of the service, and this was evident at the time of the auditing.</p>

KLOE	Regulations	Comments
		<p>Environmental sustainability – sustainable development: Score 3</p> <p>Staff looked at ways to protect the environment and wastage. Systems were computer based which meant less printing and unnecessary waste.</p> <p>This service scored 75 (out of 100) for this area.</p>
<p>Outcome: This service is not considered as being well led.</p> <p>Well Led is defined by the CQC as meaning “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.”</p> <p>Characteristics of services the CQC would rate as Good, are those where “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.”</p> <p>SRG RATING: Good</p>		

ACTION PLAN: Sansa House

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	Some areas of the home are looking tired and do require a redecoration, some of this was caused by some recent works conducted.	To put in place a decoration program					
SR2	On one person's medication record, staff had made an error with the amount of medication signed in, and tried to write over this, which made it unclear	To ensure staff are following the correct procedure on recording					

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
ER1	NO RECCOMENDATIONS MADE						

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	NO RECCOMENDATIONS MADE						

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	NO RECCOMENDATIONS MADE						

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-centered 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	Would be good to produce a 'You said we did' board to display the results and actions taken so everyone can see what action has been taken	To consider implementing					