



# AUDIT REPORT

## Sansa House

**Date of Visit:** 8<sup>th</sup> & 9<sup>th</sup> of June 2025

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**Service Name:** Sansa House

**Provider:** Liaise South Ltd

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

**Date of Last CQC Inspection:** 24<sup>th</sup> February 2022

## Ratings

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






Outstanding



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

Good



Key Questions	Rating	Overall Score
Safe	Good 	75 (out of 100)
Effective	Good 	83 (out of 100)
Caring	Good 	75 (out of 100)
Responsive	Outstanding 	92 (out of 100)
Well-led	Good 	78 (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 8<sup>th</sup> & 9<sup>th</sup> June 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, five 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 and accommodation, caring for adults under 65yrs, with Learning disabilities and Physical disabilities. At the time of the inspection, the service is home to 5 males with Autism, Bipolar Disorder, Learning Disabilities, Down Syndrome, Obsessive Compulsive Disorder and complex needs. People expressed feeling safe, and staff demonstrated a clear understanding of managing risks effectively. Managers investigated incidents thoroughly, taking appropriate actions to mitigate future risks. At the time of the audit there were five people living at the home. The home was generally clean, all areas were free of clutter and tidy. 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 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. 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, *"I can't speak highly enough of them, he (son) has totally changed since being there he is so much happier"*.

Both people and their relatives noted that the staff were kind, respectful, and upheld their dignity. One person shared, *"The staff are brilliant, very caring"*. Activities were varied and alternatives available if the individual did not want to leave the home, with one relative stating, *"He loves it there he does a lot of activities"*.

Relatives felt comfortable raising concerns and confident that any issues would be addressed promptly. One relative mentioned, *"Any issues at all we talk to Claire (Manager and she deals with them straight away)", another stated "they are all very approachable. If I have any issues, they do get dealt with pretty quickly."*

For people unable to directly share their experiences, observations during the assessment were used to evaluate the quality of care. On the first day, staff sought consent before providing support and were consistently engaging in conversation while doing so. Staff were fully interacting with people during support, holding conversations, and ensuring they were happy with the care provided.

Relatives described the staff as caring and attentive. Visiting professionals also shared positive feedback about the staff team and the support they delivered within compliments.

### DISCLAIMER

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

## RATINGS

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

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

**Outstanding** – The service is performing exceptionally well.

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

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

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

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

Key Question	Applicable Regulations	Quality Statements and Comments
<b>Safe</b>	<b>Regulation 12: Safe Care and Treatment</b> <b>Regulation 13: Safeguarding Service Users from Abuse and Improper Treatment</b> <b>Regulation 17: Good Governance</b> <b>Regulation 18: Staffing</b> <b>Regulation 19: Fit and Proper persons employed</b> <b>Regulation 20: Duty of Candour</b>	<b>Learning culture – Score 3</b> The service held electronic records of all accident and incident logs, records of investigating incidents and accidents which had taken place were seen and actions taken to mitigate future risks.  Evidence was seen of staff debriefing after incidents and identifying lessons learned and how future practice can be changed.  The provider had notified CQC of reportable incidents.  The provider carried out surveys with people and relatives with the aim to gather concerns and address these.

Key Question	Applicable Regulations	Quality Statements and Comments
	<b>Regulation 15: Premises and Equipment</b>	<p>Staff spoken to felt there was an open and supportive culture. Learning and changes in people's management plans were shared following any incidents. The management team analysed incidents and reviews to establish appropriate actions to reduce the risk of re-occurrence.</p> <p>A training matrix was in place and any learning needs were identified and addressed during observations and supervisions. Additional training was sourced to support staff team in supporting the people they support in relation to specific individual requirements.</p> <p><b>Safe systems, pathways and transitions – Score 3</b>  We saw that people had hospital passports in their care plans which allowed the safe transfer of key information in a single document should a person be taken to hospital. This included information such as how a person communicates and any allergies. People also had profiles to help introduce themselves to people who may not know them well, enabling transitions to be person-centred.</p> <p>PEEPs were in place for emergency use.  Shift lead roles and responsibilities were clearly identified and thorough handover highlighting any changes to people's needs.</p> <p>People and their relatives told us they had access to services when they needed these and that their healthcare needs were understood by staff.</p> <p>Compliments were seen made to the current management team and the positive impact this has had on people's lives.</p> <p><b>Safeguarding – Score 3</b>  People were not all able to communicate with us during the visit. They were seen as safe and comfortable with the home and the team. Their relatives told us they felt safe living at the service. Relatives</p>

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		<p>highlighted that there had been improvements in individuals lives since living at the home and told us they could approach the management team. Throughout the 2 days of the Inspection, individuals were observed as comfortable approaching staff members and coming into the manager's office for support.</p> <p>We observed people generally being treated in a kind and respectful way. Staff were aware of the protocol to follow when it was felt someone needed to be safeguarded. Safeguarding was discussed in staff meetings and all staff learning and updates were discussed in their individual supervisions.</p> <p>The training records evidenced safeguarding adults training had been completed by all staff.</p> <p>Evidence was seen of the Manager reporting safeguarding concerns to the relevant local authority teams and notifications to CQC as required.</p> <p><b>Involving people to manage risks – Score 3</b></p> <p>All areas of peoples' support were risk assessed. Relatives told us they felt risks in relation to people's care were managed by staff and that they were generally contacted following changes or incidents. We saw people's risks were managed and staff were confident.</p> <p>Staff told us they knew how to manage risks in relation to people's care. Staff told us about where to find people's varying needs, such as managing the risk of choking, moving and handling, expressing feelings with an emotional reaction, the risk of constipation and the risk of falling. Information was in place of steps they should take to reduce these, which healthcare professionals they should involve and where to find the information in people's risk assessments. They also advised us they can find information quickly all in one place in the grab bag, in the event of an emergency.</p> <p>People's care records included relevant information around their individual risks and what staff should do to support people to remain safe and well. Care records contained details of people's healthcare needs, and the professionals involved. Care records and instructions from healthcare professionals were</p>



Key Question	Applicable Regulations	Quality Statements and Comments
		<p>being followed by staff. Instructions from healthcare professionals included any specific dietary risks such as choking and how to support people in managing their anxieties, and when these were revisited by the team with professionals and some methods removed as no longer required where individuals improved as risk levels reduced.</p> <p>We also saw in people's records that they were supported by staff to see the dentist and guidance from professionals in relation to maintaining good oral hygiene.</p> <p><b>Safe environments – Score 3</b></p> <p>During the first day of the visit to the service, there was some malodour present in the bedrooms and bathrooms. The Manager was detailed in knowing why odours were present in certain rooms and took action to open windows whilst areas were not in use. On the second day of the Inspection, there were no unpleasant odours and maintenance teams were in attendance for work in bathrooms.</p> <p>The service had records of undertaking regular and deep cleans for each room. The environment was free from clutter and trip hazards and there were instructions and equipment for emergencies, such as fire extinguishers.</p> <p>There was a fire extinguisher in the dining area with an 'action required' warning label in place. The Manager was not aware of this when raised, however did investigate to find a maintenance visit had taken place over weekend and the information had not been passed on. <b>(SR1)</b></p> <p>Equipment and cleaning products were kept stored safely and these cupboards were locked.</p> <p>The provider had undertaken health and safety risk assessments to assess the environment and had in place frequent checks by in house or external staff to keep people safe such as fire evacuation practices, checks of equipment, emergency lighting, water flushing, CO2 checks and had recently replaced fire doors.</p>

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		<p>There were emergency personal emergency evacuation plans (PEEPs) in place for all people living at the service that accurately reflected their current ability in relation to recognising the dangers and ability to self-evacuate and inclusive of higher risks such as flammable clothing/skin due to emollient use.</p> <p><b>Safe and effective staffing – Score 3</b> People did not have to wait for support and there were sufficient staff on duty.</p> <p>Staff told us there were generally sufficient staff levels in place to meet people’s needs. Where sickness meant that staff were unable to work at short notice, the management team covered these shifts with bank workers. A bank staff member was observed on shift on the second day of the Inspection. The regular staff member gave advice and guidance during support and they advised they felt comfortable approaching anyone in the service when required.</p> <p>The Manager advised they were fully staffed now with the 2 recent recruits of Deputy Manager and a support worker.</p> <p>Staff files checked showed staff had been recruited safely. Where staff had transferred onto a new electronic system the files had been audited and any documents missing had been identified and file notes were in place. Inductions, references, work history and gaps and Disclosure and Barring Checks (DBS) were in place.</p> <p>Training records were in place and training up to date for all staff with the exception of the two new staff who were currently going through inductions.</p> <p>Regular supervisions and observations of practice were evidenced on staff files.</p> <p><b>Infection prevention and control – Score 3</b> PPE was available throughout the home.</p>

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		<p>There were processes in place to clean the premises and staff had displayed cleaning schedules outside people's bedrooms and in the communal areas which were generally completed.</p> <p>Where staff mentioned cleanliness as an issue during their supervision, the management team took action to request a deep-clean of the service.</p> <p>Staff had completed relevant training in relation to infection prevention and control.</p> <p><b>Medicines optimisation – Score 3</b></p> <p>We observed people receiving their medicines in line with their electronic medicines administration records (MARs). We saw staff using this appropriately when offering people drinks and ensuring that people were supported to take their medicines in a way that they preferred.</p> <p>Medication audits were in place and records kept of incidents with lessons learned shared from mistakes and incidents.</p> <p>The service safely stored and administered medication. Temperature check records were in place. And had robust process in place for ensuring that administration records accurately showed how medicines were prescribed and administered.</p> <p>A recent agreement with their pharmacy has produced detailed tailored blister packs which have the photographs and individual details on the side and inside of packs, a description colour of each tablet within the pack and a coloured number highlighting to staff member how many tablets should be in the section they are opening to support with reduction of medication errors.</p> <p>Other areas of medicines management were completed appropriately. This included regular liaison with GP's and other external professionals to ensure people's medicines were still appropriate for their needs. Evidence was seen of individuals' medication being successfully and safely reduced and removed where appropriate since living at Sansa.</p>

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		<p>'When required' medicines (PRN) protocols were in place for prescribed medicines. These explained what a medicine was to be used for and what the outcome should be. Staff received training in the medicines management annually which included competency assessments. Topical preparations (those applied to the skin) included body maps which helped staff to apply these in the correct areas.</p> <p>During our observations of medication being given throughout the Inspection, all staff appeared confident in explaining what information was stored in relation to each individual and their health needs, and safety checks to complete before, during and after. Medication profiles and files were seen, and staff knew where emergency information was kept and what to do with medical information in an emergency such as a fire in the home or emergency hospital trip.</p> <p>During our observations, a count of medication came up as incorrect. A comment was jokingly made to a second staff member of them not counting it again and then advised the staff member administering to "give it him anyway and I'll recount in the meantime" this was a homely remedy, however the response would be a concern as potential overdose risk in medication administration practice if medication given to individual and the second/third count taking place concurrently evidenced as lower. <b>(SR2)</b></p> <ul style="list-style-type: none"> <li>This service scored 75 (out of 100) for this area.</li> </ul>
<p><b>SRG RATING: GOOD</b> – This service maximised the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.</p> <p><b>"Characteristics of services the CQC would rate as 'Good' Safety is a priority for everyone and leaders embed a culture of openness and collaboration. People are always safe and protected from bullying, harassment, avoidable harm, neglect, abuse and discrimination. Their liberty is protected where this is in their best interests and in line with legislation".</b></p>		

Key Question	Regulations	Quality Statements and Comments
<b>Effective</b>	<p><b>Regulation 9: Person Centred Care</b></p> <p><b>Regulation 11: Need for Consent</b></p> <p><b>Regulation 14: Meeting Nutrition and Hydration Needs</b></p> <p><b>Regulation 18: Staffing</b></p>	<p><b>Assessing needs – Score 4</b></p> <p>There were systems in place to assess people prior to moving into the service. The process included trials, ensuring healthcare needs could be met and ensuring that the person fits into the local community of the service. One individual had moved into the property 11 months ago. The management team told us people and their relatives would be involved in the process as well as healthcare professionals which was evidenced within records and email communications.</p> <p>The provider had policies and procedures in place in relation to mental capacity, consent and restrictions on people's liberty. People's care records included mental capacity assessments and best interest decisions where people lacked capacity. People's representatives and the local authority were involved in the process.</p> <p>Care records included assessments of people's needs and preferences, goals and objectives, and information about the most important relatives and friends in people's lives.</p> <p>Treatment and end of life plans are discussed with residents and families.</p> <p>Assessments also included information on people's preferred communication methods and communication aids. Staff told us they understood people's needs and when they would like to be supported. Assessments included information on easy-read documentation and pictorial aids. There were pictorial aids in use in the kitchen on cupboards and wall boards and in the dining room wall board.</p> <p>People's communication needs are assessed and met to maximise the effectiveness of their care and treatment. The staff team spent time and additional training learning individuals' communication to be able to support, learning adapted versions of standard communication such as Makaton where the individual had developed their own versions of signs.</p> <p>Thoroughly detailed support plans are created from the assessment information. The Manager and service take time to gain detail and continually review and update documents to ensure the individual is being supported and able to communicate preference and needs as much as possible. External professionals and families are continually contacted to be involved for support, advice and general update to give the best experience for the individual.</p>

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		<p><b>Delivering evidence-based care and treatment – Score 3</b>  People were generally involved in making decisions about their care, the service followed statutory guidance such as Right Support, Right Care, Right Culture (RSRCRC) encouraging people to make decisions and exploring all options to help communication of these decisions. The management and staff were seen asking people for consent prior to commencing a task. We saw in care records that people's relatives were generally involved in the decision-making to meet care needs, and all relevant external professionals were contacted throughout for support with best interest or simply being kept up to date.</p> <p>Evidence was seen of the staff team being made aware of national guidance, such as RSRCRC through team meetings. Staff understood that people's decisions should be respected and that the individual has the ultimate choice.</p> <p>Care records included information on people's treatment and care. This included goals, medical conditions and guidance from relevant healthcare professionals. Staff had undertaken additional training and group meetings and supervisions to support them to deliver care.</p> <p>Although goals and outcomes were in place and systems were available to monitor, staff were not always recording these or linking their daily records to outcome attempts. Some records showed unsuccessful and successful attempts and information, some records had an entry in October and November and nothing since for goals that were weekly. <b>(ER1)</b></p> <p>Photograph albums were being put together for all individuals of their activities and trips out to evidence outcomes. Evidence was seen of improvement in relation to individuals' reduction in behaviors such as self-injury or behaviors that challenge and detailed information being pulled together by the service with support from the companies Positive Behavior Support professionals to evidence who lives are improved during the individuals' time living at Sansa.</p> <p><b>How staff, teams and services work together – Score 4</b>  Evidence was seen of regular communication with external partners, feedback in the form of compliments were received from external professionals on communication and the increase in independence, and reduction of self-injurious and/or challenging behaviors of individuals living at Sansa. For example, "it is great to see such detail and definition in communication" in relation to one individual</p>

Key Question	Regulations	Quality Statements and Comments
		<p>who had moved to the home from elsewhere without detailed support plans in place. The new versions created at Sansa gave teams the detailed information to be able to support the individual in the best way and enable him to communicate more as staff understood his developed ways of communication.</p> <p>We saw the new Deputy had sent out an introduction email to all relatives informing them of who they were and their role within the service.</p> <p>Staff told us they worked well together to achieve positive outcomes for people. The Manager told us they had spent time coaching staff and completing team meetings and providing feedback to staff of areas that need improvement, this was evidenced from team meeting minutes.</p> <p>People's care and governance records showed they were referred to other services when it was required, and thorough communication of the individuals needs and requirements to attend appointments/health treatment planned in advance.</p> <p>The Manager promotes championing the best interest of the individual and ensures external support is sought here required and responses chased regularly on behalf of the individual.</p> <p><b>Supporting people to live healthier lives – Score 3</b>          We found that people were being offered cooked meals throughout the day, a varied diet, sufficient food and had access to snacks. Communication aids were in place to support breakfast, lunch, dinner and menus and are visible on wall boards.</p> <p>All individuals had goals in place around food consumption and exercise with aims to gain/maintain or lose weight due to individual health needs. Staff recordings did detail what was eaten, however, did not evidence choices given and made for meals. <b>(ER2)</b></p> <p>Alongside the main Sansa daily menu, records were also seen of an individual's meal planning who had goals to lose weight. The manager spent time with the individual creating the plan together to ensure he had control over the foods he liked that would be healthier alternatives to meet weight loss goals. Also, reminders visible of items that due to intolerances cannot be consumed by one individual within the home.</p>

Key Question	Regulations	Quality Statements and Comments
		<p>Regular activities were in place for each individual to spend time outside, in the community or with staff one to one at home promoting healthier mental health alongside physical exercise requirements such as cycling or walking round parks. The wall board in the dining room area communicated which individual was doing what activity each day, alongside information on the days' weather and supporting staff photos.</p> <p>External professionals were involved for support and advice to promote healthier lives of each individual.</p> <p>The kitchen area overall was clean and tidy, however there was water pooled on the worktop next to the kettle, and food remnants on the floor and worktops. On looking at records there was a list of daily cleaning checklist which showed that worktops and floors were due to be cleaned that day.</p> <p>Records were seen of fridge temperature checks and food temperatures being completed and open and close checks were in place. One check listed as Thursday was not dated, however was in sequence from the record before and after it. Food items in cupboards and freezers were in date and open items were labelled and dated.</p> <p><b>Monitoring and improving outcomes – Score 3</b>          There are suggestion boxes in the home for people to add in any suggestions they had to improve the service. A 'you said we did' record was seen of issues raised from the staff team for management to address.</p> <p>Annual surveys were sent to all people who used the service, including, families and staff. Individuals living at Sansa were given the document in an easy read format and staff supported to go through the questions however 3 out of 4 individuals were not able to understand to complete it. The views of the 1 individual were taken into account and relatives were sent surveys to also gather views.</p> <p>Regular audit monitoring is in place by the Manager and Team Leads and also from in house quality teams and Senior Managers. Audits covered all areas such as managers walk around, medication, monthly finance audit. All audits were up to date.</p>



Key Question	Regulations	Quality Statements and Comments
		<p>Where audits were not 100% there was a clear action plan in place and follow up when the actions had been completed.</p> <p><b>Consent to care and treatment – Score 3</b>            Evidence was seen on all records 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. Records were seen within the electronic system of individuals having Mental Capacity Assessments and Best Interest decisions. A log was kept of Authorised DoLS and referrals as required, monthly chasers for decisions were evidenced as in place.</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> <ul style="list-style-type: none"> <li>• This service scored 83 (out of 100) for this area.</li> </ul>
<p><b>SRG RATING: GOOD</b> - This service maximises the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.</p> <p><b>“Characteristics of services the CQC would rate as ‘Good’ People and communities have the best possible outcomes because their needs are assessed. Their care, support and treatment 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”.</b></p>		

Key Question	Regulations	Quality Statements and Comments
<b>Caring</b>	<b>Regulation 9: Person-centred Care</b>  <b>Regulation 10: Dignity and Respect</b>	<p><b>Kindness, compassion and dignity – Score 3</b>  Staff and Management interactions were observed with residents during the Inspection, and it was evident that staff treat people in a caring and compassionate way. Individuals were happy for support to take place and actively approached team members and engaged with them.</p> <p>Dignity was maintained throughout any support, and consent was always gained, choices were checked to confirm, and conversation took place throughout care provision.</p> <p>All staff were friendly, kind and welcoming to inspector during inspection days and stated the home felt like a family not a workplace.</p> <p><b>Treating people as individuals – Score 3</b>  Individual care plans and risk assessments were in place. Specific information is completed to ensure all information captured is relevant to the individual only.</p> <p>The Registered Manager and Team Leaders are familiar of the care details and behaviours of each individual in detail from the length of time working with them day to day in the service.</p> <p>All staff work towards what is best for the individual and spend time learning behaviours to easily recognise when residents are happy and respect when they are not and do not force activities or social interactions when not wanted. They were able to recognise and identify changes in behaviour and had plans in place to be able to diffuse and assist situations that may arise.</p> <p>People’s personal, cultural, social and religious needs are understood and met.</p> <p><b>Independence, choice and control – Score 3</b>  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.</p>

Key Question	Regulations	Quality Statements and Comments
		<p>Staff were seen supporting people to be independent at mealtimes. Activities being attended were the individuals' choice in a subject or activity they were interested in or made them happy taking part in.</p> <p><b>Responding to people's immediate needs</b> – Score 3  If needs change then these are reflected in care plans and risk assessments. This was identified where a resident may have had a deterioration in health or additional needs being identified.</p> <p>Staff and Managers were responsive to people's needs in the moment and were seen to minimise any discomfort, concern or distress throughout the Inspection.</p> <p>Activities varied, there was a varied planner available for residents to see what was upcoming. The activities were one to one or group activities tailored to each resident dependent on daily circumstances. Staff spoken to were happy to change round their day tasks to support colleagues to ensure the individual was able to be supported in the best way possible.</p> <p><b>Workforce wellbeing and enablement</b> – Score 3  Staff retention is good within the service. The staff spoken to during the Inspection enjoyed working in the service and felt they were well looked after and supported by the management team. A comment being "they give you space to raise concerns and take time to listen".</p> <p>A separate staff room is on site currently having maintenance work due to a leak. Staff are able to go off site when breaks are needed.</p> <p>The company recognises staff and issues rewards. Free confidential support lines are available for staff to use. Staff spoken to stated feeling proud when they received a new coloured lanyard for years of service and what colour aiming for with the next milestone.</p>

Key Question	Regulations	Quality Statements and Comments
		<p>The Registered Manager and Team Leads undertake competency checks. Team meetings are held monthly, one to supervisions are held regularly.</p> <ul style="list-style-type: none"> <li>This service scored 75 (out of 100) for this area.</li> </ul>
<p><b>SRG RATING: GOOD</b> - This service maximises the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.</p> <p><b>“Characteristics of services the CQC would rate as ‘Good’ People are always treated with kindness, empathy and compassion. They understand that they matter and that their experience of how they are treated and supported matters. Their privacy and dignity is respected. Every effort is made to take their wishes into account and respect their choices, to achieve the best possible outcomes for them. This includes supporting people to live as independently as possible.”</b></p>		

Key Question	Regulations	Quality Statements and Comments
<b>Responsive</b>	<p><b>Regulation 9: Person Centred Care</b></p> <p><b>Regulation 17: Good Governance</b></p> <p><b>Regulation 16: Receiving and Acting on Complaints</b></p>	<p><b>Person-centred Care – Score 4</b></p> <p>The service records were thoroughly detailed which enabled the team to be able to respond promptly. The plans, risk assessment and methods in place were specifically tailored to each individual to ensure person centred care.</p> <p>Communication detail was thorough to ensure people could communicate and anyone involved understood how to communicate and the level of understanding.</p> <p>All staff could access the same information held on the system via electronic tablets.</p> <p>Pictorial communication aids were used for day-to-day objects and activities for foods/drinks, feelings, and activities as mentioned previously in report these were in use around the home on cupboards and wallboards.</p> <p>People were encouraged to be part of the community doing the things they enjoyed and as independently as possible.</p> <p>Individual detail was in place to support each person ensuring the environment or activities were in place to impact positively and reduce negative triggers. These extended in communication with relatives to incorporate expected routines for time spent with family to reduce any stress or triggers from unexpected change of environments. Also, with external health professionals to ensure visits and any treatments were pre-planned and expected.</p> <p>Observations during the Inspection saw staff responding to individuals' behaviours and communications for support and taking part in activities. Individuals observed presented as content and happy whilst being supported or engaged in activity. Individuals that presented in distress were responded to as detailed in their support plans and staff responded immediately to any change in behaviour to provide</p>

Key Question	Regulations	Quality Statements and Comments
		<p>reassurance. One observation was with a bank staff member who was being introduced slowly to an individual the support was person centred, and staff responded to the individuals' communication as to how much or little the bank staff member was present or interactive.</p> <p><b>Care provision, integration, and continuity – Score 4</b>  There was a range of community involvement, individuals were supported to be part of the local community and maintain relationships as they chose too. The team took regular trips out on bikes and walks in the local areas, bowling, meals out and trips to the local shops.</p> <p>Within the home there were activities that individuals enjoyed themselves or with support from their staff members.</p> <p>Other homes within the group had relationships where individuals could visit for events and family and friends attended Sansa for festive events and parties.</p> <p><b>Providing information – Score 4</b>  Information on the service CQC registration and inspections were displayed on the wall within the home. Service information was sent out in the form of monthly reports to stake holders.</p> <p>The Manager advised all the home information is also on the website which is the main information given out to anyone wanting information on the home.</p> <p>Information on the service for individuals is presented in easy read formats.</p> <p>Compliments and complaints procedure information was available for all to use. The service has not received any formal complaints since 2023, however the Manager is transparent in advising of concerns received and acted on to resolve, this is shared with others for learning and transparency.</p>

Key Question	Regulations	Quality Statements and Comments
		<p><b>Listening to and involving people – Score 3</b>            As mentioned above families and stakeholders are sent monthly reports on the individuals' overall support in daily activities, wellbeing and achievements.</p> <p>Annual surveys were sent to people, relatives and staff, which had positive feedback about the service.</p> <p>Once individual within the home is also a home champion, and attends company events to judge competitions and give information on his experience living at Sansa for others to listen and learn from.</p> <p>The Manager is active in ensuring the service provides what is in the best interest of the individuals and involves as many people as possible to support as needs arise.</p> <p><b>Equity in access – Score 4</b>            Everyone who uses the service had the same access through the same initial assessment process.</p> <p>The service was responded to each individual persons needs and delivers the service flexibly to support choice and continuity of care.</p> <p>People had access to all external teams to support their health and wellbeing needs and where required if not able to get to appointments access to these were arranged to take place at the home.</p> <p><b>Equity in experiences and outcomes – Score 4</b>            All individuals receive equal experiences from start of service to completion that will be reflected in outcomes and evaluations of care plans.</p> <p>The service used electronic records to identify outcomes and 'magical moments' were also recorded when an unexpected achievement took place. A person-centred approach is used in identifying the experiences and outcomes.</p>

Key Question	Regulations	Quality Statements and Comments
		<p>For example, mentioned earlier in report, shows the progression of the most recent person to join the home having the reduction in self-injury and behaviour that challenged instances reducing, to the extent where an injury had been present for 18 years had reduced in size and not been a reopened injury.</p> <p>As mentioned earlier in report some outcomes set on the system information was not recorded consistently on system to show achievement.</p> <p><b>Planning for the future – Score 3</b>          The service supports people to plan for important life changes, end of life planning takes place as part of overall support and health planning.</p> <ul style="list-style-type: none"> <li>• This service scored 92 (out of 100) for this area.</li> </ul>
<p><b>SRG RATING: OUTSTANDING–</b> This service maximises the effectiveness of people’s care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.</p> <p><b>“Characteristics of services the CQC would rate as ‘Good’ People and communities are always at the centre of how care is planned and delivered. The health and care needs of people and communities are understood and they are actively involved in planning care that meets these needs. Care, support and treatment is easily accessible, including physical access. People can access care in ways that meet their personal circumstances and protected equality characteristics”.</b></p>		



Key Question	Regulations	Quality Statements and Comments
Well led	<p><b>Regulation 17: Good Governance</b></p> <p><b>Regulation 5: Fit and Proper Persons Employed - Directors</b></p> <p><b>Regulation 7: Requirements Relating to Registered Managers</b></p> <p><b>Regulation 18: Staffing</b></p> <p><b>Regulation 20A: Requirement as to Display of Performance Assessments</b></p>	<p><b>Shared direction and culture – Score 3</b>  Registered Manager and Operations/General Regional Manager shared the same vision for culture within the service and the company vision and values were covered within team meetings and staff supervisions to ensure the staff team understand the same.</p> <p>Registered Manager has regular meetings and visits from Regional Manager, Operations Managers and Quality team colleagues for support.</p> <p>Staff at all levels displayed the same culture of care and openness within the home.</p> <p><b>Capable, compassionate and inclusive leaders – Score 4</b>  The Registered Manager and Team Leaders were knowledgeable about the service and the company overall. All were familiar with processes and able to explain the reason why processes were in place.</p> <p>The Registered Manager and Team Leads were actively involved in the team throughout the duration of the Inspection and evidently knew team members and individuals being supported very well.</p> <p>The management team all spoke passionately about the service and with pride of the successes they have seen with individuals. Relatives spoken to during the Inspection expressed how compassionate and caring the Manager were and specifically how the Managers compassion and care has improved the lives of their relatives.</p> <p><b>Freedom to speak up – Score 3</b>  All staff spoken to were happy to speak to Managers and knew how to raise concerns around their direct line management.</p>

Key Question	Regulations	Quality Statements and Comments
		<p>The management team were approachable during the Inspection, and responded quickly to requests for support.</p> <p>People were encouraged to speak and share their ideas and suggestions during meetings and suggestion boxes were available throughout the home.</p> <p><b>Workforce equality, diversity and inclusion – Score 3</b>  The home has a diverse workforce, all staff are offered the same opportunities for work life balance, personal progression and qualifications. Staff members are being enrolled on care qualifications, some were previously inaccessible due to funding rules, personal progression is encouraged within the home. Equality diversity and inclusion training is undertaken by all.</p> <p>Employee rewards schemes were in place, staff nominated are awarded with a gift voucher 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><b>Governance, management and sustainability – Score 3</b>  Manager walk rounds were evidenced as taking place by the Registered Manager or Team Leads, Senior Managers had oversight of the service with regular audits taking place. Senior Managers and quality team and regularly on site to support with governance checks.</p> <p><b>Partnerships and communities – Score 3</b>  Staff and leaders are open and transparent, and they collaborate with all relevant external stakeholders and agencies, sending annual feedback questionnaires. Staff and leaders work in partnership with key organisations to support care provision, service development and joined-up care. Staff and leaders engage with people, communities and partners to share learning with each other that results in continuous improvements to the service. The Registered Manager uses the network of other managers</p>

Key Question	Regulations	Quality Statements and Comments
		<p>within Liaise and quality colleagues to communicate and share ideas with and have peer audits to improve service outcomes.</p> <p><b>Learning, improving and innovation – Score 3</b>            Staff and leaders have a good understanding of how to make improvement happen. Actions are recorded on the electronic system of improvements taking place. Staff and leaders ensure that people using the service, their families and carers are involved in developing and evaluating improvement and innovation initiatives. As mentioned earlier there are processes to ensure that learning happens when things go wrong throughout the team and annual surveys from relatives are required for feedback.</p> <p>A service improvement plan is in place for environmental/maintenance repairs or improvements.</p> <p><b>Environmental sustainability – sustainable development – Score 3</b>            Where possible electronic systems are in place, paper has reduced overall throughout the service.</p> <p>The Manager advised of ensuring staff are of small actions such as ensuring lights are being switched off when not in use and sensors used to turn lights on in communal areas when in use and off when not, using energy saving light bulbs and recycling bins.</p> <ul style="list-style-type: none"> <li>• This service scored 78 (out of 100) for this area.</li> </ul>
<p><b>SRG RATING: GOOD</b> - This service maximises the effectiveness of people’s care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.</p> <p><b>“Characteristics of services the CQC would rate as ‘Good’ There is an inclusive and positive culture of continuous learning and improvement. This is based on meeting the needs of people who use services and wider communities, and all leaders and staff share this. Leaders proactively support staff and collaborate with partners to deliver care that is safe, integrated, person-centred and sustainable, and to reduce inequalities”.</b></p>		

## ACTION PLAN:

### CQC Key Question - SAFE

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

Reference Point	Recommendation Made	Action to be taken	Who By	Date to Complete by	Evidence of Completion	RAG Status	Comment
SR1	Weekend maintenance communication						
SR2	Medication process						

## 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	Goals/outcomes records						
ER2	Meal choice records						

### 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	NO RECCOMENDATIONS MADE						

### 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	NO RECCOMENDATIONS MADE						

### 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						