



# AUDIT REPORT

**Shulas**

**Date of Visit: 23<sup>rd</sup> and 24<sup>th</sup> October 2024**

Private & Confidential  
SRG CARE CONSULTANCY LIMITED

## Contents:

Page	Subject
3	Current CQC & SRG Ratings
4 – 5	Overall Review Summary
6 – 12	KLoE Safe Domain
13 – 17	KLoE Effective Domain
18 – 20	KLoE Caring Domain
21 – 24	KLoE Responsive Domain
25 – 29	KLoE Well Led Domain
30 – 35	Action Plan

**Service Name:** Shulas

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

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

**Date of Last CQC Inspection:** 19<sup>th</sup> November 2021

## Ratings

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






Good



**SRG Overall Rating for this Service:**

Good



KLoE Domain	Rating		Overall Score
Is the service safe?	Good		71 (out of 100)
Is the service Effective?	Good		75 (out of 100)
Is the service caring?	Good		85 (out of 100)
Is the service responsive?	Good		82 (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 23<sup>rd</sup> and 24<sup>th</sup> October 2024. The purpose of this review was to highlight in a purely advisory capacity, any areas of the service operation which should or could be addressed in order to improve the provision and recording of care and increase overall efficiency and compliance with CQC Standards and Regulatory Requirements.

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

### METHODOLOGY

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

### SUMMARY OF OUTCOME

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

The service provides accommodation for up to 6 residents. At the time of this audit the home had 6 people using the service.

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

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

### DISCLAIMER

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

## RATINGS

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

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

KLOE	Applicable Regulations	Comments
Safe	<p><b>Regulation 12 (f) and (g) Safe Care and Treatment</b></p> <p><b>Regulation 13: Safeguarding users from abuse and improper treatment</b></p> <p><b>Regulation 17: Good Governance</b></p> <p><b>Regulations 18 &amp; 19: Staffing - Fit and Proper persons employed</b></p> <p><b>Regulation 20: Duty of Candour</b></p>	<p><b>Learning culture: Score 3</b></p> <p>There was a low level of incidents happening, any incidents were recorded and identified what had happened and actions taken.</p> <p>Where incidents were escalated for any reason, there was more detail seen. Staff knew what to report as an accident or an incident.</p> <p>There was a lack of consistency when recording bruises or marks. One person had been identified as having a bruise on their forearm and staff had recorded this into the RADAR system, they had recorded that they had looked into how this may have occurred. However, ongoing monitoring was not in place, although staff recorded, they would monitor to ensure there was no blood clots, the action had been closed with no update or conclusion. However, this had been reviewed in Blyssful and was ongoing until staff were satisfied that this had healed.</p> <p>The concern was that the information was in two different places, and neither contained the full details of the information, such as either the cause and/or ongoing monitoring. <b>(SR 1)</b></p> <p>In addition, when this was monitored in Blyssful, photos were not taken of progress, although there was an initial photo. <b>(SR 2)</b></p> <p>Learning was in place following any accidents or incidents, for example one person had fallen and staff had purchased a call-bell and also put in additional grab rails to help the person mobilise.</p> <p>Where incidents between people occurred due to differences of opinion, people were supported and encouraged to talk through any concerns and apologise where needed.</p> <p><b>Safe systems, pathways and transitions: Score 3</b></p> <p>Staff knew and understood the needs of the people living in the home. People were supported to access support from health and social care professionals in the community.</p> <p>Staff actively worked with health and social care professionals in the community including the diabetic nurse, social workers, psychiatrist, advocates, SaLT team, learning disability team, Headway (brain</p>

KLOE	Applicable Regulations	Comments
		<p>injury) specialist, and district nurse. Evidence was seen of support provided with appointments and consultations.</p> <p><b>Safeguarding: Score 3</b></p> <p>The management team said they worked with the local authority safeguarding team, people, and their families to protect people from the risk of harm, abuse or discrimination.</p> <p>Examples were seen of when concerns had been raised, actions taken and what had been learnt from the experience. Such as closer monitoring or sharing of communal facilities. Following incidents of this nature, support plans and risk assessments were updated.</p> <p>Staff told us they had received safeguarding training. They were able to describe different types of abuse and tell us what actions they would take if they believed someone was at risk. This included reporting to the registered manager and escalating upwards if no action was taken. However, all staff felt any concerns would be acted on appropriately.</p> <p>Everyone spoken with said they felt safe. One person said that staff always looked after them and made sure that they were kept safe. Another person said, 'I feel safe here and know that staff will take care of me'.</p> <p><b>Involving people to manage risks: Score 2</b></p> <p>People understood risks to their safety and wellbeing and how these would be managed. People were able to do the things that mattered to them with support from staff.</p> <p>Observations showed that people moved freely around the service and spent their time as they wished. Staff were aware of where people were and remained present and available in case people required their assistance.</p> <p>People understood risks to their safety and wellbeing and how these would be managed. People were able to do the things that mattered to them without unnecessary restrictions. People said they helped with the cooking and had allocated days for this. However, people said staff supported them and were around to make sure they were safe.</p>

KLOE	Applicable Regulations	Comments
		<p>People were supported to understand risks which affected them. One person needed support to manage their diet due to a specific medical condition. They often preferred chocolate or a snack rather than a healthier option or a proper lunch, for example. Observations showed that staff spoke with them about the potential risks associated with not eating properly and how this affected their condition.</p> <p>Risks to people's safety were assessed and risk management assessments were in place. However, it was noted that some of these assessments were generalised and lacked detail. There was a tendency to identify that support was needed, but not now information about the actual risk. It would be useful to develop these further. <b>(SR 3)</b></p> <p>One person was on a blood thinner. There was no risk assessment of information in the support plan about how to manage and support someone who took these medicines. Staff were aware of actions to take, for example, should they have fall and appropriate actions were taken, but there needs to be information in the care plan and risk assessments. <b>(SR 4)</b></p> <p>It was noted that one person was allergic to wasps and their venom, this was included on their medication profile, but not in the allergy section of the Blyssful system. <b>(SR 5)</b></p> <p>Where one person had acted inappropriately and been arrested, additional MCA assessments had been carried out in relation to understanding personal relationships, being supported by staff in the community and not holding their own key-fob. There was a risk assessment in place, but there was a lack of information in the support plan in relation to all areas of risk. <b>(SR 6)</b></p> <p><b>Safe environments: Score 3</b></p> <p>The health and safety checks on QUOODA (PPM), were at 100 % compliance. Checks included:</p> <ul style="list-style-type: none"> <li>➤ Daily fire patrol</li> <li>➤ Weekly: Fire alarm test, Carbon Monoxide test, Laundry Equipment, Water flush, Window restrictors, Emergency Lighting, Fire door checks and Plug checks</li> <li>➤ Monthly: Fire alarm door release, Fire extinguisher, Emergency light, Fire door check, Internal and External Lighting and the Grab bag</li> <li>➤ Quarterly: Extract fan, Ladder check and Pathway check</li> </ul>



KLOE	Applicable Regulations	Comments
		<p>It was noted that some, but not all, of the checks were also completed on a paper file. This was to supplement the QUOODA system and ensure that specific checks were completed, when the lead for health and safety in the home was not available. However, as these were completed on an ad-hoc basis and then transferred to QUOODA without any reference, it appeared that the checks were not being completed in line with frequencies. To ensure regulators or the local authority quality team understand why this particular folder is in place, I suggest guidance is included and reference that it has been added to QUOODA. <b>(SR 7)</b></p> <p>Appropriate risk assessments such as fire, water, health and safety were in place along with regular maintenance and servicing and these were seen to be at 100% compliance.</p> <p>The grab bag was in place near the front door. This contained emergency blanket, of which there were enough for people living in the home and staff, a first aid kit which was in date, evacuation slide, Hi-Viz jackets, torch and safety light sticks, which had an expiry date of July 2024 and needed replacing. <b>(SR 8)</b></p> <p>People had their own bedrooms with either en-suite or allocated toilets and some shared shower facilities. People shared the kitchen area and communal living spaces.</p> <p>People were happy with the environment and overall, it was seen to be clean and well maintained.</p> <p><b>Safe and effective staffing: Score 3</b></p> <p>There service was set out in two self-contained units, where people had their own bedroom spaces and shared communal facilities. Staffing levels were arranged in accordance with individual needs, and it was seen that there were enough staff on duty to support people, including one-to-one hours, where allocated.</p> <p>Recruitment procedures were checked to assess compliance with Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>Recruitment was managed by a central team from head office. They carried out all checks as required by regulation. Evidence of recruitment was kept electronically on the SharePoint system. Two recruitment records were reviewed.</p>

KLOE	Applicable Regulations	Comments
		<p>On records viewed, information was in place as required, which included:</p> <ul style="list-style-type: none"> <li>➤ A full employment history. Any gaps had been recorded and included in the provider 'welcome pack'.</li> <li>➤ An appropriate DBS (Disclosure and Barring Service) check. Where needed a risk assessment had been put into place for where someone had made a declaration, and it was deemed an appropriate risk.</li> <li>➤ Appropriate references.</li> <li>➤ Proof of identity and address.</li> <li>➤ Proof of Right to Work.</li> <li>➤ A health declaration.</li> </ul> <p>New staff were supported with an induction and the updated induction booklet was in place. Although a completed induction booklet was not seen, there was evidence that new staff were supported with an introduction to the organisation and the service. This included an overview and the organisational mission and values, alongside a robust induction training programme. As part of the induction observations had been carried out by the manager for meal time support, activities, support with cleaning, Proact training, safeguarding, and personal care. New staff were seen to be 100% with e-learning, as part of their induction.</p> <p>Staff were supported with an ongoing training programme. This was primarily online through the training provider Your-Hippo. Training included:</p> <p>Safeguarding, medication awareness, Mental Capacity and Deprivation of Liberty Safeguards, health and safety, food safety, autism, equality and diversity, privacy and dignity, fire safety, GDPR, infection control, manual handling, learning disability, British sign language, theory and practical, COSHH, diabetes, Duty of Candour, Duty of Care, Epilepsy, Epilepsy and Buccal Midazolam, end-of-life, Mental Health, Nutrition, Oral Health, IDDSI, and person-centred care, for example. Staff training was at 97%.</p> <p>Staff supervision, appraisal and medication competencies were at 100%.</p>

KLOE	Applicable Regulations	Comments
		<p>Staff told us they were happy with the support they received from manager. Staff said they worked as a team and felt that the focus was on the people using the service.</p> <p><b>Infection prevention and control:</b> Score 3</p> <p>There were safe systems to manage infection prevention and control, with cleaning schedules in place.</p> <p>There were safe systems to manage the cleaning of the kitchen and opening and closing checks were completed.</p> <p>There were hand soaps available and PPE, if needed.</p> <p><b>Medicines optimisation:</b> Score 3</p> <p>When staff supported people to take their medicines, they always asked people if there were ready for their medication and went with people to their bedrooms, so they could take their medicines in private.</p> <p>Everyone had a locked medication cabinet in their own rooms, where their medicines were kept. Each person had a personalised medication folder with information about the support and medicines included.</p> <p>Within each folder, there was a medication profile. This included the individual diagnosis and any allergies. The profile also included any specific communication needs, the preferred way of taking medicines and actions to take if medicines were refused.</p> <p>The list of medication in the Blyssful system did not agree with the list of medication in the medication folder for one person. For example, propranolol was in the medication folder but not on Blyssful, but not on the MAR chart. <b>(SR 9)</b></p> <p>When one person had returned from hospital, they had not been given all their medicines in hospital. When they returned, staff had contacted the G.P.to ask whether there would be any adverse effects, which had been confirmed there would not be as it was a short period of time. However, staff had not recorded this. <b>(SR 10)</b></p> <p>Countdown sheets were in place. A sample viewed evidenced the correct medicines were in stock.</p> <p>Fridge and freezer temperatures were taken and within recommended guidelines on records viewed.</p>

KLOE	Applicable Regulations	Comments
		<ul style="list-style-type: none"> <li>This service scored 71 (out of 100) for this area.</li> </ul>
<p><b>Outcome:</b> The service is considered safe</p> <p>'Safe' is defined by the CQC as meaning "<b>people are protected from abuse and avoidable harm</b>".</p> <p><b>Characteristics of services the CQC would rate as 'Good' in this area are those displaying evidence through systems, processes and practice which reflect:</b> People are protected from avoidable harm and abuse.</p> <p><b>SRG RATING: Good</b></p>		

KLOE	Regulations	Comments
Effective	<p><b>Regulation 9: Person Centred Care</b></p> <p><b>Regulation 11: The need for Consent</b></p> <p><b>Regulation 12: Providing Safe Care and Treatment</b></p> <p><b>Regulation 14: Meeting Nutrition and Hydration Needs</b></p> <p><b>Regulation 15: Premises and Equipment.</b></p> <p><b>Regulation 17: Good Governance</b></p> <p><b>Regulation 19: Staffing</b></p>	<p><b>Assessing needs:</b> Score 3</p> <p>Processes were in place to assess people's needs. Individual care and support needs, and people's intended outcomes, were understood and met by staff.</p> <p>Staff understood people's needs well and how these should be met so that people experienced positive outcomes. Staff had easy access to people's care records and used the information within them to provide the care and support people required.</p> <p>Regular reviews of care and support took place to ensure that individual needs were reviewed as required.</p> <p>People's care and support needs were discussed and reviewed with them at regular intervals to ensure these were continuing to meet their needs and achieve positive outcomes.</p> <p><b>Delivering evidence-based care and treatment:</b> Score 3</p> <p>People's care and support was planned and delivered in line with their individual needs. People were happy with the care and support they received because it was in line with their wishes and preferences.</p> <p>Assessments and support plans contained information about how to support people in relation to any health care conditions.</p> <p>Where one person had previously suffered with a stroke, there was information in the support plan about how to support and how to recognise another episode. This followed national guidelines and the FAST initiative on how to recognise a stroke and what actions to take.</p> <p>Where people had individual diagnosis, however, such as Aspergers, there was no information about the condition and how it affected a person's daily life, and this area would benefit from being expanded on. <b>(ER 1)</b></p> <p>The STOMP (stopping the over-medication of people with a learning disability) was followed and reviews were undertaken.</p> <p>PROACTscip guidance was in place to support people with any behaviours and staff were trained in the use of any techniques.</p>

KLOE	Regulations	Comments
		<p><b>How staff, teams and services work together: Score 3</b></p> <p>Processes were in place to review people's health and access healthcare services when needed. This included supporting people to regularly see their GP and other community healthcare services, as well as more specialist services when required.</p> <p>There was evidence that people were supported to be involved in their care reviews. The social worker visited and met with people to discuss their care needs and check whether they felt the support was meeting their needs. This meant that people were supported to be involved in their care reviews.</p> <p>There was a weekly telephone consultation with the G.P. and any health care concerns were raised and discussed with the G.P. People were registered with the dentist, optician and dietitian.</p> <p>Processes were in place to ensure appropriate information was shared with other services when people needed them.</p> <p>People had a care/hospital passport in place. These included information about allergies and intolerances, communication, eating and drinking, pain, medical conditions, medication, and behaviours, for example. Things that were important to the person and likes and dislikes were also included in the hospital passports.</p> <p><b>Supporting people to live healthier lives: Score 3</b></p> <p>People were supported to stay healthy and well. They were assisted to attend their scheduled appointments with healthcare professionals to meet their healthcare needs. People were supported to eat and drink enough to meet their needs.</p> <p>One person required a level six modified diet, which was soft, and bite sized. They had been assessed by the local authority SaLT team, who had provided a clear assessment and guidance on the support the person needed in line with any potential choking risks. The information from the SaLT team had not been included in the support plan and the risk assessment. <b>(ER 2)</b></p> <p>Where one person had diabetes, there was a lack of information within the support plan and risk assessment. <b>(ER 3).</b></p>

KLOE	Regulations	Comments
		<p>This person knew and understood about why their blood sugar levels needed to be taken twice a day, but there was no information in the support plan about what the blood sugar levels should be and what to do if they were outside of the normal range. Neither was there any guidance on what actions to take. <b>(ER 4)</b></p> <p><b>Monitoring and improving outcomes: Score 3</b></p> <p>Staff monitored individual health, and social care needs to ensure that people's needs would be met.</p> <p>Weights were monitored and it was seen that people were weighed on a regular basis. At monthly health care reviews, staff discussed any actions people needed to take in relation to management of weights.</p> <p>Where one person was at risk of choking, staff recorded any episodes to help monitor any increased risks.</p> <p>Monthly health checks took place, and these checked whether people were keeping well. This included a general check on skin conditions, oral care, nail care, any concerns in relation to bowels and that individual weights had been recorded with no concerns. These were taking place on a regular basis, when people were happy to contribute to these.</p> <p>Some people did not always want to contribute to regular monitoring checks, I suggest where they do not want to do this, then it is recorded as a refusal. <b>(ER 5)</b></p> <p>Some people had an element of one-to-one support. This was dependent on their needs and could include support whilst eating, or support to access the community, for example.</p> <p>Paper one-to-one records were being maintained where staff recorded the amount of one-to-one time spent on each activity.</p> <p>The one-to-one hours recorded did not always show that the person was receiving their allocated one-to-one hours per day and as these were not formally reviewed, it was not possible to identify if they evened out during the week. This could be open to question if the local authority requested proof of provided one-to-one hours. <b>(ER 6)</b></p> <p>People, however, confirmed that they were supported with their one-to-one hours when they needed them.</p>

KLOE	Regulations	Comments
		<p><b>Consent to care and treatment: Score 3</b></p> <p>The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. The Mental Capacity Act (MCA) 2005 applies to everyone involved in the care, treatment and support of people aged 16 and over living in England and Wales who are unable to make all or some decisions for themselves.</p> <p>Throughout the visit it was seen that staff asked people for their consent and supported people to make decisions by having open conversations with them about their choices.</p> <p>Everyone using the service said staff asked them for their consent and listened to what they had to say.</p> <p>Where people did not have capacity to consent to specific decisions, MCA assessments were in place. These were seen to be decision specific and included areas such as managing finances, medical and health support, medication and understanding blood sugar reading</p> <p>MCA assessments demonstrated that people were involved in the assessments with open and frank discussions about the decision, with a record of what was in the person's best interest.</p> <p>People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, this is usually through MCA application procedures known as DoLS (Deprivation of Liberty Safeguards). These were applied for, as needed.</p> <p>One person was subject to some restrictions, due to a previous incident, and needed staff support to go out into the community. They had a number of allocated hours and observations showed that staff worked with them to arrange these hours at times that suited the person.</p> <ul style="list-style-type: none"> <li>• This service scored 75 (out of 100) for this area.</li> </ul>



KLOE	Regulations	Comments
<p><b>Outcome:</b> The service is considered effective</p> <p>'Effective' is defined by the CQC as meaning “<b>people’s care, treatment and support, achieves good outcomes, promotes a good quality of life and based on the best available evidence</b>”</p> <p>“<b>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</b>”.</p> <p><b>SRG RATING: Good</b></p>		

KLOE	Regulations	Comments
Caring	<p><b>Regulation 9: Person-centred care</b></p> <p><b>Regulation 10: Dignity and respect</b></p>	<p><b>Kindness, compassion and dignity: Score 3</b></p> <p>Everyone living at the service, without exception felt treated with dignity and respect.</p> <p>Observations showed that staff respected individual privacy and dignity. For example, one person wanted to ring a relative and asked staff to help them dial the number. The member of staff checked where they wanted to have the conversation and asked if they wanted to use their own room, where they could have a conversation in private.</p> <p>Staff did not ask intrusive questions when speaking with people. Staff would check what people wanted to do and showed a genuine interest in their choices. At the same time, they discussed individual choices and there were open discussions about what people wanted to do.</p> <p>People said that staff were kind and listened to what they had to say. One person said, ‘They (the staff) are great. We always have a laugh, and they always listen to me’.</p> <p>Staff offered people choice about how they would like their care and support provided. People were encouraged to state their preferences and staff respected their choices, which helped people maintain control over how their care and support was provided.</p> <p><b>Treating people as individuals: Score 3</b></p> <p>People’s care records and support plans identified what people were able to do for themselves and where they required support. They focused on where people were able to maintain their independence and how to provide support in line with their choices.</p> <p>Staff understood how to treat people as individuals and provide care and support in line with people’s needs and preferences.</p> <p>Systems were in place to ensure people’s individual needs were obtained, understood and met. The manager undertook assessments, monitoring and reviews of people’s care and support needs, to make sure care plans reflected people’s individual needs and preferences.</p> <p><b>Independence, choice and control: Score 4</b></p>

KLOE	Regulations	Comments
		<p>Staff said they always promoted peoples' independence and would not take over from people if they could do things for themselves. They said people could choose what they wanted to do if they were able to do so.</p> <p>Observations showed that peoples' independence was encouraged. Throughout the visit it was seen that people were supported and encouraged to maintain their independence.</p> <p>People were actively involved in the day to day running of the service and positively contributed their thoughts and opinions on how they liked things to be done.</p> <p>People managed their own daily household duties, such as cleaning their room and doing their own laundry.</p> <p>People were involved in choosing the weekly menus and helped to unpack the shopping, when it arrived.</p> <p>People took it in turns to cook the evening meal and observations showed they were fully involved with preparation and cooking. People said they enjoyed cooking the evening meal.</p> <p>People were supported with their choices. Two people could not decide if they wanted to go to a local club or finish a jigsaw. They kept changing their mind, but staff allowed them to make their final decision without interference.</p> <p>One person confirmed that they knew about their support plan and felt they had been involved. In addition, during the visit, it was seen that people were supported to take part in reviews of their care.</p> <p><b>Responding to people's immediate needs: Score 3</b></p> <p>People were supported by staff who understood their needs and preferences and knew how to minimise risk of any discomfort or distress they might experience.</p> <p>Staff were responsive to individual needs. Observations showed that staff checked with people to ensure they were feeling well.</p> <p>Care staff were proactive at responding to people and reporting concerns. Accidents and incidents were reported, and appropriate actions were seen to be happening.</p> <p><b>Workforce wellbeing and enablement: Score 4</b></p>

KLOE	Regulations	Comments
		<p>The manager encouraged a culture at the service where staff wellbeing was promoted, to support staff to deliver safe, high-quality care to people.</p> <p>Staff were provided opportunities through supervision to discuss their roles and the support they required to help them undertake their roles effectively.</p> <p>Staff had access to the employee assistance programme which they could contact at any time for confidential advice about personal or work issues that may be impacting their work performance and wellbeing.</p> <p>There was an above and beyond scheme, which staff were nominated for, with a reward of a voucher and a CQC bonus for when a home achieved a good or outstanding rating from CQC.</p> <p>The company was part of the blue light scheme, which gave staff access to discounts and benefits.</p> <p>Liaise were committed to paying above the national minimum wage and staff could access the wage-stream app, which gave staff access to their pay as they earned it to support with the current cost of living crisis.</p> <p>Staff said they felt well supported.</p> <ul style="list-style-type: none"> <li>This service scored 85 (out of 100) for this area.</li> </ul>
<p><b>Outcome:</b> The service is considered as Caring.</p> <p>‘Caring’ is defined by the CQC as meaning <b>“that the service involves and treats people with compassion, kindness, dignity and respect”</b></p> <p><b>“Characteristics of services the CQC would rate as ‘Good’ in this area are those displaying evidence that people are supported and treated with dignity and respect and are involved as partners in their care”.</b></p> <p><b>SRG RATING: Good</b></p>		

KLOE	Regulations	Comments
<b>Responsive</b>	<b>Regulation 9: Person Centred Care</b>  <b>Regulation 12: Providing Safe Care and Treatment</b>  <b>Regulation 16: Receiving and Acting on Complaints</b>	<p><b>Person-centred care: Score 4</b></p> <p>There was a positive person-centred approach to the support provided to people using the service. There was an emphasis on promoting positive relationships between staff and people using the service. One member of staff said that this meant trust was in place and people would always be confident about speaking with them.</p> <p>Staff spoken with knew people well as individuals and knew what their preferences, likes and dislikes were.</p> <p>Staff were aware of challenges people faced and understood how to support them with their individual needs.</p> <p>All staff spoken with said that this was people's home, and this should be respected. One member of staff said, 'We make it as comfortable as possible for people and make sure they have choices about how they want to live'.</p> <p>Staff also said the support was about helping people to progress and build on their skills to promote their independence.</p> <p>Staff described how they supported people by going out and about and activities in the home.</p> <p>Staff engaged well with people by listening to them and taking notice of what they said. Throughout the time spent in the service, it was seen that people were supported with their choices and decisions.</p> <p>People's support plans outlined information about how to support people with their individual needs, taking account of their culture, religion and communication needs.</p> <p><b>Care provision, integration, and continuity: Score 3</b></p> <p>The Registered Manager had worked to foster positive relationships with health and social care professionals when they established the company. Processes were in place to support a range of healthcare professionals to be involved in people's care.</p> <p><b>Listening to and involving people: Score 4</b></p>

KLOE	Regulations	Comments
		<p>House meetings took place in each shared flat and people had the opportunity to take part as they chose. These usually happened on a Wednesday and people discussed the shopping list, menus, areas of concern and things they wanted to do. Although meetings should be happening on a weekly basis, due to different circumstances these sometimes did not happen. Staff said they recorded when and why these did not happen, but this was not consistently filled in. <b>(RR 1)</b></p> <p>Meeting minutes showed that people were fully involved and contributed their thoughts and opinions. For example, people contributed to the creation of a weekly menu, where people could put forward ideas for a couple of meals a week each. Where people were non-verbal, pictures and easy read were used to help them communicate with others.</p> <p>People had opportunities to have a say through key worker meetings. A review of records showed that these were happening on a regular basis.</p> <p>One person was a vegetarian, but often wanted the same meals as other people and staff ensured they sourced meat-free alternatives such as Quorn or a plant-based substitute.</p> <p>People described how they were supported to cook an evening meal and took it in turns to prepare with staff support.</p> <p>Observations throughout the visit evidenced that people were fully involved in making positive contributions to the running of the home. Everyone spoken with said they were listened to and their opinions mattered.</p> <p>There had been no recent formal complaints. People said they would be happy to make a complaint or raise a concern. Everyone felt staff listened to them. More than one person said, they could talk to staff about anything they were concerned about.</p> <p><b>Equity in access:</b> Score 3</p> <p>Staffing levels ensured that people were not disadvantaged when accessing the community.</p> <p>Staff had advocated on behalf of people to ensure that they could access available resources. This included attending appointments or assessments.</p>

KLOE	Regulations	Comments
		<p>Staff worked positively with other professionals to ensure there was continuity in people's care and treatment.</p> <p><b>Equity in experiences and outcomes: Score 3</b></p> <p>People's protected characteristics under the Equality Act were identified. Support plans reflected people's abilities and what they were able to do for themselves.</p> <p>People were supported with achievable goals. Goal planning was set out in achievable steps so each stage of achieving the goal could be planned.</p> <p>Examples of achieved goals included one person was supported to build up their attendance at church on a Sunday, and this had been achieved. They had also been supported to plan their birthday, which had included steps of arranging with family, purchasing decorations and planning the actual party. Another person wanted to buy plants and herbs, and this was in process. One person had wanted to visit family, and they had achieved this.</p> <p>One person wanted to achieve self-medication and had a goal to manage this. Currently they were supported and observed by staff, but their ultimate goal was to completely self manage.</p> <p>Further goals for people included planning a holiday and the first steps were to identify where they wanted to visit.</p> <p>Throughout the visit, people were seen to enjoy activities they chose and wanted to take part in.</p> <p>Some people attended church club, and this gave them opportunities to meet with other people and socialise.</p> <p>Some people were members of a local social club and visited to meet with friends and/or watch local bands or karaoke.</p> <p>People were also planning a party for Halloween.</p> <p>People had also been supported to go swimming, one person had volunteered at a local animal sanctuary and another person had been sailing on the Norfolk Broads.</p> <p><b>Planning for the future: Score 3</b></p>

KLOE	Regulations	Comments
		<p>Planning for the future had been considered. Information was included in care records about individual preferences about end-of-life matters, where people wanted to discuss this.</p> <p><b>Providing information:</b> Score 3</p> <p>The complaints procedure was available for people, and this was in different formats. It was available and on display for people to access.</p> <p>Staff provided information to people both verbally and through documentation.</p> <p>People were aware of their support plans and said they had been supported to contribute to these.</p> <ul style="list-style-type: none"> <li>This service scored 82 (out of 100) for this area.</li> </ul>
<p><b>Outcome:</b> The service is considered as Responsive.</p> <p>Responsive is defined by the CQC as meaning “that the service meets people's needs”.</p> <p><b>“Characteristics of services the CQC would rate as ‘Good’, are those that people’s needs are met through the way services are organised and delivered”.</b></p> <p><b>SRG RATING: Good</b></p>		



KLOE	Regulations	Comments
Well-led	<p><b>Regulation 12: Providing Safe Care and Treatment</b></p> <p><b>Regulation 17: Good governance / Record Keeping</b></p> <p><b>Regulation 19 - Fit and Proper persons employed</b></p>	<p><b>Shared direction and culture:</b> Score 3</p> <p>Staff understood the vision and values of the service and knew how to achieve these through their working practices. The home manager encouraged staff to put people first when providing care and support. Staff spoke confidently of supporting people to achieve positive outcomes and maintain and develop their daily living skills.</p> <p>The 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it. Throughout the visit it was seen that these principles were followed.</p> <p>However, staff spoken with had difficulty articulating how they supported people in line with these principles. <b>(WR 1)</b></p> <p>People using the service felt fully involved and felt listened to.</p> <p><b>Capable, compassionate and inclusive leaders:</b> Score 3</p> <p>The manager understood the priorities for the service and how these should be achieved. They used guidance and support from local networks to help improve their knowledge and practice in relation to how the service was delivered. They undertook regular training to ensure they were up to date with current practice.</p> <p>The manager was a member of skills for care and had joined the Norfolk care association, which was about networking and signposting to guidance and good practice. They provided work shops and wellbeing activities for staff.</p> <p>Staff said they had the necessary training to complete their roles effectively and had the option to develop their knowledge further if they chose to. Staff had been supported to sign up for diplomas in care.</p> <p>Staff said they received good support from the senior management team and felt they were always there for advice and support. The manager said, 'no question is too stupid, and nothing is too much trouble'.</p> <p><b>Freedom to speak up:</b> Score 3</p>

KLOE	Regulations	Comments
		<p>Systems were in place to support staff to speak up and share any concerns they had about the service. Staff were provided with the service's safeguarding and whistleblowing policies which informed them about their responsibility to share and report concerns and how these would be dealt with by the service.</p> <p>The manager used supervision meetings to discuss any concerns staff may have and staff were encouraged to speak freely and without fear of consequences.</p> <p>The aim was for staff meetings to happen every other month. There had been some slippage during the year as the manager had been seconded to another service, however meetings had now resumed on a more regular basis.</p> <p>Staff felt that they had a voice and that they were listened to.</p> <p><b>Workforce equality, diversity and inclusion: Score 3</b></p> <p>Staff were provided support through relevant equalities training to inform their knowledge and understanding of inclusivity and fairness in the workplace.</p> <p>Staff felt they were treated equally and that there was a culture of inclusion.</p> <p>Staff felt that they worked as a team.</p> <p><b>Governance, management and sustainability: Score 3</b></p> <p>Systems were in place to support the smooth running of the service through a schedule of checks and roles to be carried out on a daily, weekly, monthly and less frequent basis. These included, for example:</p> <p>Daily: Shift planning, handovers, and health and safety checks.</p> <p>Weekly: QUOODA and RADAR audits, weekly walk around and medication checks. House meetings for people using the service.</p> <p>Monthly: Supervision, team meetings, key worker meetings, quality of life meetings, health checks, QUOODA and RADAR audits.</p> <p>Audits and checks were carried out in line with the providers procedures. A series of enhanced audits were in place which included:</p>

KLOE	Regulations	Comments
		<ul style="list-style-type: none"> <li>➤ Weekly Medication Shift Leader Audit: 23 October: 100%</li> <li>➤ Manager Walk Around Audit: 22 October: 100%</li> <li>➤ Health and Safety Monthly: 18 October: 100%</li> <li>➤ Out of Hours: 4 October: 100 %</li> <li>➤ Managers Monthly Medication: 14 October: 96%</li> <li>➤ Vehicle Maintenance Audit: 13 October : 100%</li> <li>➤ Finance Audit: 10 October: 100%</li> <li>➤ Manager's Quarterly Support Plans and Risk Assessments: 19 September: 86%</li> </ul> <p>Audits tended to record 100%. It would be good practice to evidence why this has been achieved, rather than just recording full compliance. <b>(WR 2)</b></p> <p>The quality assurance framework (QAF) and been replaced by a trends and monitoring information (Tami) framework. This helped to maintain oversight and the most recent score had been 92%.</p> <p>Liaises head office have audited a selection of care plans and raised any actions which needed to be completed. The manager confirmed that these had been acted on.</p> <p><b>Partnerships and communities:</b> Score 3</p> <p>Arrangements were in place for the service to work proactively with partners and seek their guidance and recommendations about how to support people achieve positive outcomes and experiences.</p> <p>Evidence was seen of partnership working with health and social care professionals and people were supported to contribute to these reviews.</p> <p>Staff supported people to access resources that were important to them. For example, people regularly attended a local church club.</p> <p><b>Learning, improving and innovation:</b> Score 3</p>

KLOE	Regulations	Comments
		<p>Systems were in place to maintain a continuous learning and development culture within the service. Learning was shared by the provider to help maintain ongoing improvement.</p> <p>There was an action plan which was developed from and accidents, incidents and audits, a sample viewed showed that these were completed.</p> <p>The registered provider supported registered managers with additional learning. All managers were to attend a mandatory development work course to help enhance their skills and knowledge in relation to staff management and support.</p> <p>There was a learning ambassador champion in place. One member of staff was the staff champion who spoke up on behalf of other staff.</p> <p>There was a weekly catch up with the area manager responsible for the service. In addition, there was a fortnightly teleconference with other registered managers and a monthly registered managers quality forum zoom. These gave opportunities to share learning.</p> <p>Some policies and procedures had been printed off, for example the health and safety policy had been printed off and placed in the health and safety folder. However, this was dated March 2022, but the most recent on RADAR was dated April 2023. However, this should have been reviewed in April 24, and this was not available in RADAR.</p> <p>A sample of some other policies in the RADAR system were seen to be dated November 2022, for example policies and procedures within the care and support policy section. It was noted that policies and procedures around safeguarding and mental capacity, for example had been updated. This meant that there was not a consistent approach throughout the system. <b>(WR 3)</b></p> <p><b>Environmental sustainability – sustainable development:</b> Score 3</p> <p>People living in the home were keen to help maintain the environment. One person regularly took bottles and tins to the recycling. People also took old clothes to the clothes bank or donated to charity shops rather than throw away.</p> <p>Paper records were limited to save on paper and waste paper was shredded to reduce waste. Digital systems helped to reduce the use of paper.</p>

KLOE	Regulations	Comments
		<ul style="list-style-type: none"> <li>This service scored 75 (out of 100) for this area.</li> </ul>
<p><b>Outcome:</b> The service is well led.</p> <p>Well-Led is defined by the CQC as meaning “<b>that the leadership, management and governance of the organisation assures the delivery of high-quality and person-centred care, supports learning and innovation, and promotes an open and fair culture</b>”.</p> <p>Characteristics of services the CQC would rate as Good, are those where “<b>the service is consistently well- managed and led. The leadership, governance and culture promote the delivery of high-quality, person-centered care, and the service has clear, consistent and effective governance, management and accountability arrangements</b>”</p> <p><b>SRG RATING: Good</b></p>		

## ACTION PLAN:

CQC KLoE SAFE							
By safe, we mean people are protected from abuse and avoidable harm.							
Reference Point	Recommendation Made	Action to be taken	Who By	Date to Complete by	Evidence of Completion	RAG Status	Comment
SR1	<i>Review how information in relation to injuries, marks or bruises is recorded and which system is used. Full information needs to be recorded.</i>						
SR2	<i>Take photos of progress of any wound care. Ensure a final outcome is recorded</i>						
SR3	<i>Further develop risk management plans with more information about the actual individual risk and the support needed.</i>						
SR4	<i>Ensure that there is a risk assessment and information in the support plan on how to support someone who take an anti-coagulant.</i>						
SR5	<i>There should be a consistent approach to recording of any allergies within the care records.</i>						
SR6	<i>Include more information about the support required in relation to risks</i>						

## CQC KLoE SAFE

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

	<i>associated with going out in the community.</i>						
SR7	<i>Ensure any additional paper health and safety checks clearly identify that this is a temporary arrangement until the check has been transferred to QUOODA</i>						
SR8	<i>Replace the snap lights in the grab bag</i>						
SR9	<i>Ensure there is consistency in relation to recording of medicines in different documentation.</i>						
SR10	<i>Ensure that conversations around missed medications are recorded. This should also be included in the medication notes as to what had happened, such as being administered in hospital.</i>						

## CQC KLoE EFFECTIVE

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

Reference Point	Recommendation Made	Action to be taken	Who By	Date to Complete by	Evidence of Completion	RAG Status	Comment
ER1	<i>Include more information in medical care plans about individual diagnosis to help staff understand how this may affect people's daily lives.</i>						
ER2	<i>Ensure that guidance in relation to modified diets is included in the support plan and risk assessment.</i>						
ER3	<i>Include more information about diabetes in the medical support plans</i>						
ER4	<i>Blood sugar levels for individual people who have diabetes to be included in their support plans.</i>						
ER5	<i>When people do not want to take part in a monitoring check, then it should be recorded as a refusal, rather than not recorded.</i>						
ER6	<i>Ensure that one-to-one hours are monitored in more detail</i>						



## CQC KLoE CARING

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

Reference Point	Recommendation Made	Action to be taken	Who By	Date to Complete by	Evidence of Completion	RAG Status	Comment
CR1	X						

## CQC KLoE RESPONSIVE

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

Reference Point	Recommendation Made	Action to be taken	Who By	Date to Complete by	Evidence of Completion	RAG Status	Comment
RR1	<i>It is worth thinking about ensuring that why house meetings were not happening is recorded on a regular basis.</i>						

## CQC KLoE WELL-LED

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

Reference Point	Recommendation Made	Action to be taken	Who By	Date to Complete by	Evidence of Completion	RAG Status	Comment
WR1	<i>Support staff to understand the principles of the CQC guidance 'Right support, right care, right culture'</i>						
WR2	<i>Consider adding in some supporting evidence to confirm why areas are achieving 100% compliance in individual audits.</i>						
WR3	<i>Carry out a check of policies and procedures within the RADAR system and those which have been printed off and ensure that the most up to date are in place and available.</i>						