



AUDIT REPORT

Somerford Place

Date of Visit: 30th & 31st January 2024

Private & Confidential
SRG CARE CONSULTANCY LIMITED

Contents:

Page	Subject
3	Current CQC & SRG Ratings
4 – 5	Overall Review Summary
6 – 10	KLoE Safe Domain
11 – 13	KLoE Effective Domain
14 – 15	KLoE Caring Domain
16 – 17	KLoE Responsive Domain
18 – 20	KLoE Well Led Domain
21 – 26	Action Plan

Service Name: Somerford Place

Provider: Liaise

Address of Service: 71 St Pauls Road London N17 0ND

Date of Last CQC Inspection: Full inspection 19th September 2019 Covid Inspection 22nd October 2020

Ratings

CQC's Overall Rating for this Service:	Good	
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SRG Overall Rating for this Service:	Outstanding	
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KLoE Domain	Rating	Overall Score
Is the service safe?	Good 	81 (out of 100)
Is the service Effective?	Outstanding 	95 (out of 100)
Is the service caring?	Outstanding 	95 (out of 100)
Is the service responsive?	Outstanding 	96 (out of 100)
Is the service well-led?	Good 	87 (out of 100)

Depending on what we find, we give a score for each evidence category that is part of the assessment of the quality statement. All evidence categories and quality statements are weighted equally.

Scores for evidence categories relate to the quality of care in a service or performance:

- 4 = Evidence shows an exceptional standard
- 3 = Evidence shows a good standard
- 2 = Evidence shows some shortfalls
- 1 = Evidence shows significant shortfalls

At key question level we translate this percentage into a rating rather than a score, using these thresholds:

- 25 to 38% = Inadequate
- 39 to 62% = Requires improvement
- 63 to 87% = Good
- over 87% = Outstanding

Overall Review Summary

INTRODUCTION

An audit, based on CQC KLoE, was undertaken by one SRG Consultant over two days on 30th and 31st January 2024. The purpose of this review was to highlight in a purely advisory capacity, any areas of the service operation which should or could be addressed 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 people who use the service and staff, conversations with the Manager, Deputy Manager, Activities Co-Ordinator, discussions with staff, discussions with people who use the service, a tour of the building and review of key documentation.

SUMMARY OF OUTCOME

Somerford Place is registered with CQC and provides accommodation for persons who require nursing or personal care. It's category of registration is a Nursing Home and has specialisms/services in, caring for adults up 67 years, Learning disabilities. The service provides accommodation for up to 6 residents, of which are supported in a large purpose-built single storey building across. At the time of this audit the home had an occupancy of 6 residents.

Some of the people who live at Somerford Place have communication difficulties and/or cognitive impairments; therefore, we observed some interactions between staff and residents to ensure they were comfortable with the support / engagement that they were having. We read care plans for three people, we checked four staff recruitment files and records to confirm staff training and supervisions had occurred appropriately. We checked medicine records and the records pertaining to the operation of the service, including quality assurance audits, minutes of staff meetings, H&S and Fire related documentation.

Somerford Place have Abylss Care Planning available for all service user information. Staff input daily occurrences via iPods such as nutrition, personal care and support provided. This system is to be migrated to Blyssful in March, training for all staff is currently being completed starting with the

Management team. Somerford Place currently use an inhouse shared drive to store all the HR records on the Your Hippo platform for e-learning that staff complete.

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>Regulation 12 (f) and (g) Safe Care and Treatment</p> <p>Regulation 13: Safeguarding users from abuse and improper treatment</p> <p>Regulation 17: Good Governance</p> <p>Regulations 18 & 19: Staffing - Fit and Proper persons employed</p> <p>Regulation 20: Duty of Candour</p>	<p>Somerford Place cares for people with complex learning disabilities all who are mobile. Most clients have been at Somerford Place since the middle of 2010's so for many years. One client is unable to verbally express his needs and staff are well trained and can recognise what his needs are. He is on 1 to 1 care 24 hours a day due to epilepsy. One other client is verbal but cannot express her needs as she expresses the same word all the time.</p> <p>Safeguarding - there were 2 open both awaiting feedback one form the local safeguarding team and the other from the company where a disciplinary had been held and the Manager was awaiting an outcome. No staff had been suspended during this safeguarding but was not at liberty to work with the resident concerned. This was professionally managed.</p> <p>The staff at Somerford Place have been employed for more than a year apart from the new deputy who started in September 2023. Some staff had been with the previous company and had been tupe'd over to Liaise. There are 24 staff on the rota including bank staff. The rotas were staffed for during (08.15 – 21.15) day 6 staff members plus the deputy and Manager Monday to Friday 08.00- 16.00. Night Duty 21.00 – 08.15 so there was always a hand over period. Recruitment is stable and no agency is required. The Manager is very committed and if a shortfall in numbers is anticipated this is covered by one of the management team. The rotas also indicated those responsible for kitchen and laundry.</p> <p>A number of staff had been in the home for a number of years well before Liaise took over the service which was in October 2022. On checking one of four staff for compliance there were a number of gaps such as application form, so I was unable to check the relevance of references. This had been recognised by the by the Head Office HR team with the following statement:</p>

KLOE	Applicable Regulations	Comments
		<p><i>HR Audit – Pre employment application form for the following employee is unavailable. Our recent transition to digitalised staff files may have inadvertently led to the loss of this specific document. As this employee has successfully passed their probationary period Liaise can verify that this employee has demonstrated the necessary personal and professional attributes to work in this setting and therefore are satisfied that they are suitable for continued employment. Yours sincerely Claire Kennedy Chief People Officer Liaise</i></p> <p>Another member of staff also had missing references. A further statement from the HR team stated: - <i>References – During an HR audit it was found that that this employee doesn't have proper employment references. We are satisfied that this employee is honest and trustworthy an gives no concern about their capability to work with vulnerable adults. Signed Zara Kureshy 24/1/23</i></p> <p>Of the two other staff checked all was in order but clearly Liaise have had issues on the take over from Sequence to ensure their staff were compliant. It was pleasing to see that HR audit had identified at least one member of staffs missing paperwork.</p> <p>Somerford Place had not had any incident that had required duty of candour letter in the last 12 months.</p> <p>The home was clean and tidy there was no malodour.</p> <p>Medication was well managed each resident had medication cupboards in their rooms apart from two where this may have been a hazard. Their medication was stored in the Managers Office. One resident was prescribed a CD – Cannobido Oil and this was not counted correctly. There were no discrepancies, but advice was given on how to lay out the CD book index and how to count the medication accurately. (SR1) There was also some confusion and no proper written instruction as to</p>

KLOE	Applicable Regulations	Comments
		<p>how this was to be increased following seeing the consultant. Advice was sought to clarify this from the GP.</p> <p>I observed a medication round, and this was carried out by 2 members of staff a Team Leader and Deputy Manager. Medication stock count was taken on each medication. This was excellent practice. Both staff washed their hands and changed their gloves between each resident's administration. On checking MAR charts there were no gaps and staff signature, and initials chart was in place. Very comprehensive PRN protocols were in place. Room temperatures were recorded along with the fridge temperatures. There were body maps for TMAR's and the creams and lotions were stored separately from medications in the cupboard.</p> <p>One resident was given medication on a spoon with yogurt. This had been risk assessed in 2011 and although it was deemed not be covert medication, I believe an update with the GP consent was required. (SR2)</p> <p>All staff had medication competencies in place, and these were reviewed annually.</p> <p>On checking the laundry room which was locked in one of the cupboards were 2 bottles of bleach which were disposed of immediately by the Manager. There was also a cupboard which held all the chemicals for the home and the lock was broken. Although the laundry was locked it is accessed by the residents when they do their own washing, and this is a risk. The Operations Manager did inform me that a new cupboard was on order and should be replaced. (SR3)</p> <p>On the occasion that a resident was incontinent red bags were available but there was no indication on the washing machine as to which programme should be used to ensure Infection Control was adhered to 60 degrees The Manager agreed a sign would be created and said she would put this in place immediately. (SR4)</p>

KLOE	Applicable Regulations	Comments
		<p>Staff were encouraged to further their leaning and I witnessed phone calls from a learning provider who wanted to enrol staff on Level 5 Health and Social Care. The Manager was enrolled at University for further studies and actively encourage the team to enrol on any courses they felt would benefit the home and the people they cared for.</p> <p>Staff meetings discussed all residents in an open way to see if any learnings could be shared. However, the way these were laid out did ot make it clear if any actions were to be taken and in what time frame. I suggested that these were structured differently, and the Manager took this on and would address this with the Deputy Manager who was responsible for the minute taking.</p> <p>Risks when people they care go out either to work or on home leave are well managed there are care plans and risk assessments in place. Medication is counted out and into those on home leave and well documented. The family for home leave take responsibility and record on a MAR chart and are aware of what mediation is given and when. There is no secondary dispensing. All medication is in dosette box or original container.</p> <p>Learning culture – Score 4 Safe systems, pathways and transitions – Score 3 Safeguarding – Score 4 Involving people to manage risks – Score 4 Safe environments – Score 1 Safe and effective staffing – Score 4 Infection prevention and control – Score 4 Medicines optimisation – Score 2</p> <p>This service scored 81 (out of 100) for this area.</p>

KLOE	Applicable Regulations	Comments
<p>Outcome: This service is considered as Safe. 'Safe' is defined by the CQC as meaning “people are protected from abuse and avoidable harm”.</p> <p>SRG RATING: Good</p>		

KLOE	Regulations	Comments
Effective	<p>Regulation 9: Person Centred Care</p> <p>Regulation 11: The need for Consent</p> <p>Regulation 12: Providing Safe Care and Treatment</p> <p>Regulation 14: Meeting Nutrition and Hydration Needs</p> <p>Regulation 15: Premises and Equipment.</p> <p>Regulation 17: Good Governance</p> <p>Regulation 19: Staffing</p>	<p>All residents prior to doing any intervention or activity, consent was obtained and where no verbal consent issued, I witnessed other methods such as body language or pictures being used to communicate. No resident had capacity and there were best interest decisions on all the care plans see Responsive KLOE for more details.</p> <p>The home has a maintenance system called QUOODA and the property department are responsible for ensuring all work is carried out in a timely manner. It was noticed that on fire alarm servicing in June 2023 call points needed to be replaced and we couldn't find a report stating this had been carried out. On checking with the Liaise central team this had been addressed on the 14th December, but it was surprising that this hadn't been updated. All Property Compliance was at Rag rated Green and 100% but the follow through from checking reports hadn't been sent to the manager so she had a complete picture.</p> <p>The home is in good condition and there is a clear maintenance and refurbishing plan. One resident has complained about the state of his room and bathroom in the minutes of the residents meeting and on inspection this was very justified. as the shower room was stained, walls in his bedroom needed repair and redecoration. On discussion with the resident, he was happy this was being dealt with and had no preferences as to the colour of redecoration. Many of the other rooms had been redecorated and refurbished to a very high standard. Residents had chosen colours and their bedding to match the communal rooms are very cosy however the corridors are long and although decorated are very noisy which could be very detrimental to some of the service users residents sensitive to noise. Perhaps some furnishings could be placed in the corridors to soften the sound. (ER1)</p> <p>The grounds looked messy and need attention. A gazebo which was in the ground blew away in the wind and a piece of lino is left as a trip hard this needs attention. (ER2)</p> <p>There was a hoist which was not on the immediate premises but available in nearby storage this had not been LOLER tested. Operations Manager was not aware and will organise for this either to be removed or tested. (ER3)</p>

KLOE	Regulations	Comments
		<p>Food is prepared by the care team and menus are created by the team in conjunction with the residents, the Manager has introduced each resident has a special day of the week when they have their special meal, they buy the food for themselves and they cook with support. Meals are temperature checked and listed along with fridge temperatures. The kitchen was cleaned regularly and looked spotless on my visit. The first Aid kit in the kitchen was checked weekly and all items were in date and checks were recorded.</p> <p>Residents were being weighed weekly as this was custom and practice. It was suggested that this was not person centred and should be reviewed when the new care planning system is introduced. (ER4)</p> <p>PEEPs were held in an emergency bag by the front door, along with torches and Fire Warden Fluorescent Jackets, there was also first aid items which were loose and were out of date so needed to be removed. (ER5)</p> <p>Staffing was adequate, 6 residents required 1 to 1 and in addition there was the deputy manager and manager who could be used if any residents who required 2 to 1 when out could be covered. The staffing rota also indicated those responsible for Team Leader kitchen checks, cooking and laundry. All staff had a food hygiene certificate.</p> <p>All staff are training compliant 99% on the day of the visit. The manager places great emphasis on ensuring her team are compliant. They use a mixture of online and face to face training and on line.</p> <p>It was a tremendous achievement that one resident with her consent who was insulin controlled diabetic who was obese over 100kgs had with the support of the staff and the clinicians to being within a normal weight 60kgs and only tablet controlled. She now had such pride in her appearance and works 3 days a week in a charity shop for 3 hours per day. On one day she took more than 1K in takings and the shop manager sent back with the carer a till report showing her efforts. In view of her working in the shop she is also undertaking a college course in retail. The Clinicians who support her at the hospital have used this care as a wonderful example of what care and support can give to those people they support.</p>

KLOE	Regulations	Comments
		<p>Due to the success of this person a further resident is now also being supported to work in the shop.</p> <p>There is a further example of a resident with rotten teeth and his reluctance to brush his teeth or go to the dentist. With the Managers support this has totally been resolved and he is now brushing his teeth with support and will visit the dentist with support without any fear.</p> <p>As these have been such wonderful examples of care, I have suggested an outstanding folder with the details and photographs of these examples to be documented so that they can be shown to CQC on their arrival.</p> <p>The audit system on Radar was fully compliant this also includes accidents and incidents which had all been dealt with in an appropriate way.</p> <p>Assessing needs – Score 3 Delivering evidence-based care and treatment – Score 4 How staff, teams and services work together – Score 4 Supporting people to live healthier lives – Score 4 Monitoring and improving outcomes – Score 4 Consent to care and treatment – Score 4</p> <p>This service scored 95 (out of 100) for this area.</p>
<p>Outcome: This service is considered as Effective. ‘Effective’ is defined by the CQC as meaning “people’s care, treatment and support, achieves good outcomes, promotes a good quality of life and based on the best available evidence”</p> <p>“Characteristics of services the CQC would rate as ‘ Good’ in this area are those displaying evidence that people’s outcomes and feedback about the effectiveness of the service describes it as consistently good”.</p> <p>SRG RATING: Outstanding</p>		

KLOE	Regulations	Comments
Caring	<p>Regulation 9: Person-centred care</p> <p>Regulation 10: Dignity and respect</p>	<p>I witnessed staff giving and supporting care with dignity and respect, it was very person centred and all staff spoken with knew their residents needs and wishes and respected these. Some residents liked to be alone in their rooms and be in the dark and this was acknowledged, but the staff did check regularly on this resident to ensure his safety. This gentleman had expressed that he wanted his room refurbished and this had been acknowledged by the company with work due to be conducted in the near future. He was asked what colour he would want but said he didn't mind. The staff were kind and thoughtful.</p> <p>There was a plan for each resident Monday to Saturday to have their own meal off the menu which they shopped for and then cooked ensuring their nutritional needs were met by their favourite meal of the week. This was well organised and the residents I spoke with enjoyed this and knew their day and what that entailed.</p> <p>The majority of photographs on the website/Facebook of the company are all taken Somerford Place as an example of what can be done.</p> <p>I spoke with 4 members of staff and asked them about their time at Somerford Place, all responses were positive. The new deputy felt she had a lot to learn had had a good induction and training was good. She felt she had grown within the company and found her manager very supportive. The other 3 care team enjoyed where they worked, loved the residents, had good supervision and found the manager very approachable and flexible when it came to rota management and understanding their family needs. One who had been tupe'd said the home had changed a lot under the new manager for the better and she was taken under her wing and encouraged her to grow and train. Supervisions were all in place. Appraisals were all up to date and one of the anniversary of the member of staff starting at the home.</p> <p>All staff were aware of what to do in the event of a safeguarding and understood DoLs and Best Interests.</p> <p>I couldn't find a staff survey. (CR1)</p>

KLOE	Regulations	Comments
		Kindness, compassion and dignity – Score 4 Treating people as individuals – Score 4 Independence, choice and control – Score 4 Responding to people’s immediate needs – Score 4 Workforce wellbeing and enablement – Score 3 This service scored 95 (out of 100) for this area.
<p>Outcome: The service is considered as Caring. ‘Caring’ is defined by the CQC as meaning “that the service involves and treats people with compassion, kindness, dignity and respect”</p> <p>“Characteristics of services the CQC would rate as ‘Good’ in this area are those displaying evidence that people are supported and treated with dignity and respect and are involved as partners in their care”.</p> <p>SRG RATING: Outstanding</p>		

KLOE	Regulations	Comments
<p>Responsive</p>	<p>Regulation 9: Person Centred Care</p> <p>Regulation 12: Providing Safe Care and Treatment</p> <p>Regulation 16: Receiving and Acting on Complaints</p>	<p>Care plans were on a system called Abylss and were to be transferred to Blyfull by the middle of March. The care plans were detailed and comprehensive, with risk assessments and best interest decisions made in all cases. However, of the 3 resident care plans I looked at were huge in number up to 19 and once the new system is in place these will need to be reduced and cross referenced more easily. For example, oral care could be amalgamated with personal hygiene as many of the interventions were the same approach.</p> <p>One resident had an absconding care plan, and the Herbert Protocol was in place but this wasn't the met police type and there was no photograph. Data should be transferred to the Met Police version. Herbert Protocol form (met.police.uk) (RR1)</p> <p>In one of the support plans for epilepsy, the support measures had all the history of support measures which could be confusing. It is suggested that this is removed and only the current support measures are detailed. (RR2)</p> <p>Daily notes were comprehensive and well written by the team.</p> <p>No complaints have been received in the last 12 months. Manager very proactive to discuss with family and the team if/when any issues are arising. Lovely comments and e mails from families praising the way the staff team look after their loved ones.</p> <p>There were resident's meetings minited but again there were no actions or outcomes. (RR3)</p> <p>Information regarding each medication was provided in a pictorial form for residents to understand. This was clear and comprehensive and in the MAR charts for each resident.</p> <p>As the Manager has made such progress with all residents it is being discussed that the residents may move to stepdown beds next door.</p>

KLOE	Regulations	Comments
		Person-centred care – Score 4 Care provision, integration, and continuity – Score 4 Listening to and involving people – Score 4 Equity in access – Score 4 Equity in experiences and outcomes – Score 4 Planning for the future – Score 3 Providing information – Score 4 This service scored 96 (out of 100) for this area.
<p>Outcome: The service is considered as Responsive. Responsive is defined by the CQC as meaning “that the service meets people's needs”.</p> <p>“Characteristics of services the CQC would rate as ‘Good’, are those that people’s needs are met through the way services are organised and delivered”.</p> <p>SRG RATING: Outstanding</p>		

KLOE	Regulations	Comments
Well led	<p>Regulation 12: Providing Safe Care and Treatment</p> <p>Regulation 17: Good governance / Record Keeping</p> <p>Regulation 19 - Fit and Proper persons employed</p>	<p>The Manager has shown outstanding leadership and last year was awarded a certificate in recognition of her work from the company her work at Sandford Place the certificate stated: <i>'For transforming Sandford Place since joining by leading the team to provide exceptional quality of care and fantastic outcomes for the people we support, the value of personal, progressive and positive care are evident in everything Shirlene does and shine out of Somerford Place and all who live and work there. David Petrie CEO.'</i></p> <p>This certificate was not displayed and she was encouraged to show this on recognition of her hard work in this community. (WLR1)</p> <p>The staff work as a team and respect the current manager, as having made a huge difference since her appointment. All staff share the vision of ensuring the people they care for progress, thrive and develop. This is shown in staff meetings and minute. Due to the Managers skills she was mentoring the deputy manager to work with the team and support them and increase her professional development.</p> <p>The manager wants the team to develop the team in all areas and this is appreciated by the staff I interviewed. This is evident from the opportunities given to staff to develop further. The Manager has a clear vision of where she wants the service and wants to be the best in the organisation. The staff are aware of her vision as detailed in the staff minutes. She is open to ideas the staff put forward, and is keen to learn herself.</p> <p>The Manager is open to reporting to outside agencies within the required tie frame such as Safeguarding, GP, and Liaise as a company. Where we could not find information on the shared drive for staff records, she was quick to contact the correct person and have the information sent by return. See details above regarding Staff files. Data for the people they care for, care plans and information is stored digitally alongside staff records. This is password protected and all staff have an induvial log in People they care for paper files with hospital letters are stored in the Managers office and locked when no one is present.</p>

KLOE	Regulations	Comments
		<p>There is a business continuity plan and have an arrangement with another local Liaise home should the building become inoperable.</p> <p>The staff and I discussed how the Manager works found that she was very inclusive, compassionate and capable. She understood their personal circumstances and collaborated with them to ensure the service was covered with the right skill set.</p> <p>The work force came from various backgrounds cultures and ethnicity and as above all were encouraged to progress within the organisation. There were skills within the work force such as one member was into fitness and had significantly helped the people whom they cared for who had been obese. An exercise programme was set up to improve her health and now all people had an exercise programme. I witnessed the young gentleman with severe epilepsy playing football in the corridor and was enjoying the exercise.</p> <p>It was difficult to see on Radar a service improvement plan which identified the small issues and perhaps a plan could be created so that items identified, such as Refurbishment, is written with an outcome. (WLR2)</p> <p>Partnerships with the community such as the local Charity shop and the local GP and consultant services are evident form the feedback from some of the people they care for.</p> <p>Learning improving and innovation was evident as detailed in the previous KLoE's with the idea that some of the people they care for moving to from a residential setting to being able to live in a supported living environment.</p>

KLOE	Regulations	Comments
		<p>I didn't notice any environmental sustainability within the home. This could be an improvement, and have a Green Plan implemented. This is not being inspected by CQC for another year but would be worth looking at ahead of their inspection.</p> <p>https://www.england.nhs.uk/greenernhs/wp-content/uploads/sites/51/2021/06/B0507-how-to-produce-a-green-plan-three-year-strategy-towards-net-zero-june-2021.pdf (WLR3)</p> <p>Shared direction and culture – Score 3 Capable, compassionate and inclusive leaders – Score 4 Freedom to speak up – Score 4 Workforce equality, diversity and inclusion – Score 4 Governance, management and sustainability – Score 4 Partnerships and communities – Score 4 Learning, improving and innovation – Score 4 Environmental sustainability – sustainable development – Score 1</p> <p>This service scored 87 (out of 100) for this area.</p>

Outcome: This service is considered as being well led.

Well Led is defined by the CQC as meaning **“that the leadership, management and governance of the organisation assures the delivery of high-quality and person-centred care, supports learning and innovation, and promotes an open and fair culture”**.

Characteristics of services the CQC would rate as Good, are those where **“the service is consistently well- managed and led. The leadership, governance and culture promote the delivery of high-quality, person-centered care, and the service has clear, consistent and effective governance, management and accountability arrangements”**

SRG RATING: Good

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	CD book index and how to count the medication accurately needs addressing .						
SR2	One resident was given medication on a spoon with yogurt last risk assessment assed in 2011 update with the GP consent was required.						
SR3	Replace cupboard which held all the chemicals for the home as the lock was broken						
SR4	Sign indicating what temperature red bags should be laundered.						

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	Corridors are long and very noisy which could be very detrimental to some of the service users residents sensitive to noise .						
ER2	The grounds looked messy and need attention, Winter colour would brighten the entrance. Clear away lino and other broken equipment.						
ER3	Hoist which was not on the immediate premises but available in nearby storage this had not been LOLER tested . This could be a risk.						
ER4	Residents were being weighed weekly as this was custom and practice not person-centred review						
ER5	First aid items which were loose in the emergency grab and were out of date so needed to be removed.						

CQC KLoE CARING

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

Reference Point	Recommendation Made	Action to be taken	Who By	Date to Complete by	Evidence of Completion	RAG Status	Comment
CR1	No staff survey evident						

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	Herbert Protocol to be replaced with one form Met Police to ensure photographic evidence is in place						
RR2	Ensure in Care plans that only current support measures are detailed.						
RR3	Residents meetings were minuted but there were no actions or outcomes.						

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	Managers Certificate of recognition of hard work and success at the home awarded by the company was not displayed.						
WR2	Service improvement plan which detailed the small requirements to be put in place.						
WR3	Green Plan to be considered						