



# AUDIT REPORT

## St James Mews

**Date of Visit:** 14<sup>th</sup> & 15<sup>th</sup> of May 2025

**SRG Care Consultancy Limited**

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**Service Name:** St James Mews

**Provider:** Liaise (London) Limited

**Address of Service:** 3 St James Place. Dartford. Kent. DA1 2ED

**Date of Last CQC Inspection:** 5<sup>th</sup> December 2022

## Ratings

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



Requires Improvement



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

Good



Key Questions	Rating	Overall Score
<b>Safe</b>	Good 	71 (out of 100)
<b>Effective</b>	Good 	70 (out of 100)
<b>Caring</b>	Good 	75 (out of 100)
<b>Responsive</b>	Good 	78 (out of 100)
<b>Well-Led</b>	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:

- 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 14<sup>th</sup> & 15<sup>th</sup> of May 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

St James Mews is registered with CQC and provides accommodation for persons who require nursing or personal care. It's category of registration is Accommodation for persons who require nursing or personal care. The service is not to provide nursing care. The service provides accommodation for up to 11 residents, of which are supported in a large purpose-built building across 2 floors.

Some of the people living at St James Mews had communication difficulties and/or cognitive impairments; therefore, observations were made of support and engagement with people. Conversations were held with two people using the service, six staff, the registered manager and the deputy manager. Checks were made on three care plans, one staff file, staff training records, medication records and care records. In addition, reviews were undertaken of records pertaining to the operation of the service, including quality assurance audits, minutes of staff meetings, H&S and Fire related documentation.

### OUR VIEW OF THE SERVICE

During the visit consideration was given to the CQC model of 'Right support, right care, right culture' which provides guidance about whether the service guaranteed people with a learning disability and autistic people respect, equality, dignity, choices, independence and good access to local communities that most people take for granted.

There was a good learning culture and people could raise concerns. The management team investigated incidents thoroughly and learnt lessons when things went wrong. Risks associated with people's care and support were identified and action taken to mitigate them. There were enough staff with the right skills, qualifications and experience. Information was presented to people in an accessible way. People were supported to access leisure activities and appointments in the community to support good health outcomes and quality of life. Some improvements were needed in relation to medicines.

Staff treated people with kindness and warmth. Staff were supported by an inclusive management team and had access to training and support which helped them to meet people's needs.

Ethos, values, attitudes and behaviours of the management team and care staff ensured people using services led confident, inclusive and empowered lives. There was a positive and open culture.

### PEOPLE'S EXPERIENCE OF THIS SERVICE

Staff were respectful and showed people kindness, compassion and dignity. Staff were responsive to individual needs. People were supported to maintain their independence and able to make choices.

The manager strongly advocated for people to ensure that their voice would be heard.

### DISCLAIMER

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

### RATINGS

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

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

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

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

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

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

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

Key Question	Applicable Regulations	Quality Statements and Comments
<p><b>Safe</b></p>	<p><b>Regulation 12: Safe Care and Treatment</b></p> <p><b>Regulation 13: Safeguarding Service Users from Abuse and Improper Treatment</b></p> <p><b>Regulation 17: Good Governance</b></p> <p><b>Regulation 18: Staffing</b></p> <p><b>Regulation 19: Fit and Proper persons employed</b></p> <p><b>Regulation 20: Duty of Candour</b></p> <p><b>Regulation 15: Premises and Equipment</b></p>	<p><b>Learning culture – Score 3</b></p> <p>The safety and wellbeing of people using the service was effectively managed. Staff were knowledgeable about the procedures for reporting accidents or incidents.</p> <p>A selection of accident and incident reports was reviewed. It was evident that areas of known risk, identified as a result of an incident, were documented in the care plans and risk assessments.</p> <p>The insights gained from safety events were used to enhance staff working practices, mitigate future risks, and ensure the safety of individuals.</p> <p>Lessons learned were recorded in the outcomes of accidents or incidents. Staff spoken with were knowledgeable about risks associated with people and were able to describe how they supported people during any untoward incidents.</p> <p>Debriefs were happening after individual incidents, however these lacked detail and tended to be repetitive, rather than include a full debrief of the incident. This is an area of improvement. <b>(SR 1)</b></p> <p><b>Safe systems, pathways and transitions – Score 3</b></p> <p>Good working relationships had been developed with internal and external professionals to promote safe pathways of care.</p> <p>Staff made sure there was continuity of care, including when people moved between different services. Support plans reflected people’s current needs and preferences. Information from support plans was used to pass on to other providers to ensure continuity of care, such as hospital passports.</p> <p><b>Safeguarding – Score 3</b></p> <p>People living in the home said they felt safe.</p>

Key Question	Applicable Regulations	Quality Statements and Comments
		<p>Staff understood their responsibility to safeguard people and received relevant training and support to do so.</p> <p>Staff spoken with knew how to report any concerns and knew how to contact external agencies should they need to. Staff said any concerns raised were acted on immediately.</p> <p>The Registered Manager understood their responsibility to keep people safe from abuse and harm. They had recently raised a safeguarding concern in relation to one person's relative who had acted inappropriately when visiting. They had ensured that measures were in place for future visits to keep the person safe.</p> <p><b>Involving people to manage risks – Score 3</b></p> <p>There were a range of risk assessments in place. These included:</p> <p>Personal support including morning, evening routines, continence management, hygiene and, oral health</p> <p>Support with free and structured time and relationships. Meaningful activities, including any activities outside of the home, education, work, daily living. Relationships, including personal, social and family.</p> <p>Support with decision making, MCA and DoLS (Deprivation of Liberty Safeguards).</p> <p>Medical and Health Care including Diagnosis, Mental Health and Wellbeing, Memory and medication</p> <p>Risk assessments identified the individual risks and how to support people safely.</p> <p>Risk assessments around mobility would benefit from further improvement. For example, one stated that the person needed support with using a shower chair and that they could fall. Staff said that they had received additional around this person's mobility needs, but this was not reflected in the risk assessment or care plan. <b>(SR 2)</b></p>

Key Question	Applicable Regulations	Quality Statements and Comments																										
		<p>Some people could exhibit challenging behaviours. A behaviour support plan was in place, supported by a detailed PBS plan. These plans included the person’s history, views, behaviours of concern, triggers, strategies, and support methods.</p> <p><b>Safe environments – Score 3</b></p> <p>PPM checks, which comprised of the regular health and safety checks had been moved over to RADAR, from the QUOODA system. These checks included daily fire patrols, weekly and monthly fire checks, laundry equipment, lighting, emergency lighting, window restrictors and water temperatures, for example.</p> <table><tr><td>Fire patrol (Daily).</td><td>Completed in line with schedule</td></tr><tr><td>Internal and external lighting (Monthly)</td><td>1 April / 1 &amp; 2 May</td></tr><tr><td>Fire drill (Monthly)</td><td>1 April / 1 &amp; 2 May</td></tr><tr><td>Fire extinguisher (Monthly)</td><td>1 April / 1 &amp; 2 May</td></tr><tr><td>Grab bag (Monthly)</td><td>7 April and 2 May</td></tr><tr><td>Extract fan (Quarterly)</td><td>1 April</td></tr><tr><td>Garden equipment (Quarterly)</td><td>1 April</td></tr><tr><td>Ladder check (Quarterly)</td><td>1 April</td></tr><tr><td>Water Temperatures (Weekly)</td><td>Completed weekly from 9 April</td></tr><tr><td>Emergency lighting test (Weekly)</td><td>Completed weekly from 7 April</td></tr><tr><td>Fire alarm test (Weekly)</td><td>Completed weekly from 9 April</td></tr><tr><td>Fire door checks (Weekly)</td><td>Completed weekly from 5 May</td></tr><tr><td>Laundry equipment (Weekly)</td><td>Completed weekly from 8 April – 29 April</td></tr></table>	Fire patrol (Daily).	Completed in line with schedule	Internal and external lighting (Monthly)	1 April / 1 & 2 May	Fire drill (Monthly)	1 April / 1 & 2 May	Fire extinguisher (Monthly)	1 April / 1 & 2 May	Grab bag (Monthly)	7 April and 2 May	Extract fan (Quarterly)	1 April	Garden equipment (Quarterly)	1 April	Ladder check (Quarterly)	1 April	Water Temperatures (Weekly)	Completed weekly from 9 April	Emergency lighting test (Weekly)	Completed weekly from 7 April	Fire alarm test (Weekly)	Completed weekly from 9 April	Fire door checks (Weekly)	Completed weekly from 5 May	Laundry equipment (Weekly)	Completed weekly from 8 April – 29 April
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		<p>Plant room checks (Weekly) Completed weekly from 7 April</p> <p>Plug checks (Weekly) Completed weekly from 7 April</p> <p>Water flush (weekly) Completed weekly from 1 April</p> <p>Window Restrictors (Weekly) Completed weekly from 7 April</p> <p>CoSHH data safety sheets were in place and checked on an annual basis.</p> <p>Safety checks were carried out in the kitchen in line with Safer Food – Better Business procedures.</p> <p>Appliances and utilities were checked and/or serviced in line with health and safety schedules. Documentation had been uploaded to RADAR.</p> <p>Peoples own space was maintained safely and in line with individual needs. A relative reported that they felt their family members bedroom was maintained safely and it met their needs.</p> <p><b>Safe and effective staffing – Score 3</b></p> <p>There were enough staff to meet the needs of the people using the service. People were supported on a one-to-one or two-to-one basis, which was dependent on assessed levels of need. Staffing levels were maintained safely with enough on duty to meet individual needs and support them with their daily living activities.</p> <p>A key-working system was in place, and this helped to promote continuity of support.</p> <p>A check was made to assess whether staff were being recruited in line with Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. One staff recruitment record was reviewed. Information as required by regulations was seen to be in place. This included:</p> <ul style="list-style-type: none"> <li>• A full employment history, with a gap explained.</li> </ul>

Key Question	Applicable Regulations	Quality Statements and Comments
		<ul style="list-style-type: none"> <li>• Satisfactory references which had been verified as having been obtained from a reputable source, such as company emails or headed paper.</li> <li>• Disclosure and Barring Service (DBS) checks, and a check on the update service.</li> <li>• Proof of identity and address and right to work.</li> <li>• A medical health declaration.</li> </ul> <p>Interview notes were in place and new staff were issued with a contract.</p> <p>New staff received support through an updated induction workbook, covering an overview, organisational mission and values, and a thorough training programme. This induction was aligned with the care certificate, including online modules, observations, care practices, and work exercises to ensure competency in their roles.</p> <p>There was an ongoing training programme. This was primarily online through the training provider Your-Hippo, with some face-to-face training including Proact Scipr.</p> <p>Mandatory training included 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 and learning disability.</p> <p>The training matrix identified that there were some gaps in training in relation to safe people handling, but it was confirmed that this was being arranged.</p> <p>Conversations around training were held with staff to ask their opinion on the effectiveness of the training they received. There was a positive response from staff. All staff confirmed that they felt they had appropriate training both face-to-face and through E-learning.</p>

Key Question	Applicable Regulations	Quality Statements and Comments
		<p>In addition, staff said that they had received additional training when a new person had moved in around their mobility, which they had found useful.</p> <p>Staff also reported that they felt they had appropriate training in Proact Scipr, which helped them to support people, when they had behaviours which may challenge. Staff talked about how they recognised signs and how they deployed appropriate techniques in line with the support plan.</p> <p><b>Infection prevention and control – Score 3</b></p> <p>Infection control was managed safely. There were cleaning schedules in place and these were completed appropriately.</p> <p>The environment was seen to be clean and tidy.</p> <p>Staff followed infection control procedures and used PPE effectively, when needed.</p> <p><b>Medicines optimisation – Score 2</b></p> <p>Medicines were managed safely. Staff were seen to support people appropriately. Guidance was in place to help staff administer medicines safely. Staff felt confident in medicine administration and confirmed they were aware of how to report any concerns. Staff worked in line with STOMP, which is national best practice guidance on stopping the over-medication of people with a learning disability and or autistic people when distressed.</p> <p>Homely remedies were not used, there was no one being supported with covert medicine administration and no one was self-administering.</p> <p>There was one controlled drug (CD) in use, this was seen to be stored safely and appropriately. This was not used frequently, and the original prescription was going out of date, so a new prescription had been requested. This was delivered on 13<sup>th</sup> May. However, the CD book did not reflect that a new prescription had been delivered, and the original prescription was being returned as the countdown and daily audit only</p>

Key Question	Applicable Regulations	Quality Statements and Comments
		<p>recorded the continued amount, rather than recording one amount out and a new amount in. Although, this was recorded in the returns book, the CD book should reflect the change in medication. <b>(SR 3)</b></p> <p>Each person had a medication folder which contained information about individual medication needs. These included:</p> <ul style="list-style-type: none"> <li>• ID profile: This included information about individual communication needs, as well as how they liked to take their medicines.</li> <li>• Medication Cabinet temperature reading: Three were sampled. One had not been completed until 14 May, with all dates having a line through, and two other charts were showing that temperatures were either at the top level of 25 degrees or above, and around 26 – 28 degrees. Actions of opening the window was recorded. However, I suggest that this is monitored more robustly such as taking temperatures at different times of the day and recording this, with additional safety measures in place. <b>(SR 4)</b></li> <li>• Medication changes.</li> <li>• MAR charts: A new cycle had just started. There were no concerns noted.</li> <li>• Pain profile. These were seen to be completed.</li> <li>• Medication easy read information. Those viewed matched with the MAR charts.</li> <li>• PRN protocols. Those viewed were detailed and completed appropriately.</li> <li>• Medication stock control sheets.</li> <li>• Consent / MCA</li> <li>• Medication signing in and out forms</li> </ul>

Key Question	Applicable Regulations	Quality Statements and Comments
		<p>People's medicines were kept in individual cabinets. These were either located in people's own rooms or in the office, for reasons of safety. Everyone has one cabinet – some in bedrooms and some are kept in the office – depending on the risk for individual people.</p> <p>When medicines were received, they were recorded on a medication received sheet. However, receipt had not been recorded for the May delivery, although the amount received had been recorded on the MAR charts and countdown sheets. <b>(SR 5)</b></p> <p>Where people had multiple boxes delivered, these were numbered by the pharmacy, for example there had been 8 boxes of risperidone delivered and had been numbered 1- 8 by the pharmacy. Staff were also numbering the boxes but were not following the same order as the pharmacy, which could confusion as to which box should be opened. <b>(SR 6)</b></p> <p>One box of tablets did not have the opening date recorded. <b>(SR 7)</b></p> <p>PRN (as and when medicine) protocols were in place. Reasons for the administration of PRN was to be recorded on the back of the MAR charts.</p> <ul style="list-style-type: none"> <li>• This service scored 71 (out of 100) for this area.</li> </ul>
<p><b>SRG RATING: Good</b></p> <p>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
Effective	<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 3</b></p> <p>One new person had recently moved into the service.</p> <p>People’s needs were assessed prior to them moving to the service, to ensure appropriate support could be offered. People had the opportunity to visit the service for meals and spend time meeting with other people using the service to ensure they liked the home.</p> <p>People were involved in monthly reviews about their care and support.</p> <p><b>Delivering evidence-based care and treatment – Score 3</b></p> <p>Staff were supported with training in the individual needs of people using the service. This included Prada Willi syndrome awareness, and Smith Magnesium Awareness, which were conditions which affected people living at the service.</p> <p>One person was prescribed a medication which would adversely react if the person consumed certain fluids, such as milk and coffee around the same time at the medication was administered. The fluid charts identified that they were having cereal in the morning, and although staff confirmed that this was always later than when the medicine was administered, this was not clear. In addition, there was no information in the care plan and risk assessment clarifying this risk. <b>(ER 1).</b></p> <p>Where people suffered with epilepsy, there was a detailed care plan in place with guidance on how to support the person.</p> <p>There was guidance for staff to follow such as emergency first aid procedures, so staff would know what to do in an emergency.</p> <p><b>How staff, teams and services work together – Score 3</b></p>

Key Question	Regulations	Quality Statements and Comments
		<p>Staff accessed internal and external support to ensure that people were supported with appropriate care and treatment to meet their needs.</p> <p>Internally staff were able to access the SALT (Speech and language therapy) team and the PBS (positive behaviour support) team. They provided support with assessments and reviews and provided guidance on how to support people safely.</p> <p>Externally staff referred people to appropriate health care professionals, and staff worked in partnership with professionals to support people with their health care needs.</p> <p><b>Supporting people to live healthier lives – Score 3</b></p> <p>Monthly health checks were carried out to monitor individuals' well-being. These checks included examining skin conditions, oral care, nail care, concerns related to bowels, specific health care needs, and recording individual weights without any issues. These health checks were performed monthly. The reviewed selection indicated that staff worked with people to maintain their health.</p> <p>People were supported to attend appointments. This included specialist health care professionals and regular checks up with the G.P, dentist and optician.</p> <p>One person was being supported to access appropriate health care, as they had been identified with a certain condition, which had not been managed before they moved into the home.</p> <p>One person needed support with a specific carb count and staff had developed a menu which would help them to enjoy the foods they liked and also maintained their health.</p> <p><b>Monitoring and improving outcomes – Score 2</b></p> <p>There was some inconsistency in relation to monitoring records, with some being more robust and effective than others.</p>

Key Question	Regulations	Quality Statements and Comments
		<p>Some care needs to be taken when completing monitoring records. For example, there had been an entry for menstrual cycle for one of the male service users, which was inappropriate and had been recorded in the incorrect record. <b>(ER 2)</b></p> <p>There was an inconsistency when recording meals, staff were tending to record a variety of modifications for the same person such as Easy-To-Chew, Soft and Bite Sized, or pureed. Although it was reported that there was no one requiring a modified diet, I suggest that consistency is maintained, and the correct level of food is recorded. <b>(ER 3)</b></p> <p>Bowels: Some people needed support to have their bowels monitored, as they were at risk of constipation. Overall, according to the care plan on the records viewed this was happening. There were some minor inconsistencies and needs monitoring to ensure staff maintain appropriate checks in line with care plans.</p> <p>Epilepsy monitoring: Some people needed hourly monitoring according to their care plan as they were at risk of seizures due to epilepsy. A sample of checks were reviewed. These were seen to be generally completed, there was some inconsistency, and again needs monitoring. <b>(ER 4)</b></p> <p>Where people injured themselves or had skin conditions that required monitoring, body maps were completed. A selection was sampled, and it was seen that staff took a photograph, identified the concern and recorded support provided. Wound care records were reviewed on a regular basis and not closed until staff and the management team were happy the concern had been resolved or had progressed satisfactorily. This ensured that individual health care needs were monitored.</p> <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</p>



Key Question	Regulations	Quality Statements and Comments
		<p>capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.</p> <p>Most people living at the service lacked capacity to make informed decisions in different areas. Where people did not have the capacity to consent to specific decisions, MCA assessments were conducted. These assessments covered areas including care and support, finances, medication, and restrictions. A sample of the MCA assessments reviewed indicated that each area had been independently assessed, and staff collaborated with individuals to identify areas where they lacked capacity. There was good evidence of discussions held with evidence of how people were supported to understand the information. Best interest decisions were recorded.</p> <p>People can only be deprived of their liberty for care and treatment purposes when it is in their best interests and legally authorised under the MCA. In care homes, this typically involves procedures known as Deprivation of Liberty Safeguards (DoLS). Applications for DoLS were made where individuals were subject to restrictions on their freedoms, and these were monitored where they had not yet been authorised.</p> <p>People were included in decision-making processes. When they were able to make their own decisions, they were supported in doing so. Staff consistently sought consent and permission when providing care and support. Observations demonstrated that staff always checked with people before proceeding.</p> <ul style="list-style-type: none"> <li>• This service scored 70 (out of 100) for this area.</li> </ul>

### SRG RATING: **Good**

This service maximised the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

**"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 reflect these needs and any protected equality characteristics. Services work in harmony, with people**

Key Question	Regulations	Quality Statements and Comments
		<p>at the centre of their care. Leaders instil a culture of improvement, where understanding current outcomes and exploring best practice is part of everyday work”.</p>

Key Question	Regulations	Quality Statements and Comments
<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></p> <p>The staff demonstrated kindness, consideration, and a good understanding towards people. There was a friendly atmosphere where people and staff interacted in an informal yet comfortable manner.</p> <p>Observations also established that there was a positive rapport between people and staff. Staff understood and were sensitive to people's emotional triggers and how people expressed and communicated their feelings.</p> <p>Support plans included detailed information about individual likes, dislikes and preferences.</p> <p><b>Treating people as individuals – Score 3</b></p> <p>Staff knew people well. Discussions with staff evidenced their familiarity with people. Staff were able to explain how they supported people.</p> <p>A 'My Support Plan' was in place which gave an overview of the person and included known life history, individual preferences, interests, routines and what was important to the person, for example. A sample of three were viewed and these identified individual preferences, which supported people's individuality.</p> <p><b>Independence, choice and control – Score 3</b></p> <p>Discussions with one person using the service and staff evidenced that people could make decisions about how they wanted to spend their day and were able to choose what they wanted to do and when. It was also noted that staff supported people to make other decisions and offered people choices.</p> <p>People were supported to maintain contact with family and friends and maintain relationships with others.</p> <p>People were supported to maintain their independence and carry out daily living tasks with staff support, where needed.</p>

Key Question	Regulations	Quality Statements and Comments
		<p><b>Responding to people’s immediate needs – Score 3</b></p> <p>Staff listened to and understood people’s needs, views and wishes. Staff responded to people’s needs in the moment and acted to minimise any discomfort, concern or distress.</p> <p>Staff understood signs and triggers of when people were distressed or upset, and PBS plans were in place.</p> <p>Staff were responsive to individual needs, and observations showed that they listened to what people had to say.</p> <p>Reviews of accidents and incidents were carried out and changes to care and support needs were implemented where needed.</p> <p><b>Workforce wellbeing and enablement – Score 3</b></p> <p>Staff felt well supported and found the manager approachable. They reported an open and inclusive atmosphere within the service.</p> <p>An employee assistance programme offered a confidential helpline for mental well-being support.</p> <p>Staff had access to the blue light card, providing discounts from various retailers.</p> <p>"Above and Beyond" nominations recognized staff who went the extra mile for people.</p> <p>The manager worked with staff to make reasonable adjustments to ensure that there was a fair work life and homelife balance.</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></p> <p>This service maximised the effectiveness of people’s care and treatment by assessing and reviewing their health, care, wellbeing and communication needs</p>		

Key Question	Regulations	Quality Statements and Comments
		<p>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 are 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 3</b></p> <p>All staff spoken with were clear and positive about promoting a person-centred approach. Observations showed that people were comfortable with staff, and there was a relaxed atmosphere.</p> <p>People were seen to move around and spend time where they wanted, where people were supported on a one-to-one basis, staff were not obtrusive. They were present and available but also supporting people to spend their time where they wanted.</p> <p>One person who used the service said that they were happy and that staff were, <i>‘alright – I like them.’</i></p> <p>Staff said, <i>‘We don’t always get it right, but we work together to sort it out. There has never been something we can’t work together.’</i></p> <p>Care and support plans were in place and these identified individual needs. These were specific to the person, and conversations with evidenced that they knew people well.</p> <p>Communication passports were in place for some people, although it was noted that two people did not have this in place. One was for a new person and this was being developed, but there was another not in place for a longer-term service user. <b>(RR 1)</b></p> <p>Staff ensured that people were comfortable in their environment and had recreated one person bedroom to reflect their bedroom at their Mum’s house, to help them remain comfortable.</p> <p><b>Care provision, integration, and continuity – Score 3</b></p> <p>Continuity of care and treatment was maintained as staff collaborated with other professionals to deliver flexible and integrated services.</p> <p>Staff worked with health and social care professionals, both internally and externally to promote outcomes for people.</p>

Key Question	Regulations	Quality Statements and Comments
		<p><b>Providing information – Score 3</b></p> <p>There were a range of communication tools used including easy read information and social stories were used to aid communication.</p> <p>People had easy read pain profiles and medication profiles to help them understand information.</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><b>Listening to and involving people – Score 3</b></p> <p>Staff supported people with their communication needs. Where people needed additional support, there were appropriate support systems in place to help promote communicate. For example, for one person staff had introduced a PECS book, which contained pictures for reference for the person to use to communicate with staff.</p> <p>House meetings took place, and people were free to join in as they chose. Minutes were taken. Evidence was seen that people discussed holidays, goals and events and spoke about things they would like to participate in, it was apparent that people were able to contribute.</p> <p>Staff spoken with described how they involved people, for example staff said, <i>‘We encourage people to be involved, and we are supported to take our time. We listen to people.’</i></p> <p>Key worker meetings were taking place, in line with organisational procedures. A review of four people using the service evidenced that there were happening monthly.</p> <p>Relative surveys were distributed, usually around May. Last year there had only been one response, which did not help feed into the service, which was a shame. It would be useful to try and encourage relatives to give more feedback.</p>

Key Question	Regulations	Quality Statements and Comments
		<p>A service user survey had also been sent out, with more response.</p> <p><b>Equity in access – Score 4</b></p> <p>The Registered Manager continued to advocate for people using the service to ensure that they were able to access services and opportunities that most people would take for granted. Where restrictions had been placed on one person's bank account, they had challenged the bank and ensured that the person had the appropriate access to their own monies. Support was also being given to this person to ensure that an inheritance would be appropriately managed in their best interests. To facilitate this, additional independent advocacy support was accessed. This was to ensure that there was no conflict of interest and that all outcomes were in the best interest of the person.</p> <p>One person who had recently moved into the home, had previously limited access to health care support. Staff had supported the person to access a G.P., review their health care needs and concerns around these were in the process of being addressed.</p> <p>A relative reported that they felt their family member had opportunities to access community resources and this had, <i>'A real impact, and it is amazing to see [X] being confident around people and going out and about.'</i></p> <p><b>Equity in experiences and outcomes – Score 3</b></p> <p>People were given ample opportunities to take part in a range of activities and were offered choices. It was reported that people preferred a routine and enjoyed specific activities, although these would be adjusted depending on how people felt on the day.</p> <p>Communally regular karaoke sessions were held, which people reported they enjoyed. People also enjoyed regular trips to the park, outings in the communal vehicle, and a Sunday church service.</p> <p>Individual pastimes and activities included horse riding, trampolining, going shopping, gardening, and sensory activities.</p>



Key Question	Regulations	Quality Statements and Comments
		<p>A sample of records evidenced that people were joining in different activities.</p> <p>Regular events were also held, for example V.E. day had been celebrated, and one person had recently had their 40<sup>th</sup>, and staff had arranged a party for them.</p> <p>A relative described how they felt their family member had '<i>thrived</i>' under the care of the service. They said, '<i>I would never have believed that [X] would become so confident and at ease to join in activities and do different things. [X] now goes to a day centre and to see them sat there in a room full of people enjoying themselves is a massive milestone.</i>'</p> <p>Goals were being developed with people and were seen to be achievable. One person described how they were planning a holiday, which was reflected in their goals.</p> <p><b>Planning for the future – Score 3</b></p> <p>No-one in the home was receiving end of life care at the time of the visit. However, consideration was given to end of life matters and where people wanted to discuss this, it was included in their care planning.</p> <p>There were easy read end-of-life records within the Blyssful system, but these were basic with only reference to whether people preferred cremation or burial and whether they wanted their organs donated. The registered manager was signposted to a website which provided information and guidance on supporting younger adults with a learning disability or autism in relation to end-of-life. This is an area which needs further development. <b>(RR 2)</b></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></p> <p>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>		

Key Question	Regulations	Quality Statements and Comments
		<p>“Characteristics of services the CQC would rate as ‘Good’ People and communities are always at the centre of how care is planned and delivered. The health and care needs of people and communities are understood, and they are actively involved in planning care that meets these needs. Care, support and treatment are easily accessible, including physical access. People can access care in ways that meet their personal circumstances and protected equality characteristics”.</p>

Key Question	Regulations	Quality Statements and Comments
Well-Led	<p><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></p> <p>The Registered Manager was open, honest and transparent. Throughout the visit it was obvious that they were committed to supporting people with their needs, which included providing support to people, and taking on the role of a ‘handyman’ when a minor issue arose. Staff said the manager was part of the team and would ‘<i>muck in</i>’ when needed.</p> <p>Staff were asked if they were aware of the values of Liaise, which are Positive, Progressive, Personal. In all honesty not all staff were able to confirm the actual terminology of the values, but every member of staff spoken with understood the ethos. Staff said.</p> <p><i>‘It is about people and their best lives’</i></p> <p><i>‘We help people to achieve things – it is what they want, and how we help them.’</i></p> <p><i>‘It’s supporting people, we want them to move on, and progress and it is about them.’</i></p> <p>The management ethos was about people using the service, and all staff spoken endorsed this and observations showed that everyone worked as a team.</p> <p>Staff said that the manager was dedicated and was an advocate for people using the service to ensure that their voice would be heard.</p> <p><b>Capable, compassionate and inclusive leaders – Score 3</b></p> <p>A relative described the confidence they had in the registered manager and the staff team. They said, <i>‘The manager is tops, nothing is a problem, and she gets things done. She is on the ball and thinks of the needs of people living here and has turned the place around.’</i> They added, <i>‘The staff team are focussed on people living here and they are their priority.’</i></p>

Key Question	Regulations	Quality Statements and Comments
		<p>All staff spoken with, felt they could speak with the manager and if they had any issues, they would be dealt with. At the start of the visit, the registered manager stated that it had been identified that they could be 'draconian' at times. Staff were not asked this, but they were asked about how they were supported and unequivocally staff response was positive.</p> <p>The staff team were complementary about the manager. Every member of staff spoke positively about the support they received. Staff said, <i>'I come in early because I want to come in and happy to do my job. The atmosphere was toxic as staff were not suitable, now much better.'</i> And <i>'It is a good place to work – manager is great'</i>.</p> <p>All staff spoken with indicated that the manager had high expectations, but all staff wanted to ensure that they met these and all feedback indicated that they respected the manager.</p> <p><b>Freedom to speak up – Score 3</b></p> <p>Conversations were held with the staff champion, who represented staff at provider level meetings. Their role is to represent staff, and people using the service, outside of the service. They explained about how they supported and represented staff. Feedback was that they had been able to take anonymous concerns from the staff team and raise these at a provider level. When asked if they thought this was working and effective, the feedback, was that it was working and they felt staff had a voice.</p> <p>All staff spoken with felt supported and had opportunities to have a say.</p> <p>Staff meetings were happening, and staff were supported with regular supervision. All staff spoken with said they felt they could speak up and were listened to.</p> <p><b>Workforce equality, diversity and inclusion – Score 3</b></p> <p>All staff spoken with felt that they were treated equally and diversity was considered. They said they felt included and that they were supported appropriately.</p>

Key Question	Regulations	Quality Statements and Comments
		<p><b>Governance, management and sustainability – Score 3</b></p> <p>There was a tendency to maintain records such as staff meetings, for example on an individual laptop rather than upload to a central drive or the provider system. This information always needs to be available for external regulators. <b>(WR 1)</b></p> <p>Quality assurance systems were in place. A series of enhanced audits were in place and were seen to be completed in line with the provider's schedule:</p> <p>Out of Hours: 16<sup>th</sup> April (Last compliance: 93%). This was completed monthly and the last two audits scored 87% and 92% respectively. Evidence was seen of actions identified with a record of any updates.</p> <p>Monthly Vehicle Maintenance Audit: 13<sup>th</sup> May (Last compliance: 67%). Completed on the 13<sup>th</sup> of each month, with actions being identified and checks saw that these had been addressed.</p> <p>Monthly Health and Safety Monthly: 18<sup>th</sup> April (Last compliance: 97%) Completed on 18<sup>th</sup> of each month, with compliance as 91% and 97%. Attachments and records of evidence was identified within the report. The latest report identified that flooring was not suitable, this was also reported during the March audit. There as an action to address this.</p> <p>Manager Walk Around Audit: 13<sup>th</sup> May (Last compliance: 91%). These were seen to be competed weekly, and compliance was around late 80's and early 90's percentage wise. A review found that the audits were identifying issues and actions were being set to address these.</p> <p>Manager's Quarterly Support Plans and Risk Assessments: 19<sup>th</sup> March (Last compliance: 93%).</p> <p>Managers Monthly Medication: 14<sup>th</sup> April (Last compliance: 93%). These were completed regularly on the 14<sup>th</sup> of each month and again actions were seen to be set and addressed.</p> <p>Finance Audit: 14<sup>th</sup> May. This was in progress at the time of the visit These were completed regularly on the 14<sup>th</sup> of each month and found that people's money was managed safely.</p>

Key Question	Regulations	Quality Statements and Comments
		<p>Weekly Medication Shift Leader Audit: 7<sup>th</sup> May (Last compliance: 82%) These were completed weekly. There had been some recent slippage in the scores, with recent compliance rates at 80%, and 90%. However, these were identifying areas of improvement and actions were being set and raised with staff.</p> <p>There was a quarterly operations manager medication audit, but this had last been completed in October 2024, with a compliance rate of 48%. It was reported that there had been a change in Operations Manager, which had contributed to the slippage, but this does need to be addressed. <b>(WR 2)</b></p> <p>The provider used a system known as the TaMI (Trends and Monitoring Information), to help maintain oversight. This reviewed data generated from RADAR, Blyssful, the training department and the quality team, for example. This helped to maintain oversight of the service.</p> <p>Some staff were recording care notes under the agency password/profile, and this was seen to be happening on multiple occasions. It was reported that staff should then be recording their own name if they could not use their own profile, but this was not happening, staff need to record under the correct profile. <b>(WR 2)</b> <i>Ensure staff record care notes under the correct profile or record their name in the notes if they are unable to log on.</i></p> <p><b>Partnerships and communities – Score 3</b></p> <p>People were supported to access community resources and were frequently out and about. People regularly attended a daycentre, and one person said how much they enjoyed this.</p> <p>A relative was complimentary of how staff had helped their family member integrate into the community. They said that they now participated in going out and about and would join in with activities, which they said, <i>‘was a massive milestone.’</i></p> <p><b>Learning, improving and innovation – Score 3</b></p>

Key Question	Regulations	Quality Statements and Comments
		<p>Meetings at different levels for the management senior management team were happening, which helped to share learning and improvements. Monthly manager meetings happened, which again were used to share learning.</p> <p>Through reviews of accidents and incidents, service level learning was in place.</p> <p>Actions were generated from audits, accidents, and incidents. A sample viewed evidenced that these were acted on.</p> <p>The manager said that they were supported with training and had recently attended a management training programme which had been useful and insightful.</p> <p><b>Environmental sustainability – sustainable development – Score 3</b></p> <p>Consideration had been given to environmental sustainability. Where possible recycling was implemented and staff followed local authority procedures.</p> <p>There was an aim to reduce the use of paper through electronic systems. People using the service were being involved through local procedures.</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></p> <p>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’ 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	<i>Include more specific detail in the debriefs to reflect more of the actual incident and reflection of how this was managed</i>						
SR2	<i>Ensure that risks around mobility are assessed and outcomes are included in the care plan</i>						
SR3	<i>Ensure that when CDs are returned and replaced, this is reflected in the CD book.</i>						
SR4	<i>During warmer weather take medication temperatures at different times to help ensure that they are stored safely.</i>						
SR5	<i>Ensure that medicines are recorded appropriately and in line with procedures on delivery.</i>						
SR6	<i>Staff to follow the same numbering protocol as the pharmacy directions</i>						



## CQC Key Question - SAFE

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

SR7	<i>Ensure that all boxes are dated as to when opened</i>						
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## 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	<i>Ensure there is clear guidance in relation to risks associated with restricted fluids and certain medicines within the care plan and risk assessment</i>						
ER2	<i>Staff to ensure that monitoring records are completed correctly and for the appropriate person</i>						
ER3	<i>Ensure that staff record the correct levels of food / meals and that if there is no requirement for a modified diet then food should be recorded appropriately.</i>						
ER4	<i>Ensure there is a consistent approach to monitoring records such as bowel charts and epilepsy checks.</i>						

## 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	<i>Ensure that there is a communication passport is in place.</i>						
RR2	<i>Further develop end-of-life plans</i>						

## 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	<i>Ensure that information is always available and stored in line with provider procedures</i>						
WR2	<i>Ensure that the quarterly operation manager medication audit is addressed.</i>						