



# AUDIT REPORT

## Totteridge House

**Date of Visit:** 2<sup>nd</sup> & 3<sup>rd</sup> of December 2025

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**Service Name:** Totteridge House

**Provider:** Liaise (London) Limited

**Address of Service:** 310 Totteridge Road High Wycombe Buckinghamshire HP13 7LW

**Date of Last CQC Inspection:** 20th September 2022

## Ratings

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






Requires Improvement



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

Good



Key Questions	Rating	Overall Score
Safe	Good 	75 (out of 100)
Effective	Good 	75 (out of 100)
Caring	Good 	85 (out of 100)
Responsive	Outstanding 	89 (out of 100)
Well-Led	Good 	81 (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 2<sup>nd</sup> & 3<sup>rd</sup> of December 2025. The purpose of this review was to highlight in a purely advisory capacity, any areas of the service operation which should or could be addressed in order to improve the provision and recording of care and increase overall efficiency and compliance with CQC Standards and Regulatory Requirements.

### TYPE OF INSPECTION

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

### METHODOLOGY

To gain an understanding of the experiences of people using the service, a variety of methods were employed. These included observing interactions between people and staff, speaking with the Registered Manager, quality officer, lead nurse, and holding discussions with support staff and some people using the service.

A tour of the building was conducted, along with a review of key documentation. This included 2 support plans, 3 staff recruitment files, and records pertaining to staff training and supervision. Medication records and operational documents, such as quality assurance audits, staff meeting minutes, service users' meetings, activities and health and safety and fire-related documentation, were also assessed.

### OUR VIEW OF THE SERVICE

The service is registered with CQC for Accommodation for persons who require nursing or personal care. Totteridge is a residential care home and provides accommodation for persons who require nursing or personal care. Its category of registration is a care home in, Caring for adults under 65 years with learning disabilities. The service provides accommodation for up to 6 people. At the time of this audit the home there were 5 people living in the home.

There was a learning culture and people could raise concerns. Managers investigated incidents thoroughly. People were protected and kept safe. Staff understood and managed risks.

There were enough staff with the right skills, qualifications and experience. Managers made sure staff received training and regular support.

People's health care needs were well met and medicines were managed safely.

The service was well-led by a management team who put people at the heart of the service.

### PEOPLE'S EXPERIENCE OF THIS SERVICE

People were treated with kindness and compassion. Staff protected their privacy and dignity. They treated them as individuals and supported their preferences. People had choice in their care and were encouraged to maintain relationships with family and friends. Staff responded to people in a timely way.

People were involved in decisions about their care. Staff provided information people could understand.

Staff gave people opportunities and options and people were encouraged to make their own choices and express their views, and observations showed these were listened to.

Staff knew people's communication needs and were able to interact with people effectively.

### 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>Systems were in place to support staff to report and record safety concerns and events as they happened, and staff recorded these on the electronic quality compliance system (Radar).</p> <p>Any safety concerns or incidents that did occur were investigated and reviewed by the management team. Any lessons learnt were shared with staff and used to continually improve the service and keep people safe.</p> <p>There was a culture of learning embedded within the service.</p> <p>De-briefs were in place following any incidents where people could display behaviours that may challenge. These gave staff the opportunity to review the practice and identify what went well and what could have gone better. For incidents of a lower level, the Registered Manager always checked whether the member of staff felt they needed a debrief. Staff said they had opportunities to discuss events and review what had happened, and said they felt well supported.</p> <p><b>Safe systems, pathways and transitions – Score 3</b></p> <p>There were policies and procedures in place to support the smooth running of the service. These covered care and support, safeguarding, health and safety, human resource and operational policies.</p> <p>There was a business continuity plan was in place.</p> <p>People had initial assessment documents in place which covered all appropriate areas, prior to moving in and ongoing reviews ensured that support plans were current and relevant to the person.</p> <p><b>Safeguarding – Score 3</b></p> <p>Two relatives said they felt their son was kept safe living at Totteridge.</p>

Key Question	Applicable Regulations	Quality Statements and Comments
		<p>Staff knew how to protect people from abuse and who they would report any concerns to both internally and externally. The Registered Manager shared concerns appropriately by following the correct reporting process and informing all relevant agencies.</p> <p><b>Involving people to manage risks – Score 3</b></p> <p>People were supported to manage risk while maintaining independence and the service promoted positive risk taking.</p> <p>Staff at the service were not risk averse and risks were considered and well managed. For example, one person was prescribed a tablet that should not be chewed but would not be able to understand this information. The management team had worked with the G.P. to address this and there was clear information that the risks of chewing the tablet outweighed the risk of not having the tablet administered.</p> <p>One person had a restriction reduction plan in place, although they were not able to go out into the wider community on their own, they had the codes to the front and back door and the kitchen to be able to access the garden, and kitchen areas without staff support.</p> <p>There were positive behaviour support (PBS) plans in place. These included information on the support people needed in relation to any behaviours which could challenge. PBS plans included proactive, active and reactive strategies. There was information about communication, activities people enjoyed and how to support.</p> <p>The PBS plan included information on how to understand behaviours of concern with details on early indicators, behaviours that may be displayed and both slow and fast triggers. Where behaviours were displayed, reactive strategies were in place. Restrictive Physical Interventions were only used as a last resort. The reactive strategies for one person, which was included in their PBS plan identified that PROACT SCIPrUK intervention strategies. These included assertive command, protective stance one and two and front arm catch, for example, and there was clear guidance about when these could be used.</p>

Key Question	Applicable Regulations	Quality Statements and Comments
		<p>The internal PBS team were actively involved in supporting people and carried out regular reviews and provided behavioural analysis feedback to help support people.</p> <p>Environmental safety was considered. Restrictions within the environment were considered. Areas were only locked for safety reasons, such as the laundry, and kitchen.</p> <p>Checks were made on the safety of cutlery with daily check on sharp knives, as people were at risk of injuring themselves, if they used without support.</p> <p>There was a 'grab bag', which contained items which would be needed in an emergency, including Hi-Viz jackets, torches, sugary snacks and water, and documentation, such as PEEPS (personal emergency evacuation plans).</p> <p><b>Safe environments – Score 3</b></p> <p>Fire safety was maintained. Weekly fire door checks, emergency lighting checks and a weekly fire alarm test was completed. These were supplemented by monthly fire checks were in place and included fire extinguishers, the grab bag, internal and external lighting, and had been happening on a regular basis for the last three months.</p> <p>The grab bag was available in the office which contained emergency items such as torches, foil blankets, Hi-Viz jackets, a first aid kit, water and chocolate, alongside documentation such as personal emergency evacuation plans (PEEPS).</p> <p>Additional health and safety checks included checking of water temperatures, window restrictors, plug safety and the carbon monoxide monitor, for example. These were seen to be up to date.</p> <p>Appliances were checked and utilities serviced.</p> <p>Improvements had been made to the environment. A new kitchen had been installed, and new floor coverings were being fitted. Although, the Registered Manager had noted that the new stair covering had not</p>



Key Question	Applicable Regulations	Quality Statements and Comments
		<p>been completed to a high standard. The floor covering did not reach all the edges and had not been sealed. This meant that the floor could not be wiped as it was not impermeable. The Registered Manager had raised a maintenance ticket to ensure this was addressed.</p> <p>The premises were kept free of obstacles and hazards, and appropriate equipment was in place to support people safely, such as a hi-low bed.</p> <p>People's bedrooms were personalised and decorated with personal effects. Rooms were furnished and adapted to meet their individual needs and preferences. People were comfortable in their environment.</p> <p>Opening and closing checks were completed when using the kitchen. This checked that food was not past their sell by date, areas had been cleaned and waste had been removed. Temperatures were taken of the meals to ensure that they were cooked to the right temperatures.</p> <p>Environmental risk assessments were in place and up to date. These included risk assessments for garden equipment such as the use of a swing and a trampoline.</p> <p><b>Safe and effective staffing – Score 3</b></p> <p>There were enough staff, including one-to-one support for people to take part in activities within the home and in the community and support to attend appointments.</p> <p>There was a stable staff team who knew people and had worked with them for a long time. There was a consistent approach which promoted continuity. The numbers and skills of staff met the needs of people living in the home.</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>The management team had carried out a full audit of all staff files, and identified any areas which needed addressing, such as any missing information. These had been addressed. On the sample of records viewed</p>

Key Question	Applicable Regulations	Quality Statements and Comments
		<p>it was seen there was evidence that all the information as required by Schedule 3 were in place. This included employment histories, appropriate references, a Disclosure and Barring Service (DBS) check, Right to Work, and proof of identity.</p> <p>Although there were no new staff still working at the service, it was confirmed, when new staff started, they would complete the Liaise structured induction workbook.</p> <p>Staff were supported with ongoing training. This included safeguarding, medication administration, health and safety, moving and handling, nutrition, and positive behaviour support. There had been some slippage in moving and handling training, but staff were attending training in this, following the review.</p> <p>Face to face training included PROACT-SCIPr, which meant staff understood how to support people with behaviours that may challenge.</p> <p>Staff supervisions were happening. These gave staff opportunities to discuss the performance in their role, relationships, leaning requirements, and professional responsibilities in relation to reporting. Staff said they received good support.</p> <p><b>Infection prevention and control – Score 3</b></p> <p>The environment was generally clean and well maintained, including the kitchen, laundry area, communal lounges and shared hallways.</p> <p>There were arrangements to dispose of clinical waste safely, with appropriate yellow clinical bags being used. There were dedicated bins for the use of clinical waste.</p> <p>There was a policy and procedure in place for infection control and the management of clinical waste.</p> <p>The CoSHH register had recently been updated, and there were risk assessments in place for hazardous substances in use. The data sheets were kept on paper for ease of staff access, and a list was maintained on Radar.</p>

Key Question	Applicable Regulations	Quality Statements and Comments
		<p>Chemicals were securely stored in a locked cupboard. Up-to-date COSHH (Control of Substances Hazardous to Health) risk assessments and data sheets were available for staff reference and were clearly accessible.</p> <p>Daily cleaning of the kitchen took place which included the wiping or cleaning of equipment after use, cleaning of floors, sink, work surfaces, and replenishing of paper towels, and soaps, for example. Further cleaning took place on a weekly and monthly basis which included defrosting and cleaning the freezer, cleaning of the extractor cooker hood, wiping of walls, and de-scaling the kettle, for example.</p> <p><b>Medicines optimisation – Score 3</b></p> <p>Each person had an individual medication folder, which stored all their details. These included a profile, information about individual medicines including those which were administered on an as and when basis (PRN), MAR charts and countdown records. Two records were looked at.</p> <p>Medication preferences were clearly described within the profile.</p> <p>One person had their medicines administered with food, as they would not take tablets individually. There was guidance within the support plan and on the medication profile about how to support with the administration of medicines.</p> <p>This person also had a complicated medication prescription for specific medicines, where the dosage changed at different intervals, the deputy manager had worked with the neurologist to implement a safe way of monitoring how and when these medicines were administered. There was a structured rota set out for 12 weeks which clearly identified how much to take and when. In addition, the management team had worked with the pharmacy to return specific doses so as to reduce the risk of confusion.</p> <p>Discussions with staff evidenced that they were aware of the complications of the prescription and were able to describe the precautions and safety systems in place.</p>

Key Question	Applicable Regulations	Quality Statements and Comments
		<p>MAR Charts were in place alongside countdown sheets. A check on the number of medicines administered against the countdown sheets matched. Liquids were not checked on a daily basis as this was not good practice and can only be estimated. However, checks were made throughout the cycle</p> <p>PRN protocols were in place, it was noted that one protocol was not reflective of a regular dose of the same medicine, but this was reviewed and addressed at the visit. Staff recorded when and why they administered PN medicines.</p> <p>Topical medicine charts and staff recorded identified where the creams should be applied on a body map.</p> <p>Homely remedies were in use, and these were signed off by the G.P., where the G.P. stated that they did not need to sign these off, the service had advocated for people to ensure that the G.P. reviewed the homely remedies in line with NICE guidelines.</p> <p>Temperatures were taken of where individual medicines were stored, either in the office or people's individual rooms. A staff signature list was in place</p> <p>There was inconsistency in relation to the number of rights associated with medication. The front of the folder referred to the 8 rights of medication, but the individual profiles now referred to the 10 rights of medication, which was now included in the medication policy (F7. Medication Administration Policy). <b>(SR 1)</b></p> <ul style="list-style-type: none"> <li>• This service scored 75 (out of 100) for this area.</li> </ul>

Key Question	Applicable Regulations	Quality Statements and Comments
		<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
<b>Effective</b>	<b>Regulation 9: Person Centred Care</b>  <b>Regulation 11: Need for Consent</b>  <b>Regulation 14: Meeting Nutrition and Hydration Needs</b>  <b>Regulation 18: Staffing</b>	<p><b>Assessing needs – Score 3</b></p> <p>Support plans and risk assessments were developed based on individual needs and multi-disciplinary teams, such as PBS and SALT were involved, where needed.</p> <p>Regular reviews of individual care and support needs were undertaken. Evidence was seen that changes were made as needed.</p> <p>Support plans and risk assessments contained detail for individual physical and mental health needs.</p> <p><b>Delivering evidence-based care and treatment – Score 3</b></p> <p>People were supported with annual reviews which took place every January with the G.P. to appraise their medicines. This ensured that medication management was monitored and was in line with the STOMP (STOMP stands for stopping over medication of people with a learning disability, autism or both with psychotropic medicines) practice.</p> <p>Where one person had been diagnosed with epilepsy, staff had worked closely with the epilepsy nurse to develop an appropriate management and support plan. The consultant neurologist had implemented a seizure management plan, and this had been used to help develop the support plan within the care planning system.</p> <p>Staff received training in the individual health care needs of people using the service such as epilepsy, administration of buccal, diabetes, IDDSI, anaphylaxis and sepsis. This ensured that staff had the skills and knowledge to meet individual health care needs.</p> <p>The Disdat tool was in use to monitor people for pain management to help staff identify when a person was in pain.</p> <p>Care records detailed what action staff should take if there was a deterioration in people's health.</p>

Key Question	Regulations	Quality Statements and Comments
		<p><b>How staff, teams and services work together – Score 3</b></p> <p>Each person had a health passport. These were small folders which contained a copy of the PEEPS, a behaviour support hospital passport, any eating and drinking guidelines, communication passport, and a health passport.</p> <p>This meant that when people needed to go to hospital, attend an appointment or for a referral to be made over the phone, the information was in one place and available. However, some of the information in the folders were not the most recent as included in the Blyssful system. For example, a communication passport was not the most recent, neither were some eating and drinking guidelines. This was addressed at the time, but checks need to be made to ensure that this folder stays up to date. <b>(ER 1)</b></p> <p>The SALT team supported people that had any risks associated with dysphagia or choking, and the PBS team supported with PBS plans.</p> <p><b>Supporting people to live healthier lives – Score 3</b></p> <p>There was a new focus which was aimed at promoting healthy nutrition and hydration. All the menus had been reviewed and developed to promote a more nutritious approach. This ensured people were supported with healthy eating.</p> <p>Staff recorded food and fluid intake to ensure people had sufficient fluids and nutrition. Where additional support was required, the staff made referrals to relevant health care professionals.</p> <p>Referrals were made where needed, and staff collaborated with these professionals to implement recommendations and changes to how people were supported.</p> <p>Staff confirmed that they knew what action to take in an event of a health emergency or if someone was unwell due to their health conditions.</p> <p><b>Monitoring and improving outcomes – Score 3</b></p>

Key Question	Regulations	Quality Statements and Comments
		<p>Dependent on individual needs, a range of monitoring records were in place. These included food and fluid charts, bowel charts, oral hygiene charts, body maps, and general observations.</p> <p>Monthly health checks were carried out with people using the service. The key workers led this meeting. These gave people the opportunity to discuss any events, any health care needs and review the care and support provided.</p> <p>Where people needed hourly checks, it was monitoring records showed that this was happening.</p> <p><b>Consent to care and treatment – Score 3</b></p> <p>The Mental Capacity Act 2005 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 make decisions, any made on their behalf must be in their best interests and as least restrictive as possible.</p> <p>There were mental capacity assessments in place for different areas, where people did not have a capacity to make a decision in relation to a specific area. These were decision specific and included, finances, restrictions in the environment, end-of-life, community support, medication, support with personal care and the use of any positive behaviour support, for example.</p> <p>A sample of mental capacity assessments were viewed, and these were seen to be specific to the person and included a review of individual understanding in each area. There was a bit of a lack of recorded detail as to how the information was communicated to people, although throughout the visit it was seen that when sharing information with people this was always in a format that met individual needs. However, it would be useful to include this in the MCAs upon review. <b>(ER 2)</b></p> <p>Best interest decisions were recorded, and these detailed the reasons for decisions.</p> <p>Staff always asked for consent and were seen to involve people in making decisions.</p>



Key Question	Regulations	Quality Statements and Comments
		<p>The provider was currently reviewing the processes for gaining consent from people using the service, as historically often next-of-kin had signed such agreements. Two people's parents had signed the photograph consent agreements, but both had not ticked the boxes which meant they did not consent to any of the photos being used. Staff understood this.</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. Deprivation of Liberty Safeguards (DoLS) applications had been made for everyone using the service, although only one was currently authorised, with the rest pending. These were monitored through the Radar system, and the registered manager followed internal procedures and requested monthly updates from the local authority.</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' People and communities have the best possible outcomes because their needs are assessed. Their care, support and treatment reflects these needs and any protected equality characteristics. Services work in harmony, with people at the centre of their care. Leaders instil a culture of improvement, where understanding current outcomes and exploring best practice is part of everyday work”.</b></p>		

Key Question	Regulations	Quality Statements and Comments
<b>Caring</b>	<b>Regulation 9: Person-centred Care</b>  <b>Regulation 10: Dignity and Respect</b>	<p><b>Kindness, compassion and dignity – Score 4</b></p> <p>Staff received training in equality, diversity and inclusion and person-centred care. This helped to promote an approach which centred on respecting individual dignity and respect.</p> <p>There were positive interactions between people who were being supported and staff. Staff spoke passionately about the people they supported.</p> <p>All people who were being supported appeared to be comfortable in the presence of staff.</p> <p>Staff and the management team treated people with kindness and observations showed that there was a good rapport with between staff and people using the service.</p> <p>Relatives said that staff were kind, caring and attentive.</p> <p>Relationships with families and friends was promoted. Families said they thought staff treated people with kindness and respect.</p> <p><b>Treating people as individuals – Score 3</b></p> <p>Staff spoken with knew people well and understood individual needs. They were aware of their different preferences and individual support needs. Staff were able to describe how they gave people daily living choices to ensure they were supported in a manner that suited their individual needs.</p> <p>Support plans were individualised to the person, and information had been developed in the care plans about individual preferences, likes and dislikes.</p> <p>People using the service and their relatives knew staff well.</p> <p><b>Independence, choice and control – Score 3</b></p> <p>People were able to make choices and daily living preferences were listened to.</p>

Key Question	Regulations	Quality Statements and Comments
		<p>Observations showed staff offering people choices, and enabling them to make their own decisions, and responding to individual preferences.</p> <p>Communication support plans detailed people's specific communication methods which enabled staff to understand the most effective ways of supporting the person to communicate their needs and wishes.</p> <p>Two people had their own planners which they used to record what they wanted to do for the day. For example, one person started their day in the afternoon and stayed up most of the night. They would record how they wanted to spend their day, such as what they wanted for breakfast, when to feed their fish, when to exercise, what they wanted for lunch. This evidenced that they fully participated in planning their day.</p> <p><b>Responding to people's immediate needs – Score 3</b></p> <p>Staff were vigilant and responsive to people's needs. They knew people well and were able to recognise any signs of unhappiness or discontent and reacted accordingly, such as supporting someone to go out in the community for a walk.</p> <p>Incident records showed how staff responded and supported people appropriately.</p> <p>Referrals were made to external health or social care professionals if concerns about their welfare were identified.</p> <p><b>Workforce wellbeing and enablement – Score 4</b></p> <p>Staff were supported with debriefs following any incidents. Through supervision, staff well-being was monitored.</p> <p>An employee assistance programme was available, providing staff with access to counselling and support services, along with a life assurance benefit.</p> <p>Staff were eligible for the Blue Light Card, which offered discounts at various retailers.</p>

Key Question	Regulations	Quality Statements and Comments
		<p>Additionally, there were both a refer-a-friend scheme and a colleague recognition programme, allowing staff to nominate colleagues who demonstrated exceptional performance.</p> <p>There was a good rapport between the management team and staff, and it was obvious that everyone worked as a team.</p> <ul style="list-style-type: none"> <li>• This service scored 85 (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’ People are always treated with kindness, empathy and compassion. They understand that they matter and that their experience of how they are treated and supported matters. Their privacy and dignity is respected. Every effort is made to take their wishes into account and respect their choices, to achieve the best possible outcomes for them. This includes supporting people to live as independently as possible.”</b></p>		

Key Question	Regulations	Quality Statements and Comments
<b>Responsive</b>	<b>Regulation 9: Person Centred Care</b>  <b>Regulation 17: Good Governance</b>  <b>Regulation 16: Receiving and Acting on Complaints</b>	<p><b>Person-centred Care – Score 4</b></p> <p>There was person-centred care approach which focused on ensuring people had choice and control in their daily lives. People received personalised care that was tailored to meet their individual needs, preferences and choices. Support plans were detailed and guided staff about people's needs and how to meet them.</p> <p>People received safe and consistent care and support from a well embedded consistent staff team that knew people well. When speaking with staff it was obvious that they knew people well and thoroughly understood individual support needs.</p> <p>Staff at Totteridge continued to maintain the Quality-of-Life Support plans. These support plans encompassed those in Blyssful but were also user friendly with pictures and photographs. This helped to involve people. When looking through one of the files, one person enjoyed going through this at the visit.</p> <p>The quality-of-life plans considered how people could be involved through the use of appropriate support tools.</p> <p>People were able to spend their time as they wished, for example one person with autism just needed to stay in the centre of the home and staff allowed them to do this, whilst engaging them in activities of their choice.</p> <p><b>Care provision, integration, and continuity – Score 3</b></p> <p>Staff wanted to support people to have fulfilling lives and to see people achieve their goals and for the future.</p> <p>Staff demonstrated effective skills in communication and behavioural support strategies. Staffing levels were adjusted to suit the needs and choices of people. People's needs were assessed holistically and modelled on best practice, considering individualised approaches to deliver the best outcomes for people.</p> <p><b>Providing information – Score 4</b></p>

Key Question	Regulations	Quality Statements and Comments
		<p>The management team made sure people got all the information they needed in an accessible way for them, to make decisions about their care and support while feeling comfortable and safe.</p> <p>People were supported with information to help them manage their day. Menus and activities were on display, as was the complaints procedure.</p> <p>People were given information about healthy eating, and key worker pictures were in place next to pictures of people using the service, so people knew who their keyworker was.</p> <p>The wishing tree gave people pictorial information to show them what they had achieved. People often looked at the tree and recognised their goals.</p> <p>Key worker meetings were maintained through user-friendly pictorial records. These were tailored to the individual and there was good evidence of how people were involved in these meetings.</p> <p><b>Listening to and involving people – Score 4</b></p> <p>Staff knew and understood individual communication needs. Communication was a key focus of the service, and staff communicated with people in different ways which suited their needs.</p> <p>Staff had developed bespoke communication tools for people using the service. Individualised pictures or booklets were in place. Communication support tools in use were a communication passport, and picture cards with key signs or photos to help the person choose what they would like. These contained pictures of the people’s favourite things.</p> <p>One person preferred to communicate through the Alexza app, which staff supported.</p> <p>Observations showed staff using sign language, where needed.</p> <p>There was good evidence of a person-centred approach with staff interacting well with people and asking them questions and allowing people to communicate in their chosen style.</p> <p>Complaints were listened to and taken seriously. Relatives said they were happy to raise any concerns.</p>

Key Question	Regulations	Quality Statements and Comments
		<p>People had been supported to complete a survey where they were able to share their thoughts on the support, they receive from staff working at Totteridge. This had been completed with people in a more user-friendly format through a pictorial format. The most recent had been completed in May 2025, with responses being positive. One person had fed back that they had not been made aware of who their keyworker was, and a result, how this was shared with people was changed. In that this was now in a pictorial format, rather than written. This had been shared at a house meeting.</p> <p><b>Equity in access – Score 3</b></p> <p>The Registered Manager was passionate about the rights of people using the service. People had autism or other conditions which required set routines and limited disruption along with consistency and stability. When there were issues which could affect the smooth running of the home, the Registered Manager ensured that they advocated for the rights of people using the service.</p> <p>Where recent adaptations and improvements had been made to the service, it had been felt that these had not been completed to a satisfactory standard, and the Registered Manager ensure that any issues were addressed so that people had a safe and comfortable environment to live in.</p> <p>Where one person had their funded hours reduced, the management team had worked with them to access a personal assistant (PA), to help them maintain a higher level of support.</p> <p><b>Equity in experiences and outcomes – Score 4</b></p> <p>The wishing tree in the dining/lounge area continued to grow, which demonstrated people’s achievements in reaching a goal or an ambition. For example, one person had wanted to go and see a wrestling performance, and another wanted to go to a theatre, and these had been achieved.</p> <p>One person had wanted a laminator and printer for their pictures and staff had supported them to obtain this. An easy read format had been used to help them save for this.</p>

Key Question	Regulations	Quality Statements and Comments
		<p>Another person had wanted another driving experience, and again they had been supported to take part in this.</p> <p>People were supported to maintain their interests and take part in activities they enjoyed. Each person had an individual timetable and activity programme to help them structure their time.</p> <p>People had taken part in a range of activities during the last year. The service was a member of the National Trust and used the membership to get reduced days out. Two people had visited the Wycombe museum. Staff accessed autism friendly events, such as special showings at the local cinema.</p> <p>One person had been supported to go on holiday with their family.</p> <p>A therapy dog visited one person on a weekly basis, to support them with their well-being. Three people regularly attended college.</p> <p><b>Planning for the future – Score 3</b></p> <p>Where people wanted to discuss future wishes, there were end-of-life plans in place. Consideration was given to both the family and the individual in relation to their preference to whether they wanted to discuss this sensitive area.</p> <p>Where people were unable to discuss end of life matters, families had been contacted. Where the parents did not want to discuss the details, and this had been recorded. Where one person was at risk of SUDEP (Sudden Unexpected Death in Epilepsy), and this has been included in the end-of-life plan about emergency action to take in the case of SUDEP.</p> <p>Where families had been involved in creating end-of-life plans, there was good evidence that all decisions have been made considering their likes and dislikes and in their best interest.</p> <ul style="list-style-type: none"> <li>• This service scored 89 (out of 100) for this area.</li> </ul>



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

Key Question	Regulations	Quality Statements and Comments
<b>Well-Led</b>	<b>Regulation 17: Good Governance</b> <b>Regulation 5: Fit and Proper Persons Employed - Directors</b> <b>Regulation 7: Requirements Relating to Registered Managers</b> <b>Regulation 18: Staffing</b> <b>Regulation 20A: Requirement as to Display of Performance Assessments</b>	<p><b>Shared direction and culture – Score 4</b></p> <p>There was a positive culture which was reflected throughout the visit. It was obvious that the people using the serviced were the focus. This was particularly evident as to how people spent their day through observations of staff support.</p> <p>The registered providers values were or Personal – Progressive – Positive, which staff knew about. The Right support, right care, right culture guidance was in place and the service worked within the principles of this. This meant that people were supported with maintaining choice, control, independence, and people’s human rights were promoted.</p> <p>Staff were aware of their accountabilities and responsibilities during each shift. There was a daily shift planner which identified individual staff responsibility such as the allocated fire warden, fist aider, medication administration and kitchen checks. Staff were also allocated to support individual people using the service either as a one-to-one or through any shared hours.</p> <p>Staff were observed to go about their daily tasks in a coordinated manner effectively completing their duties as required.</p> <p>Staff were supported to develop their skills, for example one member of staff was completing a leadership course.</p> <p>Staff said they felt the service was well-led.</p> <p><b>Capable, compassionate and inclusive leaders – Score 4</b></p> <p>There was a strong leadership team who managed the service well. They monitored the quality of care to drive improvements in service delivery.</p>

Key Question	Regulations	Quality Statements and Comments
		<p>Staff and the management team clearly evidenced throughout the visit that they were compassionate about the people using the service and as described earlier in this report they advocated strongly for people using the service.</p> <p>Staff went above and beyond to support people and would do extra support outside of their normal duties such as staff coming in on their day off to support people with additional activities.</p> <p><b>Freedom to speak up – Score 3</b></p> <p>There were processes in place that gave staff opportunities to contribute their thoughts and ideas and be heard. This included regular team meetings, supervision and ad-hoc chats through an open-door policy. Staff said they were confident the registered manager would act if they raised any concerns with them.</p> <p>There was a staff champion who spoke up on behalf of other staff.</p> <p>A staff survey had last been completed in July 2025. As part of the process of the survey, a ‘you said – we listened’ response was implemented.</p> <p>People living in the service were asked for their views at regular meetings and the Registered Manager had an open-door policy.</p> <p><b>Workforce equality, diversity and inclusion – Score 3</b></p> <p>Staff said they felt supported to give feedback and were treated equally, free from bullying or harassment. An equality and diversity policy was in place and staff had been trained in this area.</p> <p><b>Governance, management and sustainability – Score 3</b></p> <p>The manager completed a regular walk-around each week to monitor the general safety of the service.</p> <p>Weekly medication audits took place every Wednesday and found that the service was compliant with the requirements of the audit.</p>

Key Question	Regulations	Quality Statements and Comments
		<p>Monthly medication audits were completed on the 14<sup>th</sup> of each month, with September and October being 100% compliant, and November being 96% compliant, due to overdue training for staff in relation to the administration of Buccal. This had already been booked in at the time of this audit.</p> <p>The monthly health and safety checks were completed on the 18<sup>th</sup> of each month. Checks were made to ensure the environment was safe and free from the risk of infection.</p> <p>The last quarterly support plan audit had been completed on 6<sup>th</sup> of September, with the next book in for the 6<sup>th</sup> of December. There was an action for staff to confirm that they had read the support plans in the Blyssful system, this was seen to be completed.</p> <p>Additional checks ensured that people's finances were safely managed.</p> <p>Oversight was maintained by the provider through a monthly trends and monitoring information analysis (TaMI). This monitored information maintained on the different systems including Radar and Blyssful. This included the results of audits, staff training, supervision, appraisal and competency assessments, support plans, MCA assessments, key worker meetings, compliance in relation to complaints and safeguarding, and the quality team annual mock inspection compliance. During 2025, Totteridge had consistently maintained an overall rating of over 95% compliance. This demonstrated that the management team and staff at Totteridge had consistently maintained good governance processes.</p> <p><b>Partnerships and communities – Score 3</b></p> <p>Evidence was seen that there were good relationships with local health and social care professionals who were involved in the care of people that used the service.</p> <p><b>Learning, improving and innovation – Score 3</b></p> <p>Action plans were in place to address any areas of shortfall. Evidence was seen that actions were completed quickly and effectively.</p>

Key Question	Regulations	Quality Statements and Comments
		<p>The management team spoke positively about the need for continuous learning to drive improvements for the service.</p> <p>Learning was disseminated across the organisation via managerial and quality meetings as well as workshops. When incidents occurred in other services, this information was relayed to the management team, who subsequently communicated it during staff meetings.</p> <p>The recent focus on nutrition had resulted in feedback at another service, which helped to demonstrate how learning was shared.</p> <p><b>Environmental sustainability – sustainable development – Score 3</b></p> <p>Consideration had been given to environmental sustainability. Recycling was promoted through the local authority procedures, and batteries were recycled at local supermarkets.</p> <p>Lights were turned off when they were not needed, and energy saving appliances were purchased.</p> <p>There was a regular survey of energy use undertaken.</p> <p>Although there were electronic systems in place, there was a tendency to use a lot of paper, but this was so people could be given the information they needed in a format that suited their needs.</p> <ul style="list-style-type: none"> <li>• This service scored 81 (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</b></p>		

Key Question	Regulations	Quality Statements and Comments
		staff and collaborate with partners to deliver care that is safe, integrated, person-centred and sustainable, and to reduce inequalities”.

## 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>Ensure there is consistency when referring to the number of rights of medication and that this is reflective of the policy</i>						

### 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>Carry out regular checks on the health passport folder to ensure they stay up to date.</i>						
ER2	<i>Include more recorded detail about how information was presented to people in relation to MCA assessments</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 RECOMMENDATIONS MADE						

### CQC Key Question - RESPONSIVE

By responsive, we mean that services are organised so that they meet people's needs.

Reference Point	Recommendation Made	Action to be taken	Who By	Date to Complete by	Evidence of Completion	RAG Status	Comment
RR1	NO RECOMMENDATIONS MADE						

### CQC Key Question - WELL-LED

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

Reference Point	Recommendation Made	Action to be taken	Who By	Date to Complete by	Evidence of Completion	RAG Status	Comment
WR1	NO RECOMMENDATIONS MADE						