



AUDIT REPORT

Salcasa

Date of Visit: 22nd and 23rd April 2024

Private & Confidential
SRG CARE CONSULTANCY LIMITED

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Service Name: Salacasa

Provider: Liaise (East Anglia) Limited

Address of Service: Coltishall Road, Buxton, Norwich, Norfolk, NR10 5HB

Date of Last CQC Inspection: 11 September 2021 (Previous Provider)

Ratings

CQC's Overall Rating for this Service:

Requires Improvement



SRG Overall Rating for this Service:

Good



KLoE Domain	Rating	Overall Score
Is the service safe?	Good	71 (out of 100)
Is the service Effective?	Good	66 (out of 100)
Is the service caring?	Good	75 (out of 100)
Is the service responsive?	Good	75 (out of 100)
Is the service well-led?	Good	71 (out of 100)

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

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

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

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

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

Overall Review Summary

INTRODUCTION

An audit, based on CQC KLoE, was undertaken by one SRG Consultant over two days on 11th and 12th March 2024. The purpose of this review was to highlight in a purely advisory capacity, any areas of the service operation which should or could be addressed in order to improve the provision and recording of care and increase overall efficiency and compliance with CQC Standards and Regulatory Requirements.

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

METHODOLOGY

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

SUMMARY OF OUTCOME

Salcasa is registered with CQC and provides accommodation for persons who require nursing or personal care. It's category of registration is a Care Home and has specialisms/services in; Caring for adults over 65 yrs, under 65 yrs and Learning disabilities. The registered provider must not provide nursing care at Salcasa. The service is registered for 5 people and there were 4 people living at the service at the time of the visit.

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

Salcasa had transferred over to the Blyssful care planning software. RADAR is used to monitor accidents and incidents and quality assurance. QUOODA monitors health and safety. Your Hippo is used for online training.

DISCLAIMER

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

RATINGS

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

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

KLOE	Applicable Regulations	Comments
Safe	<p>Regulation 12 (f) and (g) Safe Care and Treatment</p> <p>Regulation 13: Safeguarding users from abuse and improper treatment</p> <p>Regulation 17: Good Governance</p> <p>Regulations 18 & 19: Staffing - Fit and Proper persons employed</p> <p>Regulation 20: Duty of Candour</p>	<p>Learning culture: Score 2</p> <p>Accidents and incidents were recorded on RADAR. Incidents were recorded appropriately, and staff included details of the support provided. Levels of risk were identified.</p> <p>Accidents and incidents mainly recorded accurate detail, although it was noted that for one person, some of the terminology/recording could have been written in a better way for one incident. The record lacked detail and the way it had been recorded it appeared that staff had been ‘telling’ the person which to do rather than guiding them as per their support plan. This had not been escalated to an ABC event, which would have allowed for more detail. (SR 1)</p> <p>Staff were supported with a debrief following incidents, which reviewed the incident and actions taken at the time. Following an incident earlier in the year, a detailed debrief was seen.</p> <p>Dependent on the level of the incident, was dependent on whether a lesson’s learnt outcome was produced. Lessons learnt were not always in place for incidents, for example, for one person, it was recorded that there were no lessons learnt as this was their way of saying that they didn’t want to follow their routine. Lessons learnt tended to focus on accidents and incidents. (SR 2)</p> <p>Safe systems, pathways, and transitions: Score 3</p> <p>The management team worked proactively with social and health care professionals. This included Local authorities, CHC, consultant psychiatrist, local learning disability teams, SALT and O.T., both privately and through the NHS.</p> <p>Good working relationships were in place with the local authority and a recent PAMMs inspection had been positive.</p> <p>Safeguarding: Score 3</p> <p>Staff received training on how to recognise and report abuse and knew the processes to be followed to keep people safe. All were confident any issues raised with the registered manager or provider would be fully investigated to make sure people were protected.</p>

KLOE	Applicable Regulations	Comments
		<p>There had been one safeguarding in the last year which had been raised by the home following a serious incident. The management team followed local authority protocols.</p> <p>Safeguarding posters available around the service such as in the porch and there was a Whistleblowing app on the iPad where people could whistleblow anonymously.</p> <p>Involving people to manage risks: Score 3</p> <p>People's risks were assessed at regular intervals or as their needs changed. Staff were kept up to date with changes in people's care during handovers and team meetings.</p> <p>Risk assessments included Medical and Health support, incl. medication, diagnoses, wellbeing, sensory needs, mobility, diet and nutrition, Financial matters, conditions such as Epilepsy and Communication.</p> <p>Risk assessments were further broken down into sections which included individual direct risks such as falls, choking, constipation and hydration. Where one person had reduced mobility, there was a risk assessment for the use of the equipment.</p> <p>Support plans informed staff how to provide care that mitigated these known risks. Detailed guidance from the risk assessments was included in the support plans with guidance on how to support the person in each individual area of risk.</p> <p>Where people had behaviours that could be challenging, there were positive behaviour support plans in place.</p> <p>Safe environments: Score 3</p> <p>Health and safety checks were recorded on QUOODA, as per the provider processes.</p> <p>Fire safety checks included a daily fire patrol, monthly emergency lighting check, monthly fire alarm door release, monthly fire door check, monthly fire drill, weekly fire alarm test, and monthly fire extinguisher checks. Fire extinguisher, fire alarm and emergency lighting servicing had taken place.</p> <p>A fire risk assessment had been carried out and actions from the fire risk assessment had been transferred over to the live RADAR action plan and recorded as being completed.</p>

KLOE	Applicable Regulations	Comments
		<p>There was a fire folder in place, which staff had signed to say they had read and understood. This included the fire safety policy, fire risk assessment, evacuation plan and the individual PEEPS (personal emergency evacuation plans), which were also available in the grab bag next to the main fire exit.</p> <p>The PEEPS identified the support people needed and the primary escape route, with a secondary route identified. A fire evacuation plan supplemented the PEEPS and regular fire drills took place to ensure that staff were familiar with the procedures.</p> <p>Regular checks were taken on water temperatures, flushing of any unused outlets, checks on window restrictors and lighting were all up to date.</p> <p>Checks were on gas and electric and portable electrical items had been tested.</p> <p>There was a CoSHH (Control of substances hazardous to health) folder with a registered, safety data sheets and relevant risk assessments in place. Staff had signed to say they had read and understood this.</p> <p>There was a health and safety folder in place, which again staff had signed to say they had read and understood the contents. Environmental risk assessments included ligature, physical assault, electrical items, hygiene, staffing levels, and scalds.</p> <p>The water risk assessment had been completed, but as yet this still needed to be uploaded.</p> <p>The environment was seen to be safely maintained with no hazards which could put people at risk.</p> <p>Safe and effective staffing: Score 3</p> <p>There was a safe and effective staff in place. There was a staff team of approximately 22 people, many of whom had been at the service for several years.</p> <p>Staffing levels were dependent on the assessed needs of people using the service. There were staffing ratios of five staff to four people between 07.00 hours and 16.00 hours, two of which were one-to-one support, four staff to four people between 16.00 hours – 20.00 hours, again with two staff allocated as one-to-one and three staff between the hours of 20.00 hours – 07.00 hours.</p>

KLOE	Applicable Regulations	Comments
		<p>In addition, there was always a member of the management team on site as they also worked over the weekends.</p> <p>Observations showed that staff were available to support people throughout the day.</p> <p>There was no agency use and the management team were proud to report that they had not used agency staff for over 15 years.</p> <p>Checks were 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.</p> <p>One staff file was reviewed for one new person who had started with the service through the Liaise procedures.</p> <p>References from previous employers was in place. Proof of right to work, identity and address were in place. DBS (Disclosure and Barring) checks were in place as were medical declarations. Employment history had been checked to ensure there was a full history available.</p> <p>New staff were supported with an induction, and they were introduced into the service. They spent time on a two-day initial induction which included a tour, health and safety, policies and procedures, person-centred service user files, hospitality, responsibility of the manager and evidence of support provided such as meal preparations, reading support plans and relevant key guidance, cleaning, personal care, and medication support for people using the service.</p> <p>This was now supplemented by a more detailed induction booklet which included the visions and values of Liaise, the start of people's journey with Liaise, the care certificate and practical exercises to support the e-learning modules of the induction and training, where staff needed to demonstrate competence and be signed off by a senior member of staff.</p> <p>Evidence was seen that new staff had completed the initial induction and were in the process of completing the more detailed induction programme.</p> <p>Staff training was in place. Staff spoken with reported that the training was good and supported them to carry out their role.</p> <p>Training was primarily online through Your-Hippo. Training included:</p>

KLOE	Applicable Regulations	Comments
		<p>Mandatory: Autism, Equality & Diversity, Fire Safety, Food Safety GDPR & Data Protection, Health and Safety, Infection Control, Learning Disability, Mental Capacity Act and Deprivation of Liberty Safeguards, Manual Handling, Meds Awareness, Privacy and Dignity, Safeguarding</p> <p>Required: British sign language, CoSHH, diabetes, duty of candour, mental health, oral health, Person Centred Care, Medication Administration, Nutrition, PBS Your Role, and Personal Development.</p> <p>Staff training was at 96%.</p> <p>Staff reported that the support from the management team were second to none and that they could seek advice and support at any time.</p> <p>Supervision was seen to be in place where people were supported objectives, teamwork and the care needs of people using the service. Supervision compliance was at 100 %.</p> <p>Direct observations, however, were at 50 %. This either needs to be updated or these need to take place in line with the provider processes. (SR 3)</p> <p>Competency assessments were also completed in:</p> <ul style="list-style-type: none"> ➤ Health and Safety / Fire: 94.7 % ➤ Infection prevention and control and food: 94.7 % ➤ Mental Capacity and safeguarding: 94.7 % ➤ Medication: 94.7 % <p>Feedback from professionals and relatives in relation to the support provided by staff was positive. Comments included:</p> <p><i>'Very pleased with the support, all needs are catered for'.</i></p> <p><i>'Good rapport with all of the staff'.</i></p> <p><i>'Responsive and very effective and efficient staff team'</i></p> <p><i>'Very understanding staff team'</i></p>

KLOE	Applicable Regulations	Comments
		<p>Infection prevention and control: Score 3</p> <p>There were cleaning schedules in place for the communal areas, which included kitchen, bathrooms, and lounge areas. Staff also supported people to keep their rooms clean by carrying out cleaning duties for them.</p> <p>There was a section on the daily cleaning schedule which stated to complete audits on google drive, but these were no longer in use, this was amended at the time of the visit.</p> <p>Safer food and better business procedures was now in use and completed appropriately.</p> <p>The home was seen to be clean and well-kept.</p> <p>Medicines optimisation: Score 3</p> <p>People's medicines were kept in locked cabinets in their rooms. Temperatures of individual rooms were monitored.</p> <p>A sample of medication administration records (MAR) charts were reviewed, those viewed had been completed accurately.</p> <p>Medicines were counted each day to ensure that the correct number of medicines was in stock. Reasons for refusal or administration of PRN was recorded.</p> <p>PRN (as and when medicines) protocols were seen and these included the medication details, reasons for use, signs, and symptoms to be managed.</p> <p>Each person had an individual medication profile and easy read medication guidance. There was a lack of guidance on the front sheet about how someone took their medicines as there was only a picture, date of birth and any allergies, the guidance was to refer to health profiles and support plan for more detail, but I would include key points on the front profile. (SR 4)</p> <p>Each person had a medication folder and a health folder, some of the information was duplicated, which runs the risk of one of the documents not being updated and I suggest that duplicates are removed. (SR 5)</p> <ul style="list-style-type: none"> • This service scored 71 (out of 100) for this area.

KLOE	Applicable Regulations	Comments
		<p>Outcome: The service is considered safe</p> <p>'Safe' is defined by the CQC as meaning "people are protected from abuse and avoidable harm".</p> <p>Characteristics of services the CQC would rate as 'Good' in this area are those displaying evidence through systems, processes and practice which reflect: People are protected from avoidable harm and abuse.</p> <p>SRG RATING: Good</p>

KLOE	Regulations	Comments
Effective	<p>Regulation 9: Person Centred Care</p> <p>Regulation 11: The need for Consent</p> <p>Regulation 12: Providing Safe Care and Treatment</p> <p>Regulation 14: Meeting Nutrition and Hydration Needs</p> <p>Regulation 15: Premises and Equipment.</p> <p>Regulation 17: Good Governance</p> <p>Regulation 19: Staffing</p>	<p>Assessing needs: Score 3</p> <p>There was currently one vacancy at the home and assessments were being undertaken with people who could potentially move in.</p> <p>Referrals were made and these were then reviewed. Before any decisions were made a full assessment of individual needs would be undertaken.</p> <p>Where possible people would be visited in their current home and people would be given the chance to visit before any decisions were made.</p> <p>Once a decision was made, it was confirmed that a transition period would be implemented.</p> <p>Delivering evidence-based care and treatment: Score 2</p> <p>There was detailed information in support plans about individual conditions. For example, one person was diagnosed with epilepsy, the care plan identified the type of seizure and how to recognise when a seizure was happening. In addition, there was detail information about how to manage the seizure including when to administer medication such as Buccal Midazolam.</p> <p>Regular reviews with the epilepsy team ensured that support plans in relation to epilepsy were kept up to date and remained current.</p> <p>Positive feedback was also seen from the consultant in epilepsy and behavioural neurology, who commended staff on their continued and sustained performance.</p> <p>People were supported appropriately with their specialist health care needs. For example, people were at risk of choking or were diagnosed with dysphagia and there was a full SALT assessment in place with clear guidelines on how to support them. For one person there was an acknowledgement that eating was a recognised risk, but this was a more suitable alternative to peg.</p> <p>One person was assessed as having a modified diet which needed to be pureed. Staff were making the meals and explained how they pureed the meals but tended to puree all the ingredients together. For example, the evening meal on first evening of the visit was pie, chips, and peas and this had been</p>

KLOE	Regulations	Comments
		<p>blended together. This is not recognised as best practice, and it is recommended that this is reviewed. (ER 1)</p> <p>There was some information in the support plans about individual conditions, such as two people were diagnosed with Tardive Dyskinesia and another person was described as being echolalic, information was seen to be in place which described how different conditions affected people. However, other conditions, such as bi-polar did not have as much detail and I would review and expand on all individual conditions within the support plans. (ER 2)</p> <p>How staff, teams and services work together: Score 3</p> <p>Evidence was seen that people had support from health care professionals such as the G.P., dietitian, SALT team, epilepsy nurse, psychiatrist, and district nurse. People were supported to attend appointments or health care professionals visited people at home.</p> <p>During the visit, a district nurse visited as staff were worried about a red area. The nurse reported the wound was exactly as described when it was reported to them. They also checked the mattress and reported that staff had the correct mattress for the person, but did suggest a repose wedge, which the service said they would respond to, and this was seen to be ordered the same day.</p> <p>Professionals reported that the management team and staff knew and understood people needs. Comments included:</p> <p><i>'Staff appear to have a very good understanding of patients' individual needs'</i></p> <p><i>'Knew patient history very well'</i></p> <p><i>'Staff show interest in well-being of their patients and are knowledgeable of their health'</i></p> <p>There was evidence of regular reviews included an annual learning disability review, regular psychiatry reviews and reviews with the G.P.</p> <p>Supporting people to live healthier lives: Score 3</p> <p>Hospital passports were in place. A hospital passport tells the hospital about the person's healthcare needs, their disability, communication and how to make things easier for the person.</p>

KLOE	Regulations	Comments
		<p>The hospital passports were produced on the Byssful system and included key points about the person, such as how to communicate, relationships, allergies, any religious or cultural needs and likes and dislikes. The hospital passports also included information on individual medical histories and conditions alongside medication, pain management and mobility. This meant that staff in hospitals would have the information they needed should someone be admitted to hospital or needed to attend an appointment.</p> <p>Each person also had a health folder which included general health information, the hospital passport assessment, medication, PRN protocols, a pain profile, and a copy of the ReSPECT form.</p> <p>Pain profiles helped staff assess an individual to see if they were in pain which included information on why they might be in pain, what the medication and how to recognise they were in pain.</p> <p>General health information clearly identified individual health care needs in relation to eyes, hearing, teeth, eating and drinking, feet, mobility, sleeping, mental health, health conditions such as epilepsy or diabetes, breathing, skin and hear and continence care.</p> <p>People were supported to stay as healthy as possible through monitoring of weight and BMI scores thorough MUST (malnutrition universal screening tool). These were reviewed on a monthly basis. Where needed people were supported with a lower or higher calorie or input from the dietician and nutritionist.</p> <p>Individual skin condition was maintained and the WATERLOW score was monitored and maintained to ensure that skin was maintained.</p> <p>Risks of constipation were identified within the support plans, with detail on how to support people with their individual needs.</p> <p>Monitoring and improving outcomes: Score 3</p> <p>Daily care notes were comprehensively completed, so there were detailed records of how people spent their time and the support provided. This included continence care, food and fluids, activities, health and wellbeing and care routines.</p> <p>Care notes were monitored, and actions were taken to address any areas of improvement. For example, it had been identified that some staff were not taking people out and this had been addressed through additional support and guidance provided to staff.</p>

KLOE	Regulations	Comments
		<p>Accidents and incidents were monitored, and actions taken to improve outcomes. For example, where on person had fallen out of bed, following a seizure, a safety mattress (known as a crash mat), was placed at the side of their bed when they were asleep to help reduce the risk of injury.</p> <p>Regular monthly reviews took place to ensure there were no changes in individual needs.</p> <p>Consent to care and treatment: Score 2</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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.</p> <p>Staff demonstrated a good understanding of the principles of the Mental Capacity Act (MCA) and people were supported wherever possible to make their own decisions. Staff described how they offered people choices and how they understood what people's choices were.</p> <p>MCA assessments were in place for different areas of care and support including medication, finances, personal care, restrictive practices, following a balanced diet, and control of temperatures.</p> <p>Original MCA assessments were more detailed in that they gave consideration as to the communication method, cultural influences, key information alongside detail responses to whether the person was able to understand, retain and communicate the decision.</p> <p>More recent MCA assessments had been completed on the Blyssful system, and these did not detail the full conversations as was previously evidenced, but rather short answers such as yes or no and limited reference to the support provided to help the person understand the questions.</p> <p>Discussions with the deputy manager evidenced how the assessments were carried out with set questions, visual aids or use of objects, pictures, where people related to this, and how the families were involved. I suggest that the content of the new MCA's reflects this on the Blyssful system. (ER 3)</p>

KLOE	Regulations	Comments
		<p>The deputy manager explained how external professionals and others such as families were encouraged to take part in any best interest decisions. Complex best interest decisions were discussed within reviews, such as those that took place with the Continuing Health Care team.</p> <p>People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).</p> <p>Applications had been made where people were subject to limitations on their freedoms under the deprivation of liberty safeguards (DoLS). Three had been authorised with one outstanding. Where conditions were in place, these were monitored.</p> <p>Any restrictions which were in place were identified through DoLS applications.</p> <ul style="list-style-type: none"> This service scored 66 (out of 100) for this area.
<p>Outcome: The service is considered effective</p> <p>'Effective' is defined by the CQC as meaning “people’s care, treatment and support, achieves good outcomes, promotes a good quality of life and based on the best available evidence”</p> <p>“Characteristics of services the CQC would rate as ‘Good’ in this area are those displaying evidence that people’s outcomes and feedback about the effectiveness of the service describes it as consistently good”.</p> <p>SRG RATING: Good</p>		

KLOE	Regulations	Comments
Caring	<p>Regulation 9: Person-centred care</p> <p>Regulation 10: Dignity and respect</p>	<p>Kindness, compassion, and dignity: Score 3</p> <p>People were supported by staff who knew them well and understood their needs. Staff were kind and considerate in their interactions with people. For example, staff checked people had what they needed and that they were happy.</p> <p>Staff recognised and respected people's rights to privacy and support plans identified how to support people in a dignified way, respecting individual privacy.</p> <p>When one person was visited by the district nurse, they were asked where they wanted to receive treatment and their preference to stay in the lounge areas was listened to.</p> <p>Relatives were positive about the support provided by staff, with comments including:</p> <p>people are <i>'treated very well'</i></p> <p>everyone is <i>'very well cared for'</i>.</p> <p>Professionals had also left positive comments about how staff supported people with comments including:</p> <p><i>'Well looked after and well thought of'</i></p> <p>there is a <i>'kind and caring staff'</i> team.</p> <p>Treating people as individuals: Score 3</p> <p>There was information in the support plans about the individual person. This included detail about their preferred term of address, where they were born and some background life history, Friends and family, routines which were important, what people needed support with and preferences for activities. Those viewed were detailed and gave a good overview of the person as an individual.</p> <p>Independence, choice, and control: Score 3</p> <p>Staff were aware of person-centred care and how it applied to everything they did at the service. Staff knew people well and understood their individual needs.</p>

KLOE	Regulations	Comments
		<p>Staff spoken with were aware of people's likes, dislikes and preferences relating to social activities. Staff were aware of people's different communication needs and were able to describe how they promote people to make meaningful choices.</p> <p>Responding to people's immediate needs: Score 3</p> <p>Staff were key workers for people which meant they took responsibility for making sure support plans were personalised and up to date.</p> <p>Staff understood signs and triggers of when people were distressed or upset and knew how to support people in these circumstances. Support plans clearly identified triggers and situations which could cause people distress and how they should be supported in these events.</p> <p>Workforce wellbeing and enablement: Score 3</p> <p>There was an employee assistance programme and confidential help lines were available for staff to use, should they need to. Counselling had been offered following a traumatic incident.</p> <p>Events were arranged such as regular bar-b-ques for staff and service users.</p> <p>Staff supported people to go on holiday on an annual basis and accompanied them, which improved staff moral.</p> <p>Above and beyond awards were in place and one member of staff had achieved an award.</p> <p>Regular supervisions were in plan and well-being was always considered.</p> <p>Feedback from staff meetings was acted on and at the request of staff a toiletry box had been provided for staff as a go to if they needed anything.</p> <ul style="list-style-type: none"> This service scored 75 (out of 100) for this area.
<p>Outcome: The service is considered as Caring.</p> <p>'Caring' is defined by the CQC as meaning "that the service involves and treats people with compassion, kindness, dignity and respect"</p>		

KLOE	Regulations	Comments
		<p>“Characteristics of services the CQC would rate as ‘Good’ in this area are those displaying evidence that people are supported and treated with dignity and respect and are involved as partners in their care”.</p> <p>SRG RATING: Good</p>

KLOE	Regulations	Comments
Responsive	<p>Regulation 9: Person Centred Care</p> <p>Regulation 12: Providing Safe Care and Treatment</p> <p>Regulation 16: Receiving and Acting on Complaints</p>	<p>Person-centred care: Score 3</p> <p>Each person had been allocated two key workers, a lead key worker and another member of staff who supported them. Their role was to act as a key point of contact for the person and their family, friends and health and social care professionals, maintain support plans and assessments, advocate for the individual and completed monthly meetings and summaries of care. This helped to promote the person-centred approach which was endorsed by the management team and staff at the service.</p> <p>Following the implementation of the new computerised care planning system, Blyssful, staff had taken the opportunity to re-write and update all the support plans.</p> <p>Support plans were detailed and specific to the person and broken down into individual areas of care and support needs.</p> <p>The personal support including morning, evening routines, continence management, hygiene, oral health support plan for people was set out in sections and included dressing, hygiene, and oral care. The information was specific to the person and clearly identified how to support the person.</p> <p>Daily routines were included in the support plans, and these were sectioned into morning, afternoon, and night routines. Good and bad days were identified, and the type of support needed, dependent on whether it was a good or bad day. For example, where one person could become anxious if there were any unexpected or loud sounds, such as the fire alarms, there was some nice person-centred information on how to support them if this happened.</p> <p>Three staff were spoken with, and all were able to describe their approach, which reinforced their knowledge of the people they supported and how well they knew and understood individual needs.</p> <p>Care provision, integration, and continuity: Score 3</p> <p>The staff team understood the diverse health and care needs of people and their local communities, so care was joined-up, flexible and supported choice and continuity. People's care and treatment was delivered in a way that met their assessed needs from services that are co-ordinated and responsive. There was evidence that people regularly accessed GP and other community health services.</p> <p>Listening to and involving people: Score 3</p>

KLOE	Regulations	Comments
		<p>Each person had a communication care plan and passport. The passports included information about how people communicated and how to communicate with people, what different gestures or facial expressions could mean and how feelings were communicated.</p> <p>Supporting the communication passports were the support plans which identified how the person preferred to communicate and specific communication needs. For example, how the person could communicate with staff and how staff should communicate with individual people.</p> <p>Although these support plans were detailed, it would be useful to add in more information in relation to what exactly some of the communication methods were. For example, for one person it was recorded, 'I have my own unique methods and signs of communicating the important needs that I intend to be met such as going to the toilet, asking for milk, and wanting a DVD on'. However, these unique methods were not detailed in the care plan, and it would be useful to do this. (RR 1)</p> <p>Support plans were clear about people's preferences for communication. Such as one person not liking social stories and another person not using communication boards or speech generated devices but preferred picture cards.</p> <p>People had been actively involved, where possible, to choose their key workers and regular checks were made to ensure that staff and people were happy with their working relationship. Families had also been advised and consulted with.</p> <p>People preferred not to have house meetings and met with individually with staff on a weekly basis. Discussions generally centred around menus and activities. It was seen that people were able to choose the evening meals, so there was an agreed menu each week, but if people chose, they could pick another meal and were not tied to the main menu.</p> <p>Key workers supported people with a monthly review and catch up of care needs. These reviewed health and medication, contact with families and friends, activities, any incidents, goals, and a review of the support plans.</p> <p>The monthly reviews had originally been completed on word documents, which included pictures. Moving forward these were to be completed on the Blyssful systems, and I suggest that it would be useful to upload the monthly summaries in the pictorial format, to evidence involvement. (RR 2)</p>

KLOE	Regulations	Comments
		<p>Families had been invited to complete a feedback questionnaire in relation to their experiences with the service. Responses seen were positive and comments have been reflected throughout this report.</p> <p>The complaints procedure was accessible and any concerns and/or complaints. Families and others could be confident that any feedback would be listened to. Two relatives had commented on the porchway and access, and this had been refurbished and a usable ramp installed for people with wheelchair access.</p> <p>Equity in access: Score 3</p> <p>Staff advocated for people using the service and supported them to access a range of healthcare services and professionals, when this was needed.</p> <p>Discussions evidenced that staff had challenged healthcare professionals if they thought people were not receiving the care and treatment they needed. Evidence was seen that staff had worked proactively with multi-disciplinary teams to support people with changes in their needs.</p> <p>Family communication was promoted, and key workers regularly contacted families to keep them updated of any changes, appointments, or good news stories.</p> <p>Equity in experiences and outcomes: Score 3</p> <p>People living in the home tended to have very set routines and preferred little interaction with others living in the home.</p> <p>People either went out or stayed in a particular area, such as the lounge or their own bedrooms, because this is what they preferred.</p> <p>People were supported with activities of their choice. These included going out in the community for drives, visits to cafes and restaurants, shopping, visiting the church, bowling and visits to the sister care home, which was located nearby.</p> <p>It is suggested that more information is placed in the support plans in relation to some peoples preferred activities. For example, one person was watching a selection of children's nursery rhyme videos on their</p>

KLOE	Regulations	Comments
		<p>tablet during the visit, with little else in the way of activities or pastimes. Although there was a reference to this in the support plan, more information is needed. (RR 3)</p> <p>Planning for the future: Score 3</p> <p>Each person had a ReSPECT form in place, which were to be used in the event of an emergency or life-threatening incident, which were specific to the person and identified involvement, where possible.</p> <p>There was reference within the support plans in relation to end-of-life, although these tended to record that wishes were to be discussed with relatives, or responsible others. There was reference to end-of-life plans, but this information was not included in the Blyssful support plan and as a good practice suggestion, it is suggested that more information is included. (RR 4)</p> <p>Providing information: Score 3</p> <p>information was provided in easy read formats including medication information, the service users guide, menus, and information about activities.</p> <p>When communicating information to people a range of methods were used. These included picture cards, posters, objects of reference and social stories, if the person wanted to use these.</p> <ul style="list-style-type: none"> This service scored 75 (out of 100) for this area.
<p>Outcome: The service is considered as Responsive.</p> <p>Responsive is defined by the CQC as meaning “that the service meets people's needs”.</p> <p>“Characteristics of services the CQC would rate as ‘Good’, are those that people’s needs are met through the way services are organised and delivered”.</p> <p>SRG RATING: Good</p>		

KLOE	Regulations	Comments
Well-led	<p>Regulation 12: Providing Safe Care and Treatment</p> <p>Regulation 17: Good governance / Record Keeping</p> <p>Regulation 19 - Fit and Proper persons employed</p>	<p>Shared direction and culture: Score 3</p> <p>The management team were very passionate about the care provided and worked consistently hard to make sure people had choice in all aspects of their lives.</p> <p>Feedback seen illustrated a positive culture that promoted positive experiences for people living in the home.</p> <p>Staff felt they had both a clear direction and genuine support from the management. This fed through into the positive culture observed when staff were supporting people with dignity, kindness, and respect.</p> <p>Staff were made aware of their responsibilities and accountabilities through duty lists such as specific checks and cleaning rotas.</p> <p>Capable, compassionate, and inclusive leaders: Score 3</p> <p>There were clear lines of accountability. There was a visible management team who were accessible and available for staff, people using the service and family and friends.</p> <p>There was a stable and consistent management team who knew and understood the needs of the people using the service.</p> <p>The Registered Manager was fully aware of their legal responsibilities and was open and transparent. They submitted notifications to CQC for significant events that had occurred at the service as required.</p> <p>They reported that there was an open-door policy, which staff confirmed, and observations showed that staff popped into the office when they needed advice or support.</p> <p>Feedback about the senior management team was positive. There had been an incident earlier in the year, which had been a traumatic experience for the management and staff team. It was reported that the senior management team had been faultless. They had offered support without being intrusive and taken over the follow up administrative processes to support the management team.</p> <p>Freedom to speak up: Score 3</p>

KLOE	Regulations	Comments
		<p>Staff meetings were held on a quarterly basis and included a review action plans, lessons learnt, feedback, quizzes, new systems, and people who were supported. Actions from individual team meetings were included on the RADAR action plan.</p> <p>Feedback from staff was that they were able to speak with the management team and felt listened to. Regular supervisions were taking place which also gave staff the opportunity to speak up.</p> <p>Workforce equality, diversity, and inclusion: Score 3</p> <p>There were policies and procedures in place for equality and diversity and staff received training. Consideration was given to different cultural preferences, such as Christmas, when people of different nationalities celebrated this differently and working arrangements were balanced for people to help them celebrate at their preferred times.</p> <p>Consideration was given to cultural requirements, such as during Ramadan when people fasted in line with their beliefs, breaks were arranged for staff to meet their needs.</p> <p>Reasonable adjustments were made to rotas to support people balance home and working life.</p> <p>Governance, management, and sustainability: Score 3</p> <p>Audits and checks were carried out in line with the providers procedures. Audits included:</p> <ul style="list-style-type: none"> ➤ Manager's Walk Around Audit: 22 April 2024 100% ➤ Weekly Medication Shift Leader's Audit: 18 April 100% ➤ Manager's monthly Medication Audit: 16 April 100% ➤ Monthly Vehicle Maintenance Audit: 12 April 100% ➤ Monthly Data Protection Manager's Audit 09 April 100% ➤ Manager's monthly Finances Audit: 05 April 100% ➤ Monthly Health and Safety/ Infection Control Audit: 29 March 98%

KLOE	Regulations	Comments
		<p>➤ Manager's Quarterly Support Plans and Risk Assessments Audit 23 March 97%</p> <p>The deputy manager reported that they have found RADAR a useful tool and the audits detailed to what they needed.</p> <p>Weekly checks were carried out by the management to ensure that appropriate procedures were being followed such as cleaning schedules health profiles completed, weekly medication audit, Quooda checks, tenants' meetings were happening, and the service improvement plan was ongoing.</p> <p>Organised maintenance of folders such as DOLS, ReSPECT, key working and health and safety helped to ensure that information could be located easily.</p> <p>Partnerships and communities: Score 3</p> <p>The management team reported that a variety of health and social care professionals were involved in supporting people. There was evidence that the service was transparent and collaborative with all relevant external stakeholders and agencies. It worked in partnership with key organisations and healthcare professionals to support care provision, service development and joined-up care.</p> <p>Records showed how the management team worked closely in partnership with multidisciplinary teams to support safe care provision. Advice was sought, and referrals were made in a timely manner which allowed continuity of care.</p> <p>Positive feedback was seen from partners and stakeholders. Comments included:</p> <p><i>'The management team were knowledgeable and informative'</i></p> <p><i>'Very good the manager and his team were excellent at providing information'</i></p> <p>Learning, improving and innovation: Score 3</p> <p>A learning culture was being developed. There had been a big learning curve in relation to record keeping which was around terminology and how staff recorded events or support needs. For example, staff had used inappropriate terms, which made the record appear as if it was an incident, for example. Learning had been implemented to improve staff recording to ensure care and support was more accurately recorded.</p>

KLOE	Regulations	Comments
		<p>Staff were listened to when they had any thoughts on learning. For example, they identified that if staff were out on a one-to-one in a car with someone and there was an accident and the staff member became unconsciousness, then there would be no direction in the vehicle on who to contact to support the person. Systems were being planned to introduce this.</p> <p>An action plan was in place. This was seen to clearly record actions with a report on how and when the action had been completed. Actions were developed from accidents, incidents, audits, meetings, and feedback, which meant that they encompassed all areas of the service.</p> <p>At provider level, meetings were arranged with the quality department and the head of quality and provided a power point meeting with shortfalls and lessons learnt from other services which have had negative impacts on other services and then able to implement plans to address possible risks.</p> <p>Environmental sustainability – sustainable development: Score 2</p> <p>Recycling happened, where possible and donations were made to charity shops, rather than being thrown away.</p> <p>There was an aim to reduce the use of paper, although, through following the introduction of the new system, there had been a reliance on paper-based documentation with some records being printed off, when they were available on the individual systems. (WR 1)</p> <p>Paperwork was shredded and donated to a wildlife charity.</p> <ul style="list-style-type: none"> This service scored 71 (out of 100) for this area.
<p>Outcome: The service is well led.</p> <p>Well-Led is defined by the CQC as meaning “that the leadership, management and governance of the organisation assures the delivery of high-quality and person-centred care, supports learning and innovation, and promotes an open and fair culture”.</p> <p>Characteristics of services the CQC would rate as Good, are those where “the service is consistently well- managed and led. The leadership, governance and culture promote the delivery of high-quality, person-centered care, and the service has clear, consistent and effective</p>		

KLOE	Regulations	Comments
		<p>governance, management and accountability arrangements”</p> <p>SRG RATING: Good</p>

ACTION PLAN:

CQC KLoE SAFE							
By safe, we mean people are protected from abuse and avoidable harm.							
Reference Point	Recommendation Made	Action to be taken	Who By	Date to Complete by	Evidence of Completion	RAG Status	Comment
SR1	Ensure staff complete accident and incident records in more detail and that they clearly record the event in line with the support outlined in the support plan.						
SR2	Review how lessons learnt are recorded following accidents and incidents						
SR3	Complete direct observations in line with the provider's procedures						
SR4	Include more detail on the individual medication profiles about how people take their medicines						
SR5	Reduce duplication of documentation to cut the risk of one of the duplicate documents not being updated						

CQC KLoE EFFECTIVE

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

Reference Point	Recommendation Made	Action to be taken	Who By	Date to Complete by	Evidence of Completion	RAG Status	Comment
ER1	<i>Review how modified and pureed meals are prepared and consider blending food items separately.</i>						
ER2	<i>Further expand detail about individual conditions within the support plans where they lack detail</i>						
ER3	<i>Include more detail in the MCA assessments on the Blyssful system to reflect conversations and how people were supported to understand the individual decision.</i>						

CQC KLoE CARING

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

Reference Point	Recommendation Made	Action to be taken	Who By	Date to Complete by	Evidence of Completion	RAG Status	Comment
CR1	NO RECCOMDENDATIONS MADE						

CQC KLoE RESPONSIVE

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

Reference Point	Recommendation Made	Action to be taken	Who By	Date to Complete by	Evidence of Completion	RAG Status	Comment
RR1	<i>Include some more detail in relation to individual methods of communicating different 'wants' such as how a person indicated they wanted something specific if they could not verbally request this.</i>						
RR2	<i>Upload any additional information / summary reports to the Blyssful system to evidence that easy read support tools are used</i>						
RR3	<i>Include more detailed information where people prefer a specific activity to evidence that this is their preferred choice.</i>						
RR4	<i>Include more information in relation to end-of-life within the support plans</i>						

CQC KLoE WELL-LED

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

Reference Point	Recommendation Made	Action to be taken	Who By	Date to Complete by	Evidence of Completion	RAG Status	Comment
WR1	<i>Monitor the use of duplication of records through printing of documents</i>						