



AUDIT REPORT

Park House

Date of Visit: 2nd and 3rd September 2024

Private & Confidential
SRG CARE CONSULTANCY LIMITED

Contents:

Page	Subject
3	Current CQC & SRG Ratings
4 – 5	Overall Review Summary
6 – 11	KLoE Safe Domain
12 – 15	KLoE Effective Domain
16 – 18	KLoE Caring Domain
19 – 22	KLoE Responsive Domain
23 – 26	KLoE Well Led Domain
27 – 31	Action Plan

Service Name: Park House

Provider: Liaise (London) Limited

Address of Service: 32 Ferme Park Road, Crouch End, London, N4 4ED

Date of Last CQC Inspection: 15th November 2023

Ratings

CQC's Overall Rating for this Service:




Good



SRG Overall Rating for this Service:

Good



KLoE Domain	Rating		Overall Score
Is the service safe?	Good		71 (out of 100)
Is the service Effective?	Good		66 (out of 100)
Is the service caring?	Good		75 (out of 100)
Is the service responsive?	Good		67 (out of 100)
Is the service well-led?	Good		75 (out of 100)

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

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

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

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

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

Overall Review Summary

INTRODUCTION

An audit, based on CQC KLoE, was undertaken by one SRG Consultant over two days on 2nd and 3rd September 2024. The purpose of this review was to highlight in a purely advisory capacity, any areas of the service operation which should or could be addressed in order to improve the provision and recording of care and increase overall efficiency and compliance with CQC Standards and Regulatory Requirements.

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

METHODOLOGY

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

SUMMARY OF OUTCOME

Park House is registered with CQC and provides accommodation for persons who require nursing or personal care. It's category of registration is a residential home in; Caring for adults under 65 years, eating disorders, Learning disabilities, Mental health conditions, Physical disabilities, Sensory impairments and Substance misuse problems

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

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

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

DISCLAIMER

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

RATINGS

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

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

KLOE	Applicable Regulations	Comments
Safe	<p>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>Staff said they felt that there was a 'no blame' culture, where learning was implemented through debriefs, following any incidents or untoward events.</p> <p>A review of recent incidents noted that staff were completing a record of an untoward event in detail. For example, staff were including the time, the duration and a detailed factual representation of the event with what had happened and what happened after the event.</p> <p>There was a record of whether restrictive practices such as one person touch support, deputy manager confirmed that restrictive practices were not in place - the most was the two-person touch.</p> <p>Debriefs were happening. A sample viewed identified that although there was a reflection of what had happened and what had been learned, there was a lack of detail and proactive planning for what needed to be done. For example, the actions were for when one person were to complete an incident form, inform parents/deputy manager, call 111, take to A&E and administer paracetamol. So, although there were immediate actions there was little in the way of proactive planning to reduce the event of this happening again. (SR 1)</p> <p>Lessons were in place, although some information placed in support plans and risk assessments, there was some room for improvement. (SR 2)</p> <p>Safe systems, pathways and transitions: Score 3</p> <p>Processes supported the service working well with others to maintain safe care. There was evidence of referrals to other healthcare professionals being made in a timely manner.</p> <p>Staff said information about people's care and assessed needs was included in the electronic system and these were updated as needs changed.</p> <p>Staff said they were informed about any changes though handovers.</p> <p>Safeguarding: Score 3</p>

KLOE	Applicable Regulations	Comments
		<p>Safeguarding incidents and concerns were being reported and acted upon appropriately. Records included details of the incident, the action taken, their management and who these had been reported to, including notifications submitted the Care Quality Commission.</p> <p>Evidence was seen that any safeguarding investigations were carried out in line with local authority procedures.</p> <p>Conversations with the acting manager and the operations manager evidenced a good understanding of the actions to take to deal with allegations of abuse. This included their responsibilities in reporting to relevant agencies and undertaking investigations, where required.</p> <p>Staff confirmed they had received safeguarding training and knew what to do if abuse was suspected.</p> <p>Safeguarding and whistleblowing information was available for staff, so they had details of both internal and external contacts, should they wish to report anything.</p> <p>A relative reported that they felt their son was safe living in the home and two people spoken with said they felt safe.</p> <p>Involving people to manage risks: Score 3</p> <p>There were a range of risk assessments in place. These included:</p> <p>Personal support including morning, evening routines, continence management, hygiene and, oral health</p> <p>Support with free and structured time and relationships. Meaningful activities, including any activities outside of the home, education, work, daily living. Relationships, including personal, social and family</p> <p>Support with decision making, MCA and DoLs (Deprivation of Liberty Safeguards).</p> <p>Medical and Health Care including Diagnosis, Mental Health and Wellbeing, Memory and medication.</p> <p>Risk assessments were tailored to meet people's specific needs and individualised to the person. There was enough information in the risk assessments to support staff to understand individual needs.</p> <p>One person had a history of absconding from their previous placement, although the support plan identified that they had not absconded from Park House, there had been some attempt. The risk assessment stated, '<i>Staff should be aware of X history of absconding and follow the company's policies</i></p>

KLOE	Applicable Regulations	Comments
		<p><i>and procedures in the event of an accident</i>'. There was some reference to absconding risks throughout of the risk assessment, but limited information within the support plan. (SR 3)</p> <p>The missing person profile had not been completed for this person. (SR 4)</p> <p>Positive behaviour support (PBS) plans were in place. These were developed by the PBS specialist practitioner. These included primary and secondary prevention strategies, reactive strategies and triggers. In the sample viewed, where PROACT SCIPrUK Interventions were needed, these were recorded within the PBS plan.</p> <p>One person had particular behaviours that could put themselves and others at risk. Conversations were staff evidenced that they knew and understood signs and triggers that the behaviours could develop and could clearly describe actions they took. This included distraction techniques, which could help prevent any untoward event.</p> <p>Staff said that the management team respected their decisions when supporting people. For example, where people were displaying behaviours, and staff identified that they may not be able to safely manage the activity of the day. They said they worked with people and chose different activities that was more suitable for their mood.</p> <p>Safe environments: Score 3</p> <p>Processes supported a safe environment. An electronic system known as QUOODA was used to monitor the health and safety of the service. There were a range of checks in place which were completed on a daily, weekly and monthly basis. Evidence was seen that these were up to date. These included:</p> <p>Monthly fire alarm door release, weekly fire alarm test, monthly fire extinguisher check, monthly emergency light check, monthly fire door check, weekly carbon monoxide and monthly fire drill.</p> <p>Internal and external lighting, call points, weekly water flush, monthly ladder check, weekly window restrictors, monthly lift check, monthly grab bag, weekly fire doors, monthly carbon monoxide and weekly plug checks.</p> <p>Bi-annual and Annual risk assessments were in place for health and safety, fire, and water.</p>

KLOE	Applicable Regulations	Comments
		<p>Servicing and maintenance checks were in place for fire extinguisher maintenance, emergency lighting, fire door inspection, passenger lifts, electrical and gas safety along with annual PAT testing in place.</p> <p>Health and safety audits were carried out on a monthly basis.</p> <p>People's rooms and communal areas were maintained safely.</p> <p>PEEPS were kept in a 'grab' bag along with additional equipment including emergency blankets, torches, and a first aid kit. It was noted that some of the items in the first aid kit were out of date and needed replacing. (SR 5)</p> <p>Safe and effective staffing: Score 3</p> <p>Everyone using the service were supported with a certain amount of one-to-one or two-to-one hours, within the home and the community. There were also a number of shared hours.</p> <p>There were sufficient numbers of suitably trained staff to meet people's needs and to support them to stay safe. Staff were visible in the service supporting people with their needs. Where people were allocated one to one support, or two-to-one in the community, this was being provided.</p> <p>Observations showed that there were kind and positive interactions between staff and people throughout the visit. Staff told us they felt there was enough staff.</p> <p>A new member of staff spoke highly of the induction process and how this gave them confidence to do their role. They said the induction was 'seamless' and they had received good support. They also reported that they had settled in well.</p> <p>All new staff were now supported with the new induction booklet, which gave staff a good understanding of the service.</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>Employment checks should include a full employment history, proof of identity and address, right to work, references and checks with the Disclosure and Barring Service (DBS), which is a process which helps</p>

KLOE	Applicable Regulations	Comments
		<p>employers make safer recruitment decisions and help prevent unsuitable people from working in care services.</p> <p>Files viewed evidenced that all the information required was in place. Where staff were working on a student visa, there was evidence that they were working in line with these requirements.</p> <p>Staff were supported with both mandatory and required training. This included:</p> <p>Mandatory training included, infection control, safeguarding, Mental Capacity and Deprivation of Liberty Safeguards, medication awareness, learning disability, autism, equality and diversity, food safety, fire safety, GDPR and data protection, infection control, health and safety, manual handling and privacy and dignity.</p> <p>Required training included British Sign Language (BLS), diabetes, your role, personal development, mental health, nutrition, oral health, PROACT-SCIPr, person centred care, positive behaviour support, medication administration, key working, CoSHH, duty of candour, duty of care, IDDSI, end of life and epilepsy.</p> <p>All staff but two had achieved 100% compliance with their training.</p> <p>The types of competency assessments completed for staff using the service had recently been reviewed and staff were now completing competencies in medication and fire competency only. The matrix showed that these were at 100%.</p> <p>Staff supervisions were at 93.8% and were ongoing and planned in. Supervisions gave staff the opportunity to discuss their well-being, competence and team working, employee relationships, training, supporting people, safeguarding, manager support and review of appraisal objectives.</p> <p>Appraisals were at 68.8% and were again ongoing. Historically prior to the current management team, appraisals had not set targets for staff, although this had now been addressed. For staff who had historical appraisals, it would be useful to explore any targets with them, to help ensure they benefited from the same process. (SR 6)</p> <p>Staff spoken with said the training was good and some staff said they had had opportunities to progress and had been enrolled onto an NVQ course, which they were looking forward to.</p>

KLOE	Applicable Regulations	Comments
		<p>Infection prevention and control: Score 3</p> <p>Processes supported infection prevention practices. There were policies in place and staff had undertaken training in this area.</p> <p>Observations showed that the environment was clean. There were cleaning schedules in place, including communal areas and the kitchen. Staff supported people with cleaning of their personal spaces.</p> <p>Medicines optimisation: Score 3</p> <p>Staff had been trained on medicines management and had their competency checked regularly. Where concerns were identified to any practices, or there was a medication error, staff were supported with additional training and a review of competencies.</p> <p>There were systems in place for collecting, recording and disposal of medicines.</p> <p>There was a dedicated clinical room, which was clean and tidy. Medicines were stored securely and a system for checking accuracy of stock was carried out regularly. In addition, medicines countdowns were in place.</p> <p>There were systems for ordering medicines and signing them into the service.</p> <p>PRN (as and when medicine) protocols were in place. These included details of when to administer, any side effects, the frequency and recommended dosage.</p> <p>Each person had a pain profile and an easy read medication profile in place.</p> <ul style="list-style-type: none"> This service scored 71 (out of 100) for this area.
<p>Outcome: The service is considered safe. '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>People living in the service had lived there for a number of years, therefore pre-assessments were not reviewed.</p> <p>Regular reviews of care and support were undertaken, and support plans were in the process of being fully updated.</p> <p>A relative reported that they felt fully involved in reviews of care and were informed of any changes in support needs.</p> <p>Delivering evidence-based care and treatment: Score 3</p> <p>Good practice guidance such as the STOMP (stopping the over medication of people with a learning disability) and the CQC right care, right support, right culture was adhered to.</p> <p>There as information within support plans about individual conditions that may affect people. Some of these were described in detail and identified how they may affect the person and their daily living activities, others, though, were not described. It would be useful to continue to develop this area of the support plans. (ER 1)</p> <p>One person was at risk of seizures and had been diagnosed with epilepsy, although it was reported that they had not suffered a seizure since 2017. There was a risk assessment in place with guidance on how to support in the event of a seizure.</p> <p>The speech and language therapy (SALT) team were involved, where people were at risk of choking or dysphagia. There was information in the support plan about any levels of food modification and support needed. Although it was noted that the hospital passport recorded that the person had a regular diet and fluids, whereas the support plan identified that the person was on a level six modified diet. (ER 2)</p> <p>Care records included information in line with guidance and evidence-based care, developed from internal specialists.</p> <p>How staff, teams and services work together: Score 3</p>

KLOE	Regulations	Comments
		<p>People were supported to access health and social care professionals as needed. A relative said that their son had regular six-monthly appointments with the psychiatrist and that staff supported them to attend these.</p> <p>External health support was provided for people through the mental health team, psychiatry, the psychologist, social workers, Occupational Therapist, and the G.P. People were also supported to visit the dentist and opticians.</p> <p>People were supported with an annual review and a review by the G.P. in relation to the management of their medicines.</p> <p>Internally staff were able to access the SALT and PBS teams. They provided support with assessments and reviews and provided guidance on how to support people safely.</p> <p>Supporting people to live healthier lives: Score 3</p> <p>A relative reported that they felt their son was progressing and that there was now 'light at the end of the tunnel'. They felt that they had made improvements in both their behaviours and speech and language. They said, 'They are well supported with their health care needs'.</p> <p>There were health support plans in place. These included information on how to support people to remain healthy and included guidance and good information for staff on how to support with continence care.</p> <p>Risks associated with nutrition and fluid were assessed and information was contained within the care plans and risk assessments. A range of meals were offered to people and weekly menus had been developed with the input from people who used the service.</p> <p>Although there was information within support plans and risk assessments in relation to oral care, the oral care assessments in the Blyssful system had not been routinely completed for everyone using the service. (ER 3)</p> <p>Support plans viewed identified how people communicated pain to staff.</p> <p>Where people were at risk of constipation, there was information in the support plan on how to support people to manage this.</p>

KLOE	Regulations	Comments
		<p>Monitoring and improving outcomes: Score 2</p> <p>Staff were to carry out monthly health checks for people to ensure they were staying well. This included a general check on skin conditions, oral care, nail care, any concerns in relation to bowels and that individual weights had been recorded with no concerns. The frequency of these were intermittent and not happening on a regular basis for everyone using the service. (ER 4)</p> <p>Staff were not always recording the appropriate level of food modification for people. For example, for one person staff recorded, regular, easy to chew and soft and bite sized. There was some confusion over how this was recorded, but the level of food should reflect the person's assessed needs and not the type of food, as staff were recording softer foods in relation to the texture, such as mashed potato rather than the level the person ate. (ER 5)</p> <p>Drinks were recorded intermittently with large gaps between entries and a range from 303 mls a day recorded to 2.400 mls. Sometimes drinks were only recorded in the evening and not in the morning or afternoon, including before people went out. (ER 6)</p> <p>Bowel charts: sampled for three people against the information in the support plan evidenced that staff were monitoring and recording this area.</p> <p>People were supported with checks on their weight to ensure they stayed healthy.</p> <p>Regular checks were made to ensure that people had not suffered any unexplained marks of bruises.</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 Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. The Mental Capacity Act (MCA) 2005 applies to everyone involved in the care, treatment and support of people aged 16 and over living in England and Wales who are unable to make all or some decisions for themselves.</p> <p>MCA assessments were in place for finances and medication. Those viewed contained detailed information about the how the assessment was carried out. This included how the information was</p>

KLOE	Regulations	Comments
		<p>communicated, such as the use of pictures and Makaton signage, the level of the persons understanding and a best interest decision.</p> <p>Currently there was no other MCA assessments in place, although assurances were given that these were planned to be updated and implemented. (ER 7)</p> <p>Family members would give consent for some decisions such as taking photographs. There was no record of who had legal representation, and I suggest that this is a system in place to monitor and record this. (ER 8)</p> <p>Systems were in place to ensure people's rights to make decisions about their care and treatment were upheld. Some people were subject to restrictions under Deprivation of Liberty Safeguards (DoLs). DoLs authorisations had been applied for, and where these had not been authorised, monthly checks were made for progress.</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>All staff spoken with showed a caring attitude with staff speaking positively about the care and support they provided.</p> <p>Staff said, 'We are a family here', and 'it is about compassion and being treated like you would want to be treated'. Staff also spoke positively of offering choices and listening to what people had to say.</p> <p>Staff interacted well with people and were seen to be patient. Observations showed that they listened to what people had to say.</p> <p>Kind and caring interactions were seen between people and staff. People were offered choices and staff ensured people were happy with the care provided.</p> <p>People and a relative told us they were happy with the care received. A relative reported that they felt most staff were kind and caring, but felt overall were happy with the care provided.</p> <p>Treating people as individuals: Score 3</p> <p>Observations showed positive interactions between staff and people using this service. Staff engaged well with people and offered support when needed.</p> <p>Support plans included people's likes and choices and what was important to them.</p> <p>People's bedrooms were personalised to their individual needs.</p> <p>A relative reported that they felt their son was supported with their individual needs and said there were 'Good vibes within the home'.</p> <p>Independence, choice and control: Score 3</p> <p>Staff said they aimed to support people to live more independent lives. One staff member said, 'we always try to prompt and encourage rather than do for people'.</p> <p>Support plans identified what people could do for themselves, and where they needed support.</p>

KLOE	Regulations	Comments
		<p>Staff reported that they felt that how people spent their day was decision led by them. Staff said they respected people's choices and sat with people in the morning to plan the activities for the day.</p> <p>People said they were able to make choices and could choose what they wanted to do.</p> <p>Responding to people's immediate needs: Score 3</p> <p>Staff spoke to people in a calm, relaxed manner and people appeared comfortable with this.</p> <p>Staff spoke about how they would recognise when someone is not feeling themselves and knew how to escalate concerns. Staff told us about the different ways they communicate with people. They said we use now and next stories and use pictures, where needed.</p> <p>Staff reported any concerns about people to the appropriate health or social care professional. Evidence was seen of contact made with the health care professionals if there were concerns about individual immediate needs.</p> <p>Workforce wellbeing and enablement: Score 3</p> <p>Processes supported staff wellbeing. A range of training courses were available to staff to enhance their skills and knowledge.</p> <p>Staff received regular supervision and there was an open-door policy to the office.</p> <p>There was an on-call system to ensure staff can always contact a senior member of staff should they require advice or guidance. There was also a senior manager on-call system to ensure there was always someone available for support.</p> <p>There was an employee assistance programme. Staff had been provided with a blue light card, which entitled them to discounts.</p> <p>There was a free counselling and advice service, which staff could contact on a confidential basis.</p> <p>Above and beyond nominations were awarded and one staff member at Park House had been nominated for their knowledge, kindness, professionalism and attitude.</p> <ul style="list-style-type: none"> • This service scored 75 (out of 100) for this area.

KLOE	Regulations	Comments
		<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> <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: Change rating and colour</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 2</p> <p>Staff were asked what they thought person-centred care meant. One staff member said, 'It's not rocket science – it is about supporting the person with what they actually need in a way that suits them. It is allowing choices and assuming capacity'.</p> <p>Another member of staff said, 'We should always treat people with dignity and respect and be helpful and caring'.</p> <p>Individualised support plans were in place, which were specific to the person. These identified support needs with personal care, health support, activities and finances, for example. Support plans identified what people could manage for themselves and how they liked to carry out their different daily living activities.</p> <p>People were supported to be independent. People were supported with communication and alternative ways of communicating was noted in records, these included pictorial information and use of Makaton. Support plans contained information about communication.</p> <p>Care needs to be taken when completing care records so where information is copied and pasted, the name of the person is amended to ensure it is in the correct care plan or risk assessment. (RR 1)</p> <p>Consistency is required for support plans and risk assessments in relation to terminology for the people. There were different terms used in the same documentation, such as 'I' and 'me' and either the person's first name or the initials of the person. (RR 2)</p> <p>References were made to documents such as communication passports, which are not routinely in use. Care does need to be taken to ensure that references remain up to date. (RR 3)</p> <p>Care provision, integration, and continuity: Score 3</p> <p>Staff said they monitored concerns and reported back to the acting manager. One staff member said, "If I had any concerns on people's health, I would report this straight away."</p> <p>Staff maintained regular contact with families to keep them up to date with progress or updates about their relatives. A relative reported that they were kept informed of any changes.</p>

KLOE	Regulations	Comments
		<p>Reviews of care was undertaken.</p> <p>Listening to and involving people: Score 3</p> <p>People were given opportunities to have a say. There were regular meetings taking place where people had opportunities to discuss Activities, meals, wellbeing, safeguarding, health and safety and any plans. There was evidence that people could raise any issues or concerns. Meetings had not originally identified any actions or if they had been achieved, but the most recent one for August included these.</p> <p>A relatives satisfaction survey had been sent out and the three responses were positive with families being satisfied with the service.</p> <p>Feedback from a family member was 'I can sense a lot of changes happening and feel positive about it'.</p> <p>There had been no complaints. A relative said they would raise any concerns if they felt they needed to.</p> <p>Equity in access: Score 3</p> <p>People were supported by staff to access services in a way that suited their needs. Support plans detailed how people should be supported when out in the community.</p> <p>Reasonable adjustments were in place to support people to access a range of health care and community locations and arrangements had been made for emergencies and out of hours care.</p> <p>Staffing was at a safe level to ensure people received care and treatment as and when needed and plans were in place for emergency situations. This included on call arrangements.</p> <p>Equity in experiences and outcomes: Score 3</p> <p>Staff described how they supported people by going out and about and activities in the home. They said they sat with people and arranged activities for the day.</p> <p>Activities included community activities, which sometimes people did as a group which included a regular cycling group.</p> <p>People were supported to go out in the community and visit local attractions and shops.</p>

KLOE	Regulations	Comments
		<p>In-house staff supported people with arts and crafts, puzzles, listening to music, and watching films. Technology was used through Alexa and an iPad and people could use these to stay in contact with families.</p> <p>Some people were supported with English and maths lessons and spelling activities. Staff supported with this by using recognised work books and tools.</p> <p>A recent barbeque had been held and this had been a great success.</p> <p>Consideration was given to any individual cultural or religious preferences. Two people went to church on a regular basis.</p> <p>One person attended college, and another person was being supported to look for voluntary work. Although, this was referred to in their key worker meetings, there was no record of progress and whether this had been achieved. (RR 4)</p> <p>The acting manager reported that goals were still being developed and this was an area that staff were concentrating on.</p> <p>More evidence was needed in relation to activities. There was a folder in place, which showed a range of activities, but most of these were from a few ago and more recent evidence would be useful. (RR 5)</p> <p>I also suggest that there is a story behind events and activities and how people have been involved with planning and decision making. (RR 6)</p> <p>Planning for the future: Score 2</p> <p>There was a section within the support plans to acknowledge end of life matters. There was some consideration given to end of life within this, which was mainly focussed on communication. For one person, there was a detailed plan, but for other people this area lacked detail. This is an area that would benefit from further development. (RR 7)</p> <p>Providing information: Score 3</p> <p>The manager was aware of the Accessible Information Standard. Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure</p>

KLOE	Regulations	Comments
		<p>people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.</p> <p>There were examples of 'Easy Read' guidance such as the complaints procedures. There were pictorial menus and activity planners for people to help them understand the information provided.</p> <ul style="list-style-type: none"> This service scored 67 (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>Staff said the new management were supportive and were open to listening to what staff had to say. They said the manager or deputy manager checked with them everyday and gave them opportunities to have a say.</p> <p>Staff reported that there was a fair and honest culture, which did not apportion blame following any incidents.</p> <p>There was an open and transparent culture, where families were kept informed where any concerns were raised.</p> <p>Staff said that they felt the registered provider was open and transparent and that they provided staff with the information they needed.</p> <p>Staff said that their aim was to promote people to lead more independent lives.</p> <p>Capable, compassionate and inclusive leaders: Score 3</p> <p>Changes had been made to the management prior to the review. There was an acting manager in post who was committed to making improvements. There was also a new deputy manager in post, who was providing both administration support and also spending a proportion of their working hours supporting people using the service.</p> <p>Positive feedback was received from members of the staff team about the management of the service.</p> <p>The acting manager understood the needs of the service and the improvements that needed to be made.</p> <p>Freedom to speak up: Score 3</p> <p>Staff meetings were now happening and there had been a staff meeting for the last three months. These discussed challenges which had affected the service, systems of working, CQC compliance, incident report writing, for example. Staff were invited to attend either in person or via Zoom. The meetings did not tend to identify all staff who had attended, and it would be good practice to include this. (WR 1)</p>

KLOE	Regulations	Comments
		<p>A recent staff survey had been completed and the results had just been shared with the service. Overall responses were positive with some minor negativity. It was reported that an action plan would be developed to address any areas of concern raised by staff.</p> <p>There was a staff champion who spoke up on behalf of staff. They said they attended meetings every three months and discussed staff wellbeing, staffing levels and rotas, for example. They said they had opportunities to speak to senior staff from the head office and felt it meant that staff voices could be heard.</p> <p>Workforce equality, diversity and inclusion: Score 3</p> <p>Policies and procedures were in place for equality and diversity.</p> <p>Staff said they were treated equally and fairly. They said they were supported with reasonable adjustments so they could balance their working and home life. Staff also reported that cultural diversity was considered, and allowances were made for different cultural festivals.</p> <p>Staff said that they felt well supported by the management team and larger organisation.</p> <p>Governance, management and sustainability: Score 3</p> <p>Each day there was a daily manager quality check, which looked at systems and processes and whether they had been completed. This included checks and audits on QUOODA, RADAR, Blyssful, medication, charts, cleaning schedules and recording.</p> <p>There was also a manager daily walkaround where the deputy manager walked around on an hourly basis, where possible to monitor the care and support provided. This was helping to reinforce the management oversight.</p> <p>There was also a daily house briefing with all staff members to discuss plans for the day with individual people and any updates from incidents and the last shift.</p> <p>Daily records were completed for handovers to the staff team. These included the daily responsibilities of the staff team.</p>

KLOE	Regulations	Comments
		<p>There was a range of audits and safety checks in place which identified any issues and actions that needed to be addressed. The most recent audits included:</p> <ul style="list-style-type: none"> ➤ Out of hours audits: 30 August (87%) ➤ Manager walkaround 27 August (100%) ➤ Medication shift leader weekly: 29 August (100%) ➤ Managers monthly medication audit 14 August (100%) ➤ Monthly health and safety / infection control: 18 August (97%) ➤ Monthly vehicle maintenance audit 13 August (100%) ➤ Managers monthly finance audit: 10 August (100%) <p>Evidence was slowly starting to be uploaded to help demonstrate compliance.</p> <p>The quality assurance framework (QAF) and been replaced by a trends and monitoring information (Tami) framework. This helped to maintain oversight and the most recent score had been 91%, which was an improvement on the on the previous scoring, which had been 65% in May. This helped to demonstrate that improvements were being implemented.</p> <p>The quality team were now undertaking regular checks on support plans and would send actions through to the RADAR system.</p> <p>Partnerships and communities: Score 3</p> <p>There were positive partnerships with the internal specialist teams, which included SALT (Speech and Language Therapy), and PBS (Positive Behaviour Specialists). This ensured that individual care needs were reviewed.</p> <p>There was evidence of appointments and support provided to people to access other health services and promote access to the community.</p> <p>Learning, improving and innovation: Score 3</p>

KLOE	Regulations	Comments
		<p>Managers sent through a weekly report to the operations manager, who collated the information to monitor for any patterns and trends.</p> <p>There were regular manager meetings and the provider shared information and learning with the individual services.</p> <p>Actions were developed from accidents, incidents, safeguarding and audits. These were maintained on the RADAR system with a record of the action, who was responsible, when the action was due for completion and whether it had been completed.</p> <p>Environmental sustainability – sustainable development: Score 3</p> <p>Consideration was given to environmental sustainability.</p> <p>At service and provider level there was a commitment to reduce the use of paper through the electronic systems and recycling and shredding. Photocopying and printing were only used when needed and double sided was used wherever possible.</p> <p>CoSHH products were purchased in refillable containers to reduce the use of plastic.</p> <ul style="list-style-type: none"> This service scored 75 (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 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	<i>Include more detail in debriefs about practice planning to reduce recurrence</i>						
SR2	<i>Include more detail in support plans following lessons learnt.</i>						
SR3	<i>Include more detail and information around managing risks of absconding within the support plan</i>						
SR4	<i>Ensure that missing person profiles are in place.</i>						
SR5	<i>Replace out of date items in the first aid kit in the grab bag.</i>						
SR6	<i>Where staff had not previously had the opportunity support staff to develop and achieve targets.</i>						

CQC KLoE EFFECTIVE

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

Reference Point	Recommendation Made	Action to be taken	Who By	Date to Complete by	Evidence of Completion	RAG Status	Comment
ER1	<i>Continue to develop more information about individual conditions within the support plans.</i>						
ER2	<i>Check for consistency within support plans and associated records.</i>						
ER3	<i>Implement the oral care assessments within the Blyssful system.</i>						
ER4	<i>Ensure that monthly health checks are carried out.</i>						
ER5	<i>Ensure that staff record the level of food modification for people rather than the texture of the actual food.</i>						
ER6	<i>Ensure that drinks / fluids are recorded consistently.</i>						
ER7	<i>Continue to update MCA assessments</i>						
ER8	<i>Implement a system to monitor and record who has legal representation and ensure evidence is in place.</i>						

CQC KLoE CARING

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

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

CQC KLoE RESPONSIVE

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

Reference Point	Recommendation Made	Action to be taken	Who By	Date to Complete by	Evidence of Completion	RAG Status	Comment
RR1	<i>Ensure that correct names are included in support plans.</i>						
RR2	<i>Ensure that there is a consistent approach to use of terminology within support plans and risk assessments.</i>						
RR3	<i>Remove references to documentation that was no longer in use</i>						
RR4	<i>Ensure that progress with goals is updated in key worker meetings.</i>						
RR5	<i>Develop more evidence of activities happening.</i>						
RR6	<i>Evidence how people are involved in planning and achieving their activities.</i>						
RR7	<i>Consider how to further develop end of life 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>Include the names of staff who have attended staff meetings.</i>						