



AUDIT REPORT

Somerford Court

Date of Visit: 15th and 16th January 2024

Private & Confidential
SRG CARE CONSULTANCY

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Service Name: Somerford Court

Provider: Liaise (London) Limited

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

Date of Last CQC Inspection: 22 October 2022

CQC Rating: Good



Ratings

SRG Overall Rating for this Service

Good



Is the service safe? Good



Is the service Effective? Good



Is the service caring? Good



Is the service responsive? Good



Is the service well-led? Good



Overall Review Summary

INTRODUCTION

An audit, based on CQC KLoE, was undertaken by one SRG Consultant over two days on 15th & 16th January 2024. The purpose of this review was to highlight in a purely advisory capacity, any areas of the service operation which should or could be addressed in order to improve the provision and recording of care and increase overall efficiency and compliance with CQC Standards and Regulatory Requirements.

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

METHODOLOGY

Several different methods were used to help understand the experiences of residents who used the service. These included observation of interactions between residents and staff, conversations with the Registered Manager, senior staff and one person using the service, a tour of the building and review of key documentation. The care plan for one person was reviewed and sections of the care plans for the other two people were sampled. Medicine records and the records pertaining to the operation of the service, including quality assurance audits, H&S and Fire related documentation were reviewed.

SUMMARY OF OUTCOME

Somerford Court is registered with CQC and provides accommodation for persons who require nursing or personal care. Its category of registration is a care home in, Caring for adults under 65 years with learning disabilities. The service provides accommodation for up to six residents. There were three people living in the home and one person was in hospital at the time of the visit.

The service uses electronic systems for quality assurance, staff files and service user care plans. Staff input daily occurrences electronically.

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>	<ul style="list-style-type: none"> • Systems and processes to safeguard people from the risk of abuse <p>People were kept safe from the risk of abuse. Any concerns raised were taken seriously. A whistle-blowing concern had been raised and this had been investigated and reported to the Local Authority. The concerns were not substantiated, but changes in practice had been implemented as a result.</p> <p>Staff received training on how to recognise and report abuse and knew the processes to be followed to keep people safe.</p> <p>There was easy read information for people which gave them guidance about keeping safe.</p> <p>There were missing person profiles in place to help support, should a person go missing.</p> <p>People's money was safely managed. There were policies and procedures in place to support with managing and safeguarding finances. Audits reconciled money spent and money taken from bank. Daily checks were made to ensure money was correct. Receipts were maintained.</p> <ul style="list-style-type: none"> • Assessing risk, safety monitoring and management, safely managing restraint and behaviours. <p>Somerfield Court was using Abylss electronic platform. This was used for all support plans, risk assessments and recording care provided.</p> <p>Risk assessments were in place to support people to stay safe. These included personal care and physical well-being, oral care and mouth hygiene, constipation risk assessment, mobility, medical health care, community access and activities, safeguarding: physical and emotional abuse, culture, religion, and end of life. Overall risk assessments identified individual need and were specific to the person.</p> <p>In one area, there was no information in the risk assessment and care plan about a skin condition and risk of wearing too many tops and the behaviours that might be exhibited. As this was a current condition, it is suggested that this area is assessed and included in the care plan. (SR 1)</p>

KLOE	Applicable Regulations	Comments
		<ul style="list-style-type: none"> • How do staff seek to understand, prevent and manage behaviour that the service finds challenging? How are individuals supported when their behaviour challenges? How well does this align with best practice? <p>Each person had a positive behaviour support plan (PBS). A sample viewed were seen to be detailed. Under proactive strategies there was clear guidance on planning the day including routines that they preferred. Interactions were described, with how staff could relate to the person. The PBS included a range of activities that they enjoyed undertaking, which included a description of how to support with these activities. There was reference to engagement and how staff could positively engage with the person and promote a consistent approach. There was guidance about how to give praise, which was something the person liked to hear.</p> <p>The PBS plan included information on how to understand behaviours of concern with details on early indicators, behaviours that may be displayed and both slow and fast triggers. Where behaviours were displayed, reactive strategies were in place. Staff spoken with knew how to support people in the event of this happening.</p> <p>Staff used 'now and then' guidelines to help people manage their expectations.</p> <p>Restrictive Physical Interventions were only used as a last resort. The reactive strategies for one person, which was included in their PBS plan identified that PROACT SCIPrUK intervention strategies. These included assertive command, protective stance one and two and one person touch support.</p> <p>Following any events, post incident support was offered.</p> <p>There were restriction reduction support plans in place, which helped to identify any restrictions within the home which affected the individual person. For example, locked gates, supervised personal care and medication. However, the restriction reduction plan identified that one person had attempted to abscond in the past, but there was no risk assessment seen for this. As it was recorded in this area of the support plan, there should either be a risk assessment or a record of why this was no longer a risk, as good practice. (SR 2)</p>

KLOE	Applicable Regulations	Comments
		<ul style="list-style-type: none"> Recruitment. Recruitment procedures were checked to assess compliance with Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. On the records viewed it was generally seen there was evidence that all the information as required by Schedule 3 were in place. Such as Proof of a Disclosure and Barring Service (DBS) check, Right to Work, appropriate references and proof of identity were in place. However, two records viewed could not evidence that there was a full employment history in place. One person had two CVs in place, and these identified different dates in relation to employment and not all employment was disclosed on both records. (SR 3) Medication There was a medication profile which included an oversight of the individual, how they took their medicines, any allergies and what to do if the person refused. There were also policies and procedures in place and a record of trained staff. Medicines were stored in a locked clinical room. Temperatures were monitored. Regular audits took place to ensure that medicines were managed safely. Where people took PRN (as and when medicines), there were profiles in place. A sample of Medication Administration Records (MAR) charts for tablets and creams were seen to be completed appropriately. Staffing There were enough staff, including one-to-one support for people to take part in activities within the home and in the community and support to attend appointments.

KLOE	Applicable Regulations	Comments
		<p>There had been a continued reduction in agency use, and agency had only been used to support when full time staff were attending training.</p> <p>The numbers and skills of staff matched the needs of people living in the home.</p> <ul style="list-style-type: none"> • Health and Safety <p>Health and safety checks were in place this included, checks on fire safety, water safety, lighting and checks on the environment. These were seen to be all up to date.</p> <p>Health and safety certificates were in place for:</p> <ul style="list-style-type: none"> ➤ Gas safety certificate ➤ Electrical wiring certificate ➤ PAT testing certificate and stickers ➤ Emergency Lighting ➤ Fire alarm servicing ➤ Fire Risk Assessment ➤ Fire equipment check & test record ➤ Liability insurance certificate ➤ Water Safety <p>These were also all in date.</p> <p>Generic risk assessments were in place which included flammable creams, display screen equipment, infection control, legionella, lone working, ligature, emergency procedures, slips, trips and falls and staffing levels, for example. These had recently been reviewed and updated.</p>

KLOE	Applicable Regulations	Comments
		<p>Safety checks were completed in the kitchen with opening and closing checks including fridge and freezer temperatures.</p> <p>Food safety was monitored, and food was checked for use by dates and discarded if the date had passed.</p> <p>There was an inventory on kitchen cutlery to ensure these remained safe.</p> <p>Food probes were calibrated.</p> <ul style="list-style-type: none"> • Infection Control <p>Health and safety matters were followed with different coloured chopping boards and colour coding for mops and cloths.</p> <p>There were cleaning rotas in place for everyday duties and night duties. These were general duties such as tidying up, emptying bins, wiping down tables, emptying dish washer and cleaning bedrooms. The night duties included cleaning floors, emptying bins, cleaning communal toilets, cleaning doors handles and general tidy up of all communal areas. These were seen to be completed.</p> <p>There were enough PPE available for staff.</p> <ul style="list-style-type: none"> • Accidents and Incidents and Lessons Learnt <p>Incidents were reported at different levels, with some behaviours assessed as an ABC incident. Information was recorded in the RADAR system and there was evidence that these were reviewed and followed up. Actions were recorded and there was evidence seen that these were completed.</p> <p>There was evidence that reflective practice and debriefs happened. Staff met with a senior staff member to discuss and debrief. Evidence was seen that where debriefs were evidencing that there were patterns changes were made and, where needed health care professionals were contacted for a review.</p>

KLOE	Applicable Regulations	Comments
		<p>Body maps were maintained when people injured themselves, although it was noted that the body map recorded that a 'treatment plan to be confirmed,' but there were no treatment plans in place. In addition, body maps did not always record what potentially may have caused the mark or injury. (SR 4)</p> <p>Lessons learnt were in place.</p>
<p>Outcome: This service is considered as Safe. 'Safe' is defined by the CQC as meaning "people are protected from abuse and avoidable harm."</p> <p>SRG RATING: Good</p>		

KLOE	Regulations	Comments
Effective	<p>Regulation 9: Person Centred Care</p> <p>Regulation 11: The need for Consent</p> <p>Regulation 12: Providing Safe Care and Treatment</p> <p>Regulation 14: Meeting Nutrition and Hydration Needs</p> <p>Regulation 15: Premises and Equipment.</p> <p>Regulation 17: Good Governance</p> <p>Regulation 19: Staffing</p>	<ul style="list-style-type: none"> • Assessing people's needs and choices, delivering care in line with standards, guidance, and the law <p>Assessments were conducted for people who were considering moving in. The registered manager visited people and carried out an assessment. People were also able to visit and meet with everyone living in the home. Assessments were also made of the environment to evaluate as to whether any adaptations would be needed.</p> <p>Once it had been agreed that someone would move in, care plans and risk assessments were developed. The multi-disciplinary team (MDT), which included the behavioural and Speech and Language Therapy (SALT) team were involved.</p> <p>It was reported that families and associated professionals were involved.</p> <ul style="list-style-type: none"> • Supporting people to live healthier lives, access healthcare services and support <p>Each person had a medical and health care plan, including diagnosis, mental health and well being, memory, medication. This included information for staff in relation to appointments and medication. There was also a medical health care plan, which included information about diagnosis, brief medical history, constipation history, medication, dental care and a high fibre diet and to drink lots of water. Some of the information was repetitive, which was a risk that duplicated information may not be updated appropriately. Some of the information was in one plan, but not in the other one and information relating to diet, and nutrition was in a medical care plan rather than the diet and nutrition care plan, which meant the information may be missed. (ER 1)</p> <p>For one person, the constipation risk assessment stated to administer Movicol oral powder (PRN) if has not had bowels open for two-three days. However, the medical care plan and the diet and nutrition care plan contradicted this. The medical care plan stated to administer as PRN, following an appointment in February 2023, but now to administer once a day, which was confusing, and the diet support plan stated that Movicol was prescribed once a day.</p>

KLOE	Regulations	Comments
		<p>People were supported to manage a healthy weight and were weighed regularly on the records seen for one person, but another person had not been weighed for over a year. This was because the person was in a wheelchair, and staff did not have the equipment to weigh in the home. The support plan stated to be weighed by the GP, in which case the record needs updating into the care records, when this happens. There is a medical tool called MUAC (Mid Upper Arm Circumference). This can be used to estimate and monitor whether there is any nutritional risk but cannot be relied on to monitor weight and should not replace any actual weighing schedule. However, where people cannot be weighed, this is a useful way of monitoring people's nutritional risks. (ER 2)</p> <p>'MUST' Calculator BAPEN</p> <p>MUST-6pp Oct 2012(UK).indd (bapen.org.uk)</p> <p>The 'MUST' Explanatory Booklet BAPEN</p> <p>People were supported to access appointments in relation to individual healthcare needs, such as the G.P., dentists, optician, and an annual health check.</p> <p>Hospital passports were in place and could be used to share information if people were admitted to hospital.</p> <ul style="list-style-type: none"> • Supporting people to eat and drink enough to maintain a balanced diet <p>There was a SALT team who supported people who had difficulty swallowing (dysphagia). There were eating and drinking guidelines in place which included the assessed IDDSI level for food and drink, foods to be avoided, positioning, support needed and areas of concern to be aware of. This information was available in individual care plans and also kept in the kitchen, so this was easily accessible for staff. Staff had also signed to say that they had read and understood these guidelines.</p> <p>The diet and nutrition support plan for one person was task orientated and talked about supporting with meal preparation and how they liked to join in but did not refer to individual likes and dislikes or preferences, rather just a good balanced diet. (ER 3) Good practice recommendation</p>

KLOE	Regulations	Comments
		<p>One person had been assessed as requiring at least two litres of fluid a day and it was seen that this was happening.</p> <p>One person was also assessed as needing a high fibre diet, but meal records did not support this with only limited evidence of a high fibre diet being in place. In addition, it was recommended that they had prunes, and these were not recorded. The high fibre diet was to be used when Movicol had not been prescribed on a daily basis and this needs to be clearer in the care plan. (ER 4)</p> <p>People were supported with a varied menu. There were a range of choices available. Pictorial guidance was also available for people to help them choose their meals.</p> <ul style="list-style-type: none"> • Effective Record Keeping <p>Care records varied in content, at times they tended to be task orientated. For example, staff recorded observations and checks, personal care, and cleaning.</p> <p>Sometimes staff recorded how people were encouraged and supported to prepare meals or manage some of their own care.</p> <p>There was little evidence of service user well-being and sometimes there was no information about anything people had done, what they had achieved, how they had been involved and what decisions they made. (ER 5)</p> <p>Staff recorded meals and where one person was soft and bite-sized, staff had accurately recorded the meal consistency.</p> <ul style="list-style-type: none"> • Staff Support: Induction, Training, Skills, and Experience <p>Staff completed a new starter induction when they commenced work at the service. This took place over two weeks.</p> <p>In-house induction included a tour of the home, health and safety and competency assessments on the management of safety, responsibilities, key policies and procedures, information around people living in the home, including support plans and risk assessments, PEEPS, MDT guidelines, health action plans,</p>

KLOE	Regulations	Comments
		<p>communication passports, reporting and recording procedures, activity planning and shadowing. Staff also completed their PROACT-SCIPr training in their induction. There was good evidence seen of completed inductions for all staff.</p> <p>At induction staff were also expected to complete mandatory training within 2 weeks and required training within twelve weeks.</p> <p>At the time of the visit, training was at:</p> <ul style="list-style-type: none"> ➤ Overall: 98% ➤ Mandatory: 100% ➤ Required: 97% <p>Training was online through a recognised training company (Your-Hippo).</p> <p>Training included:</p> <ul style="list-style-type: none"> ➤ Mandatory: autism awareness, equality and diversity, fire safety, food safety, GDPR and data protection, health and safety, infection control, learning disabilities, manual handling (theory), MCA and DoLS, medication awareness, privacy and dignity and safeguarding adults. ➤ Required: basic life support, CoSSH, diabetes awareness, duty of candour, duty of care, fire Marshall, medication administration, mental health awareness, nutrition and hydration, oral health, person centred care, positive behaviour support, PROACT-SCIPr, understanding your role and personal development. ➤ Face to face training included the PRACT-SCIPr, manual handling and fire safety and dysphagia. <p>Staff also completed additional training in personal development. These were additional training sessions that were more person centred towards the needs of the people using the service and included areas such as key-working, dysphagia, living with dementia, RIDDOR, end of life and falls management.</p>

KLOE	Regulations	Comments
		<p>Staff were supported with appraisal, supervisions, observations, and competency assessments. Compliance rates were high as follows:</p> <ul style="list-style-type: none"> ➤ Overall: 86.1% ➤ Health & Safety: 91.7% ➤ Infection Prevention Control / Food: Hygiene: 91.7% ➤ MCA / Safeguarding: 91.7% ➤ Medication: 91.7% <p>Supervision was also at 91.7%</p> <p>Staff said they felt well supported by the management team.</p> <ul style="list-style-type: none"> • Ensuring Consent to Care and Treatment in Line with Law and Guidance <p>The Mental Capacity Act 2005 requires that as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to make decisions, any made on their behalf must be in their best interests and as least restrictive as possible.</p> <p>There were mental capacity assessments in place for different areas, where people did not have a capacity to make a decision. These were decision specific and included, diet and nutrition, communication, behaviour, community access, information sharing and access to records, medical health, personal care, accessing front gates and door restrictions, culture, religion and end of life planning, finances, safeguarding and regular checking of weights.</p> <p>A sample of mental capacity assessments were viewed. There were improvements and these had been further developed since the last visit. However, there was still some room for further improvement as there was not always reference to how information was communicated with people and best interest decisions were not detailed. They did not always cross reference to the care plans. (ER 6)</p>

KLOE	Regulations	Comments
		<p>Consent agreements were in place. This included consent to care and treatment and be weighed, for example.</p> <ul style="list-style-type: none"> • Adaptation, Design and Decoration of Premises <p>People's bedrooms were personalised and decorated with personal effects. Rooms were furnished and adapted to meet their individual needs and preferences. People were comfortable in their environment. There were ample communal spaces including living rooms, kitchen, and laundry room. The design and decoration of the service effectively met the needs of people using the service.</p>
<p>Outcome: This service is considered as Effective. 'Effective' is defined by the CQC as meaning “people’s care, treatment and support, achieves good outcomes, promotes a good quality of life and based on the best available evidence”</p> <p>“Characteristics of services the CQC would rate as ‘Good’ in this area are those displaying evidence that people’s outcomes and feedback about the effectiveness of the service describes it as consistently good.”</p> <p>SRG RATING: Good</p>		

KLOE	Regulations	Comments
Caring	<p>Regulation 9: Person-centred care</p> <p>Regulation 10: Dignity and respect</p>	<ul style="list-style-type: none"> <p>Ensuring people are well treated and supported, respecting equality and diversity</p> <p>Staff received training in equality, diversity and inclusion and person-centred care. People were able to make choices and daily living preferences were listened to.</p> <p>There were positive interactions between people who were being supported and staff. Staff spoke passionately about the people they supported.</p> <p>All people who were being supported appeared to be comfortable in the presence of staff.</p> <p>We observed staff speaking to people in a respectful manner.</p> <p>There was a lot of laughing and joking between staff and people living in the home. There was a good rapport seen and staff knew and understood individual needs.</p> <p>Supporting people to express their views and be involved in making decisions about their care</p> <p>People were supported to maintain contact with friends and families.</p> <p>People were supported with key worker meetings.</p> <p>People were happy living in the home. One person said that staff were very helpful and always helped them.</p> <p>Staff were observed to be respectful and caring in their approach and attitudes towards all service users and when engaging in any conversations, providing explanations and guidance.</p> <p>We observed staff offering choices, enabling people to make their own decisions, and responding to their preferences.</p> <p>Respecting and promoting people's privacy, dignity, and independence</p> <p>People's care records were stored securely.</p>

KLOE	Regulations	Comments
		<p>Communication passports detailed people's specific communication methods which enabled staff to understand the most effective ways of supporting the person to communicate their needs and wishes.</p> <p>People's right to privacy and dignity was upheld and respected. There was good information showing how staff treated people with dignity and respect and considered their feelings.</p>
<p>Outcome: The service is considered as Caring. 'Caring' is defined by the CQC as meaning "that the service involves and treats people with compassion, kindness, dignity and respect"</p> <p>"Characteristics of services the CQC would rate as 'Good' in this area are those displaying evidence that people are supported and treated with dignity and respect and are involved as partners in their care."</p> <p>SRG RATING: 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>	<ul style="list-style-type: none"> Personalised Care: <p>Guidance for staff, in particular, communication guidelines and PBS plans, evidenced that individual care and support was led by the person. For example, when communicating with one person there were 'Intensive Interaction' guidelines. This was a practical way of communicating and interacting with the person, which they led.</p> <p>Support plans reflected individual likes and preferences around activities and pastimes. One person explained how they liked colouring, jigsaw puzzles and their favourite music artists, and this information was seen in their care plan.</p> <p>Discussions with one person living in the home, evidenced that they felt fully involved and could make choices about their care and support.</p> <p>Care plans included physical care and well-being, domestic and daily living skills, medical needs, oral care and mouth hygiene, mobility and accessing the community.</p> <p>There was a focus on outcomes for people and individual care needs were monitored and reviewed on a regular basis. There was evidence in the care plans that individual wishes, abilities, and preferences were considered. Conversations with one person supported this.</p> Promoting independence <p>People were supported to maintain their independence. One person said that they were able to do 'things for themselves.'</p> <p>People were supported with their daily living activities to maintain as much independence as possible. For one person, staff set out the ingredients and items needed. For example, when making breakfast staff put the right amount of milk into a jug and the person was then promoted to complete making their own breakfast by pouring their own milk onto their cereal.</p> Meeting people's communication needs:

KLOE	Regulations	Comments
		<p>Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment, or sensory loss and in some circumstances to their carers.</p> <p>The service met the requirements of the Accessible Information Standard by providing people with tailored, individual communication strategies that met their needs.</p> <p>When supporting with communication, a support plan for one-person guided staff to use objects as reference. For example, when supporting someone to make a cup of tea, staff were to use the tea mug as focus.</p> <p>Communication passports were in place. This included a brief overview of the person, things people liked doing, things they did not like, how they communicated and whether people were verbal or non-verbal. This also included communication through physical interactions and key Makaton words a person knew.</p> <p>There were indicators of how people communicated different feelings, such as when they were happy or bored. Communication guidelines were also in place, with information for staff on how to actually communicate with the person.</p> <p>Communication tools were in place including 'now and next board,' activity cards and Makaton guidelines. As well as social stories which held people to progress through an activity.</p> <ul style="list-style-type: none"> • Supporting people to follow interests and to take part in activities that are socially and culturally relevant to them. Including developing goals for people. <p>People were supported to maintain their interests and take part in activities they enjoyed. Each person had an individual timetable and activity programme to help them structure their time.</p> <p>Associated to the domestic and daily living skills care plan there was There was guidance about activity and skills building, which identified difficulties and challenges for individual people.</p>

KLOE	Regulations	Comments
		<p>People were supported in the community to go out and about. There was good evidence that people were supported with this.</p> <p>There was an individual support plan for goals and outcomes, and it was seen that goals were identified and recorded. It was apparent in the care plans viewed, that people had been involved.</p> <p>The measure to meet goals tended to lack detail and it would be good practice to develop these. (RR 1)</p> <p>Good Practice Recommendation</p> <p>Key worker monthly meetings were happening.</p> <ul style="list-style-type: none"> • Improving Care Quality in Response to Complaints or Concerns. <p>There had been no recorded complaints. However, conversations with the registered manager confirmed that complaints were understood, acted on and responded to.</p> <p>There was a complaints procedure, and this was also available in a pictorial/easy read format, which is good practice.</p> <ul style="list-style-type: none"> • End of Life Care and Support <p>People in the home were younger adults and no one was suffering with a life limiting condition. End of life care plans, however, were in place and included in the cultural and religious section. Where people did not want to discuss end of life matters, this was respected.</p>
<p>Outcome: The service is considered as Responsive. Responsive is defined by the CQC as meaning “that the service meets people's needs.”</p> <p>“Characteristics of services the CQC would rate as ‘Good’, are those that people’s needs are met through the way services are organised and delivered”.</p> <p>SRG RATING: 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>	<ul style="list-style-type: none"> Managers and staff being clear about their roles and responsibilities, and regulatory requirements. <p>There was a registered manager, who was visible within the service.</p> <p>They were aware of their responsibilities and accountabilities in relation to regulations. Notifications were made to CQC as required.</p> <p>Recommendations made at the last SRG visit had either been full addressed or significant improvements had been made in the individual area.</p> <p>The registered manager has been supported with weekly meetings to introduce the new methodology being introduced from CQC. Guidance was available and there was a registered manager toolkit on RADAR to help meet the new expectations. There was evidence that registered managers were being supported with training and development.</p> <p>The registered manager was supported by an area manager who visited on a fortnightly basis, or more often if needed. The Registered Manager was also supported to attend quality monthly meetings.</p> <p>Along with the area manager, the Registered Manager had introduced champion roles for staff, where specific staff would lead in respect of individual areas such as medication, key working and activities, monthly weights, food and fluid charts, kitchen and cleaning and supporting new staff. This helped to give staff specific accountabilities. Meetings had been held with staff to help them understand their role.</p> <p>Discussions with the registered manager and the area manager supported some good practices, such as following up concerns and supporting a person with a full review, to ensure they received the correct health care support and a recent choking incident which had been extremely well-managed. (WLR 1)</p> <ul style="list-style-type: none"> Promoting a positive culture that is person-centred, open, inclusive, and empowering, which achieves good outcomes for people <p>Staff said they felt the service was well-led. One member of staff said, "There is good management support. We always feel listened to."</p>

KLOE	Regulations	Comments
		<p>Staff were supported to keep up to date with the procedures of the service. There was a read and sign folder, which contained up to date policies, procedures and guidance including safeguarding protocols, whistleblowing, infection control, the emergency response plan, fire safety and key roles and responsibilities. These had been read and signed by staff in January 2024, which meant that staff were given the information they needed to maintain an awareness of their roles and responsibilities.</p> <p>Shift handovers were in place for both day and night. This included handing over of medicines, finances, keys and alarms, health and safety issues, messages, service user well being, activities which had happened.</p> <p>Staff reported that communication was good through information being disseminated.</p> <ul style="list-style-type: none"> • Engaging and involving people using the service, the public and staff, fully considering their equality characteristics. <p>Surveys were seen to have been completed in March 2023. Surveys were viewed and were seen to have positive comments with people feeding back that they could make choices, went out and about, felt safe and thought staff listened to them. There was no overview of the surveys to feedback to people and their relatives, which would be useful. (WLR 1) Good practice Recommendation</p> <p>Relative surveys had been sent out, but there was no recorded response. Health care professional surveys had not been sent out.</p> <p>The last staff survey had been published in March 2023 and a 'you said – we did report was generated, and the information was available for staff. A more recent survey had been sent out, but as yet results were not in place.</p> <p>Staff meetings happen monthly. These discussed any actions, shared information, discussed lessons learnt, training, staff well-being, service user experiences and key working. There was evidence that people's goals were discussed, and actions were looked at to help people achieve these, where key workers spoke on behalf of the resident.</p>

KLOE	Regulations	Comments
		<p>Resident meetings were happening. These happened on a monthly basis, where possible, depending on whether people wanted to join in or not. Different areas were discussed including safeguarding, health and safety, activities, and menu planning.</p> <ul style="list-style-type: none"> The Governance Framework Ensure that Quality Performance is Well Managed, and Risks are Understood. Continuous Learning and Improving Care <p>Audits were undertaken through the RADAR system. Regular audits were conducted these included, operational manager audits which reviewed oversight of medication, infection control, quality of life and general operations. The registered manager conducted audit for support plans and risk assessments, finances, medication, data protection, health and safety and infection control and carried out a weekly walk around. Senior staff also completed a weekly medication audit.</p> <p>A sample of audits found that where actions were made, there was evidence that these were completed. An action plan was generated and there was evidence that actions were completed.</p> <p>There was a Business Continuity Plan in place.</p> <p>The Statement of Purpose was reviewed and updated on a regular basis.</p> <ul style="list-style-type: none"> Working in partnership with others <p>Evidence was seen that there were good relationships with local health and social care professionals who were involved in the care of people that used the service.</p> <ul style="list-style-type: none"> How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong <p>There was an open and transparent culture, where any concerns or incidents were reported immediately. Whistleblowing was taken seriously and acted on.</p> <p>The service needs to be able to demonstrate better success stories and things that have made improvement to people's lives.</p>

KLOE	Regulations	Comments
<p>Outcome: This service is considered as being 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	Date Identified	Recommendation Made	Action to be taken	Who By	Date to Complete by	Evidence of Completion	RAG Status	Comment
SR1	16/01/24	<i>Include information in the care plan about the current skin condition</i>						
SR2	16/01/24	<i>Put a risk assessment in place, where there is a risk of someone absconding</i>						
SR3	16/01/24	<i>Ensure that there are full employment histories in place.</i>						
SR4	16/01/24	<i>Ensure that staff record potential reasons why a bruise may have occurred.</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	Date Identified	Recommendation Made	Action to be taken	Who By	Date to Complete by	Evidence of Completion	RAG Status	Comment
ER1	16/01/24	Monitor information to ensure that is included in the correct care plan and identify and remove any duplication						
ER2	16/01/24	Review the use of the MUAC tool and assess as to whether it can be used to monitor any nutritional risks.						
ER3	16/01/24	Include more information about likes and dislikes in relation to food and drink						
ER4	16/01/24	Ensure there is clear information in the care plan as to the use of a high fibre diet in conjunction with Movicol.						
ER5	16/01/24	Include more information in daily records in relation to well being, how people had been involved and how they spent their day.						
ER6	16/01/24	Continue to develop Mental Capacity Act assessments and included further detail in						

		<i>the best interest decision sections.</i>						
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CQC KLoE CARING

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

Reference Point	Date Identified	Recommendation Made	Action to be taken	Who By	Date to Complete by	Evidence of Completion	RAG Status	Comment
		No recommendations						

CQC KLoE RESPONSIVE

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

Reference Point	Date Identified	Recommendation Made	Action to be taken	Who By	Date to Complete by	Evidence of Completion	RAG Status	Comment
RR1	16/01/24	<i>Consider further developing information on how goals could be achieved.</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	Date Identified	Recommendation Made	Action to be taken	Who By	Date to Complete by	Evidence of Completion	RAG Status	Comment
WLR1	16/01/24	<i>Consider how good practices are evidenced.</i>						
WLR2	16/01/24	<i>Consider producing an overview of the results of surveys to share with people</i>						