



# AUDIT REPORT

## **St James House**

**Date of Visit: 4<sup>th</sup> and 5<sup>th</sup> 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 – 16	KLoE Effective Domain
17 – 18	KLoE Caring Domain
19 – 22	KLoE Responsive Domain
23 – 25	KLoE Well Led Domain
26 – 31	Action Plan

**Service Name:** St James House

**Provider:** Liaise (London) Limited

**Address of Service:** 53-55 Spital Street, Dartford, DA1 2DX

**Date of Last CQC Inspection:** 27<sup>th</sup> May 2022

## 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		78 (out of 100)
Is the service Effective?	Good		79 (out of 100)
Is the service caring?	Good		80 (out of 100)
Is the service responsive?	Good		78 (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 4<sup>th</sup> and 5<sup>th</sup> 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 people who use the service and staff, conversations with the Manager, Deputy Manager, and four staff, observations of people who use the service, a tour of the building and review of key documentation.

### SUMMARY OF OUTCOME

St James 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, 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 3 people were living in the home.

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><b>Regulation 12 (f) and (g) Safe Care and Treatment</b></p> <p><b>Regulation 13: Safeguarding users from abuse and improper treatment</b></p> <p><b>Regulation 17: Good Governance</b></p> <p><b>Regulations 18 &amp; 19: Staffing - Fit and Proper persons employed</b></p> <p><b>Regulation 20: Duty of Candour</b></p>	<p><b>Learning culture:</b> Score 3</p> <p>Records of accidents and incidents were in place. Staff recorded the event electronically on the RADAR.</p> <p>The RADAR system had pathways to follow to ensure that all appropriate steps and checks were made for the right level of incident. This included the reporting by the staff member, review by the manager and dependent on severity the level of upward reporting to senior management to review the incident.</p> <p>A sample of individual incidents were viewed, and they all evidenced that actions were being taken and followed.</p> <p><b>Safe systems, pathways and transitions:</b> Score 4</p> <p>People received care in line with their care plans and risk assessments.</p> <p>Pre-admission and transitional assessments had been undertaken when people moved into the service. External and internal health and social care professional support was accessed to support this process.</p> <p><b>Safeguarding:</b> Score 3</p> <p>Staff understood and could describe their role in safeguarding vulnerable adults. They knew who to report any concerns to and how to whistle blow outside of the service if needed.</p> <p>Staff told us they were encouraged to be open and report any concerns. They reported that there was a fair and transparent approach from the management team, who listened if they were concerned about anything. Staff said they were confident that the management team would respond to any concerns without delay.</p> <p>Staff received regular safeguarding training, and all staff were up to date with this training at the time of the visit.</p> <p>Information was available to staff which included the contact details of the local authority, CQC and the whistleblowing helpline. This gave them direction and guidance on when and who to report any concerns to.</p>

KLOE	Applicable Regulations	Comments
		<p>Safeguarding concerns were raised appropriately with the local authority, where needed. Any investigations were carried out in line with local authority procedures. Notifications were sent to CQC as required.</p> <p><b>Involving people to manage risks: Score 3</b></p> <p>People had risk assessments in place based on their support needs and these detailed how to minimise risks people faced as far as possible.</p> <p>Staff supported people to stay safe. They supported them to access the community and maintained one-to-one support where needed.</p> <p>Assessments of risk included communication, accessing the community, constipation, domestic skills, personal care and oral care, families, medical conditions, diet and nutrition and finances, for example.</p> <p>Risk assessments identified the need and how to support people. Guidance was linked to care plans.</p> <p>PBS (positive behaviour support) plans were in place. These included an overview of the person, goals for the plan, behaviours of concern, triggers, active strategies, and reactive and crisis intervention. PBS plans were reviewed regularly. There were high level support and intervention from the PBS specialist who visited regularly and supported staff to develop these.</p> <p>People were supported to safely manage their finances. Checks were made on people's finances.</p> <p>One person managed their own personal finances and kept his own personal receipts. They would request for access to their wallet and have preferred to keep their money in the central safe. Evidence of this was seen. Receipts were maintained and recorded of money spent these were checked regularly to ensure that monies were managed safely and that the correct money was remaining, and records were maintained.</p> <p><b>Safe environments: Score 3</b></p> <p>There was a grab bag in place which contained equipment and information required in the event of an emergency. This included the service continuity plan, policies and procedures, PEEPs (personal emergency evacuation procedures), current MAR charts, appropriate emergency keys, foil blankets, reflective jackets, snacks and drinks and a first aid kit.</p>

KLOE	Applicable Regulations	Comments
		<p>The first aid kit had just expired at the end of August 2024. <b>(SR 1)</b></p> <p>It was noted that the first aid kit was not on the check list, which helped contribute to a lack of checking. I suggest this included on the check list. <b>(SR 2)</b></p> <p>Generic risk assessments were in place and were up to date. These included front gate, overhanging trees, emergency procedures, infection control, staffing levels and lone working, for example.</p> <p>QUOODA was used to monitor and record the health and safety within the environment. 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>Weekly fire alarm test and call points, carbon monoxide test, water flush, window restrictors, laundry, checks on plugs and extract fan.</p> <p>Monthly: fire alarm door release, fire extinguisher check, emergency light check, fire door check, fire drill, internal and external lighting, grab bag, and water temperatures.</p> <p>Quarterly checks on the extract fan, garden equipment, ladders and pathways, were also carried out.</p> <p>Bi-annual and Annual risk assessments and servicing were in place for equipment and utilities. These were all seen to be up to date.</p> <p>The only health and safety check not up to date was PAT (portable appliance testing), which had been requested by the registered manager.</p> <p><b>Safe and effective staffing: Score 3</b></p> <p>People using the service either needed a number of one-to-one hours in the home or two-to-one hours in the community. People were also supported with shared hours. Where people needed support at different times of the day or during the week, staff rotas reflected this.</p> <p>There were enough staff to meet peoples need and there was a stable staff group, who knew and understood the needs of people living in the home.</p> <p>Agency staff were not used, but where needed bank staff were accessed.</p>



KLOE	Applicable Regulations	Comments
		<p>When recruiting new staff, recruitment was based on the needs of the people using the service, with an aim to employee specifically for individual people.</p> <p>Three staff files were viewed to assess compliance with Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>The majority of information was seen to be in place, and this included</p> <ul style="list-style-type: none"> <li>➤ References, with a minimum of two professional references, with one being from the last employer.</li> <li>➤ Disclosure and Barring Service (DBS).</li> <li>➤ Proof of identify and address.</li> <li>➤ Proof of right to work.</li> <li>➤ Health declarations</li> </ul> <p>However, full employment histories were not in place in two of the three records viewed. For example, for one person there was no record of employment or further education between 1997 and 2009, and for another there was no information between 1988 and 2005. The registered manager showed another staff file, where they had identified gaps in employment and the staff member had provided an explanation, which is required. However, I do suggest a check is made on employment histories in staff files and any gaps are identified and a request is made for appropriate explanations. <b>(SR 3)</b></p> <p>Staff were supported with both mandatory and required training. This was completed primarily through Your Hippo.</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), BLS practical, diabetes, your role, personal development, mental health, nutrition, oral health, PROACT-SCIPr, person centred care, positive</p>

KLOE	Applicable Regulations	Comments
		<p>behaviour support, medication administration, key working, CoSHH, duty of candour, duty of care, IDDSI, end of life and epilepsy.</p> <p>All mandatory training was up to date for staff, there were some gaps in some areas of required training including key working, which was at 68% and BLS practical, which was at 75%. End of life was at 81% and IDDSI and epilepsy were at 87%. <b>(SR 4)</b></p> <p>Staff were receiving regular supervision, with compliance at 87.5% and supervisions booked in, where needed.</p> <p>Staff said they felt well supported and the management team were available for support and guidance.</p> <p><b>Infection prevention and control:</b> Score 3</p> <p>There were systems in place to prevent and control infection.</p> <p>Cleaning schedules with in place.</p> <p>PPE was available as required.</p> <p><b>Medicines optimisation:</b> Score 3</p> <p>People received support in relation to their medication.</p> <p>Medicines were stored in locked medication cabinets in people's flats. Temperatures were checked on a daily basis. Although it was noted that these tended to be taken earlier in the morning, I suggest in the hotter weather that temperatures are also recorded during hotter times of the day and actins taken to reduce temperatures are identified. <b>(SR 5)</b></p> <p>Each person had a medication profile which included the individual diagnosis and any allergies. The profile also included any specific communication needs, the preferred way of taking medicines and actions to take if medicines were refused.</p> <p>There was an easy read medication guide, which was a pictorial guide for individual medicines. This included a picture of the medicine, what it looked like, why it was needed, any side effects and when to take it.</p>

KLOE	Applicable Regulations	Comments
		<p>The medication risk assessment for one person was not up to date in one flat. <b>(SR 6)</b></p> <p>A sample of MAR charts were viewed. These were seen to be completed appropriately with signatures and correct codes used.</p> <p>Countdown sheets were in place to monitor the number of medicines in place. The countdown sheets tallied with the number of tablets recorded as administered.</p> <p>PRN protocols were in place and these included information about the directions, reasons for use, signs and symptoms, things to try before the use of the PRN, what the effect should be, side effects and when to seek further help.</p> <p>There were no controlled drugs or medicines requiring fridge storage in use. Staff knew arrangements to make should storage for these be needed.</p> <p>Two members of staff signed Handwritten MAR charts to check for accuracy.</p> <ul style="list-style-type: none"> <li>This service scored 78 (out of 100) for this area.</li> </ul>
<p><b>Outcome:</b> The service is considered safe</p> <p>'Safe' is defined by the CQC as meaning <b>"people are protected from abuse and avoidable harm"</b>.</p> <p><b>Characteristics of services the CQC would rate as 'Good' in this area are those displaying evidence through systems, processes and practice which reflect:</b> People are protected from avoidable harm and abuse.</p> <p><b>SRG RATING: Good</b></p>		

KLOE	Regulations	Comments
Effective	<p><b>Regulation 9: Person Centred Care</b></p> <p><b>Regulation 11: The need for Consent</b></p> <p><b>Regulation 12: Providing Safe Care and Treatment</b></p> <p><b>Regulation 14: Meeting Nutrition and Hydration Needs</b></p> <p><b>Regulation 15: Premises and Equipment.</b></p> <p><b>Regulation 17: Good Governance</b></p> <p><b>Regulation 19: Staffing</b></p>	<p><b>Assessing needs: Score 4</b></p> <p>People were assessed in a very person-centred way to reduce any anxieties and to make sure people felt empowered and listened to. A robust assessment was completed of a person's needs before they moved to the service and a transition plan put in place that met with the person's needs.</p> <p>All assessments were comprehensive and considered people's culture, past experiences, physical, psychological and social needs.</p> <p>Every placement was carefully considered. All necessary information was gathered before a placement started. Consideration was given to how to support anyone to move.</p> <p>There was exceptional evidence seen as to how people were supported during transition. For example, video introductions were done, because the person could not meet everyone.</p> <p>Staff visited people in their current placement prior to moving in, so they could get to know the person.</p> <p>Internal and external healthcare professionals were involved at the point of assessment and to support through the transition. For example, the community O.T., psychiatrist, social workers and the Liaise PBS and SALT teams.</p> <p>The journey for the most recent person to move into the home had been planned with them and a family member. This had involved planning regular stops and to meet with the family member when they arrived. Staff had arranged a fish and chip supper to help them settle in.</p> <p>Once they arrived, they were greeted by people using the service and staff.</p> <p><b>Delivering evidence-based care and treatment: Score 3</b></p> <p>Medical and healthcare support plans identified individual needs in relation to their health care support.</p> <p>One person had asthma. There was a risk assessment in place which identified the risks associated with this condition and this was used in conjunction with a support plan which identified how to support the person.</p>

KLOE	Regulations	Comments
		<p>The support plan and risk assessment for asthma identified how to effectively manage asthma to mitigate its impact on daily life. There was an asthma action plan in place which identified everyday support, what happened if someone felt worse and what to do in an asthma attack. The support plan guided to recognize the early signs of respiratory distress during asthma attacks and offer immediate support to help alleviate symptoms. However, the symptoms were not described, which would be good practice to do so, this information could be taken from the asthma action plan arranged with the asthma nurse. <b>(ER 1)</b></p> <p>Discussions were held around the management of this person's asthma, and it was seen that it had been recognised that long walks exacerbated asthma attacks. A referral had been made to the community O.T. and the person had been issued with a frame to help them walk and this had reduced the breathlessness and asthma attacks.</p> <p><b>How staff, teams and services work together: Score 3</b></p> <p>There were internal specialists who supported the service. This included the PBS (positive behaviour support) specialist and SALT (Speech and Language therapy) team who supported with communication and swallow reflex, where needed. Although there was no one in the service who were at risk of dysphagia at the time of the visit.</p> <p>The registered manager was proactive in referring people to the internal support specialist. For example, prior to people moving in, a referral had been made to the PBS specialist. They had supported with the transition and were able to visit one person prior to them moving in to help ensure that appropriate support plans and strategies were in place.</p> <p>The SALT team had been involved with another person when they moved in to assist with communication needs. This was now being reviewed to ensure that staff could continue to communicate effectively with people using the service.</p> <p>One person needed support to attend dialysis three times a week. They were supported by staff to attend these appointments. There was a support plan and risk assessment in place, which explained why they needed to attend dialysis and how to support the person.</p>

KLOE	Regulations	Comments
		<p>External support was sought from the community O.T. (occupational therapist) to help support people in their new environment.</p> <p>In addition, people were supported to access the G.P., optician, dentist, chiropodist and the district nurses visited, where needed. One person had ongoing support from the renal dietician.</p> <p>People had a hospital passport, which is a document that helps to share information between services. A sample were viewed which identified the support need, communication, preferences and any conditions which may affect people.</p> <p><b>Supporting people to live healthier lives: Score 3</b></p> <p>Support staff were not directly involved in providing health care support. However, staff supported people to access healthcare services. It was confirmed that people were supported with contacting the G.P. or district nurse for example. Support staff monitored and reviewed people, in line with their health care needs and, with their agreement, contacted appropriate health care professionals.</p> <p>Hospital passports were seen in place. This is a document which goes with the service user when they attend the hospital. Information included within this passport supports the hospital staff to be aware of the most pertinent things they needed to know about the person.</p> <p>Staff worked with people to help maintain healthy lives. People were supported to attend annual reviews and reviews in relation to a learning disability, where needed.</p> <p><b>Monitoring and improving outcomes: Score 3</b></p> <p>Where people injured themselves or had any unexplained bruises, any reviews which had taken place needed to contain more information about the treatment given and whether the injury has healed or worsened. The body map reviews did not identify the mark in detail or the progress. Where possible, photographs were taken. <b>(ER 2)</b></p> <p>People were supported with regular weight checks. There was a lack of consistency in some cases. For example, one person had been weighed as being the same for two months, with the same BMI, but one was assessed as having a high MUST score on one occasion and a low MUST score on another</p>

KLOE	Regulations	Comments
		<p>occasions, despite the fact the weights and BMI were the same. This was calculated by the system but there appears to be an anomaly, and I suggest this is checked out. <b>(ER 3)</b></p> <p>In addition, an incorrect weight was included in February and this impacted on all weight reckoning for the next 6 months and impacted on the weight lost calculation. I suggest that incorrect entries are addressed with Blyssful and removed, where possible. <b>(ER 4)</b></p> <p>Due to risks associated with drinking, one person required a daily limit of fluids, which was around 3,000 mls. Records showed that they did not usually drink this much. This was assessed by the Norfolk Community Health and Care NHS trust, and they provided a nutrition and dietetic care plan. Some of this still needs to be added to the support plan - but this is a current work in progress. There was evidence that the home was following good practice recommendations from health care practitioners.</p> <p>Fluids are monitored for some people and records showed that staff generally completed the fluid charts. There were some odd gaps, which should be monitored. For example, for one person there was no record of any fluids recorded on 18 and 29 August. <b>(ER 5)</b></p> <p>It was reported that this person had a low fluid intake, although staff were aware and prompted fluid intake within the 500 ml recommended limits because of their condition, there was no information in the support plan or risk assessment, and it would be good practice to include this and how this is supported. <b>(ER 6)</b></p> <p><b>Consent to care and treatment:</b> Score 3</p> <p>Consent forms for people who have capacity in relation to photographs were in place. However, there were no further consent agreements in relation to sharing information, for example. <b>(ER 7)</b></p> <p>Mental capacity assessments were not always in place where needed. This needs to be addressed. <b>(ER 8)</b></p> <ul style="list-style-type: none"> <li>This service scored 79 (out of 100) for this area.</li> </ul>

KLOE	Regulations	Comments
		<p><b>Outcome:</b> The service is considered effective</p> <p>'Effective' is defined by the CQC as meaning “<b>people’s care, treatment and support, achieves good outcomes, promotes a good quality of life and based on the best available evidence</b>”</p> <p>“<b>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</b>”.</p> <p><b>SRG RATING: Good</b></p>



KLOE	Regulations	Comments
Caring	<p><b>Regulation 9: Person-centred care</b></p> <p><b>Regulation 10: Dignity and respect</b></p>	<p><b>Kindness, compassion and dignity:</b> Score 3</p> <p>Staff clearly knew people's needs well and spoke positively about the relationships they had developed. For example, asking people what they would like to eat or wear or what they wanted to do for the day.</p> <p>Staff described how they helped maintain people's dignity when they provided support with personal care.</p> <p>People were supported to maintain contact with family and friends and maintain relationships with others. Staff fully involved families, where they requested this. Families were often keen to have updates and staff made sure this happened in line with their request.</p> <p><b>Treating people as individuals:</b> Score 3</p> <p>The management and staff team had prioritised supporting people to access and be a part of their local community., which was a positive approach when speaking with staff.</p> <p><b>Independence, choice and control:</b> Score 4</p> <p>People were encouraged to be as independent as possible and supported to develop daily living skills. For example, one person had not been able to use cutlery when they first moved and only ate 'finger foods.' Staff reported that they now used cutlery for their meals.</p> <p>Care records contained information about people's preferences, likes and dislikes and what things they could do for themselves or where they may need support. Staff were able to demonstrate they understood how to encourage people's independence and provide people with choices.</p> <p>There was a positive rapport between people and staff. It was seen that people's choices were respected and they could choose how they wanted to spend their day and what activities they wanted to take part in.</p> <p>One person had their own activity planner, where they choose their own activities on a daily basis and placed them on the planner.</p> <p><b>Responding to people's immediate needs:</b> Score 3</p>

KLOE	Regulations	Comments
		<p>Staff understood individual needs.</p> <p>People were listened to, and their opinions mattered.</p> <p>Staff were responsive to individual needs.</p> <p><b>Workforce wellbeing and enablement: Score 3</b></p> <p>Staff well-being was considered. At staff meetings, staff wellbeing was discussed, and any concerns noted.</p> <p>Above and beyond nominations were in place for staff who have gone the extra mile to support people to help recognise where staff had achieved good outcomes for people.</p> <p>There was an employee assistant programme in place, which included occupational health, to support staff.</p> <p>There was an open-door policy and staff reported that they felt well supported.</p> <ul style="list-style-type: none"> <li>This service scored 80 (out of 100) for this area.</li> </ul>
<p><b>Outcome:</b> The service is considered as Caring.</p> <p>'Caring' is defined by the CQC as meaning <b>“that the service involves and treats people with compassion, kindness, dignity and respect”</b></p> <p><b>“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”.</b></p> <p><b>SRG RATING: Good</b></p>		

KLOE	Regulations	Comments
<b>Responsive</b>	<p><b>Regulation 9: Person Centred Care</b></p> <p><b>Regulation 12: Providing Safe Care and Treatment</b></p> <p><b>Regulation 16: Receiving and Acting on Complaints</b></p>	<p><b>Person-centred care: Score 4</b></p> <p>Routines were flexible so people were supported with personal care, meal preparation and assistance with daily living at times that met with their needs.</p> <p>People were happy and relaxed being supported by the staff team. The staff team had been supported to promote best practice guidance about supporting people living with a learning disability and autistic people. As a result, people were being supported to live their lives how they chose to do so and have positive outcomes in all areas of their support.</p> <p>Support plans were in place for communication, medical and health support, activities and free and structured time, personal care support, end of life planning, financial matters, support with decision making, and positive behaviour support.</p> <p>Additional support plans were in place, where needed and these included epileptic seizure support plan, asthma and dialysis support.</p> <p>Support plans were written sensitively and identified individual support needs, preferences and what they could manage for themselves. They included information about how people identified or indicated when they were ready to take part in a particular activity, such as having a shower or going to bed.</p> <p>The support plan for one person who had recently moved in had been developed based on the original assessment and input from specialist support.</p> <p>People were supported to increase their independence in relation to daily living skills. For example, one person could now use the toilet independently and carried out more of their own personal care.</p> <p>When one person had moved in, staff explained how they supported them. Staff and another service user had helped them to unpack and introduce them to the home. Staff had identified that that they did not have some items, such as pyjamas and staff had supported them to buy these along with drinks and snacks to keep them going until a proper shopping trip could be arranged. However, it was shame that this had not been recorded to evidence the support they received when they first moved in. <b>(RR 1)</b></p> <p><b>Care provision, integration, and continuity: Score 3</b></p>

KLOE	Regulations	Comments
		<p>Some care records such as staff meeting minutes and residents' meetings were not routinely uploaded and saved to the system and sometimes sat in e-mails and took time to locate. This may mean that the regulator might not see these. <b>(RR 2)</b></p> <p>Activities were not always being recorded. For example, for one person there was only limited activities recorded in the daily care notes, although staff had described the different pastimes, they took part in. <b>(RR 3)</b></p> <p><b>Listening to and involving people:</b> Score 3</p> <p>People supported with regular meetings. These gave people the opportunity to discuss activities, meal planning, wellbeing, safeguarding, health and safety and any concerns.</p> <p>One person had consistently raised questions/concerns about the redecoration of their flat, although this was recorded in the minutes of resident meetings, there was no record that this had been addressed and followed up although the manager and operations manager confirmed that this was going ahead and started at the time of the visit. It would be good practice to record responses to these queries. <b>(RR 4)</b></p> <p>A relatives quality survey had been sent out earlier in the year. One person had identified that they thought that some behaviours of concern were not always reported to them, and they would like their family member to participate in more different daily activities. Conversations with the registered manager evidenced that both these areas had been actioned, but although this could be demonstrated through care records, there was no evidence of the response, and I suggest that this is implemented. <b>(RR 5)</b></p> <p><b>Equity in access:</b> Score 3</p> <p>People used regular and specialised healthcare services depending on their needs, and staff advocated for them where necessary to ensure they received the services they were entitled to.</p> <p>The management and staff team had prioritised supporting people to access and be a part of their local community.</p>

KLOE	Regulations	Comments
		<p>One person who had just moved into the home, approximately two weeks before the visit had already been registered with a G.P. and the pharmacist.</p> <p>Another person had moved into the service from their family home. It was established that neither they nor their family had applied for any form of benefits, which they may be entitled to. The registered manager had brought this entitlement to the attention of the family and was supporting them and the person to apply and access this. This would support them to access more community resources.</p> <p><b>Equity in experiences and outcomes: Score 3</b></p> <p>People were supported to access a range of activities and communal resources.</p> <p>One person who had recently moved in had already been supported to access a day centre. Good evidence was seen of them enjoying this and on one day of the visit they came into the office to tell staff how much they were looking forward to going to the day centre.</p> <p>Staff were keen to help people achieve what they wanted and then worked with people to achieve this. For example, where one person was not taking part in planned horse-riding lessons, they were being supported to go and watch with a plan to help them take part in the future. Another person had been supported to use the barbers, and one person was being supported to make arrangements for a holiday.</p> <p>Staff held key worker meetings with people, and these were happening on a monthly basis. Staff were able to describe what their role as a key worker was and how they supported people. Key worker meetings gave people opportunities to discuss and identify any support needs and plans they had, including goals, for example one person wanted to maintain their health and go on holiday.</p> <p>One person had successfully attended a family home visit and there were plans for these to happen on a regular basis.</p> <p>Goals were identified, but there was a lack of detail about how people achieved these. <b>(RR 6)</b></p> <p>The activity planner for one person needed updating. Although there were plans for them to start some of the activities, these were not the actual activities that they were taking part in at the moment. For example, one activity was for a bus ride, but the person did not like public transport. There were no</p>

KLOE	Regulations	Comments
		<p>activities planned for inside the home, but staff described the different activities that they took part in, which included sensory and music sessions. I suggest the activity planner is developed to reflect activities planned at the current time and could include indoor and out door choices. <b>(RR 7)</b></p> <p><b>Planning for the future:</b> Score 3</p> <p>Consideration was given to future planning and people were asked if they wanted to consider this, where possible or relatives were involved. One person, who had capacity had chosen not to discuss end-of-life matters and this was recorded in their support plan. The manager was working with another person's family to make future plans.</p> <p><b>Providing information:</b> Score 3</p> <p>Staff supported people to communicate and understand information in ways that made sense to them. People were supported to communicate using verbal speech, signs, pictures or objects directly.</p> <p>People had information in their flats including information about their medicines in an easy read format and a complaints procedure.</p> <ul style="list-style-type: none"> <li>• This service scored 78 (out of 100) for this area.</li> </ul>
<p><b>Outcome:</b> 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><b>"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".</b></p> <p><b>SRG RATING: Good</b></p>		

KLOE	Regulations	Comments
Well led	<p><b>Regulation 12: Providing Safe Care and Treatment</b></p> <p><b>Regulation 17: Good governance / Record Keeping</b></p> <p><b>Regulation 19 - Fit and Proper persons employed</b></p>	<p><b>Shared direction and culture: Score 3</b></p> <p>The service was led by a manager who was committed to providing positive outcomes for people living at the home.</p> <p>They understood their responsibilities and the requirements of the Health and Social Care Act 2008. They were aware of the types of events that they were required to notify CQC about.</p> <p>Conversations with the manager and deputy manager evidenced that they were confident in managing the service and providing support to staff and people living in the home.</p> <p>Feedback from staff positive, they said there was a shared culture.</p> <p><b>Capable, compassionate and inclusive leaders: Score 3</b></p> <p>The registered manager was an experienced leader who promoted the provider's vision and values at the service. They worked closely with the staff team to ensure people had the support they needed in a safe and caring environment.</p> <p>The operations manager visited the service regularly to support the registered manager and staff. They monitored the service, speaking to people and staff to get their views on the quality of care and support, and observed staff working with people.</p> <p>Staff said the registered manager worked as one of the team St James House and was reliable, and always there for them. A staff member said 'they do everything and anything needed to support the people and the staff.'</p> <p><b>Freedom to speak up: Score 3</b></p> <p>There were policies and procedures in place for equality and diversity and staff received training.</p> <p>There were ample opportunities for staff to speak up. These included staff meetings and an open-door policy, which staff valued.</p> <p>There was a commitment to support staff to develop and use their skills and ensure people were involved in planning their day.</p>

KLOE	Regulations	Comments
		<p>There was an open and transparent culture which acted on concerns raised and protected people in line with safeguarding and whistleblowing procedures.</p> <p><b>Workforce equality, diversity and inclusion:</b> Score 3</p> <p>There was a values-based approach with a commitment to promote a culture of support and individuality for people.</p> <p>Staff had opportunities to discuss practices, protocols, service user support and health and safety matters, for example. Policies and procedures were in place for equality and diversity and staff spoken with felt this was positive. Staff said they felt they were listened to.</p> <p>Allowances were made for personal responsibilities, such as child care. Flexible working arrangements could be reviewed, and staff could request changes. When staff had appointments, authorised absences were arranged.</p> <p><b>Governance, management and sustainability:</b> Score 3</p> <p>Actions were developed from audits, incidents, the quality team and reports were included in the action plans. Evidence of completed actions were seen, for example, improvements following audits to medication practices.</p> <p>There was good evidence that audits and checks were carried out in line with provider procedures.</p> <p><b>Partnerships and communities:</b> Score 3</p> <p>The service worked proactively with health and social care professionals in the community and internally as identified within this report.</p> <p>Family involvement was promoted, and key workers communicated with families to keep them informed of people's progress or activities.</p> <p><b>Learning, improving and innovation:</b> Score 3</p> <p>Meetings at different levels for the management senior management team were happening, which helped to share learning and improvements.</p>



KLOE	Regulations	Comments
		<p><b>Environmental sustainability – sustainable development:</b> Score 3</p> <p>Where possible recycling was implemented. There was a positive move towards to recycle and switch off appliances and lighting that was not used.</p> <ul style="list-style-type: none"> <li>This service scored 75 (out of 100) for this area.</li> </ul>
<p><b>Outcome:</b> The service is well led.</p> <p>Well Led is defined by the CQC as meaning “<b>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</b>”.</p> <p>Characteristics of services the CQC would rate as Good, are those where “<b>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</b>”</p> <p><b>SRG RATING: Good</b></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>Replace any out of date first aid equipment.</i>						
SR2	<i>Include the first aid on the grab bag check list.</i>						
SR3	<i>Identify any gaps in employment and ensure that a written explanation is obtained.</i>						
SR4	<i>Ensure that staff complete all required training.</i>						
SR5	<i>During hotter weather temperatures are also recorded during hotter times of the day and actions taken to reduce temperatures are identified.</i>						
SR6	<i>Update medication risk assessments in individual flats to ensure they are current.</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>Include the symptoms of asthma in the medical health support plan.</i>						
ER2	<i>Include more information in any reviews of body maps to evidence whether there had been any progress or deterioration.</i>						
ER3	<i>Review how incorrect information such as weights are monitored.</i>						
ER4	<i>Remove incorrect entries.</i>						
ER5	<i>Ensure fluids are monitored appropriately.</i>						
ER6	<i>Include clearer guidance in support plans in relation to fluid intake.</i>						
ER7	<i>Evidence how people have legal responsibility.</i>						
ER8	<i>Implement MCA assessments where needed.</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>Record the support provided when people first moved in to demonstrate how this was managed successfully.</i>						
RR2	<i>Ensure that records relating to meetings, for example are saved to the system in a timely manner.</i>						
RR3	<i>Ensure that activities are recorded.</i>						
RR4	<i>Where people identify any concerns either during meetings or through other ways, ensure there is a more formal record of how this was addressed. This will help to evidence that concerns were acted on.</i>						
RR5	<i>Record the responses in a more formal way to any matters raised through surveys.</i>						
RR6	<i>Include more information about people aim to achieve or have achieved goals.</i>						
RR7	<i>Further develop the activity planner for one person to identify current activity</i>						

	<i>planner to be more reflective of actual activities at the current time.</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	X						