



# AUDIT REPORT

## St James Mews

**Date of Visit:** 26<sup>th</sup> & 27<sup>th</sup> February 2024

Private & Confidential  
SRG CARE CONSULTANCY LIMITED

## Contents:

Page	Subject
3	Current CQC & SRG Ratings
4 – 5	Overall Review Summary
6 – 12	KLoE Safe Domain
13 – 17	KLoE Effective Domain
18 – 20	KLoE Caring Domain
21 – 25	KLoE Responsive Domain
26 – 30	KLoE Well Led Domain
31 – 36	Action Plan

**Service Name:** St James Mews

**Provider:** Liaise (London) Limited

**Address of Service:** 2-3 St James Place. Dartford. Kent. DA1 2ED

**Date of Last CQC Inspection:** 5<sup>th</sup> December 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		72 (out of 100)
Is the service Effective?	Good		70 (out of 100)
Is the service caring?	Good		75 (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 26<sup>th</sup> & 27<sup>th</sup> February 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 staff, discussions with residents a tour of the building and review of key documentation.

### SUMMARY OF OUTCOME

St James Mews is registered with CQC and provides accommodation for persons who require nursing or personal care. It's category of registration is Accommodation for persons who require nursing or personal care. The service is not to provide nursing care. The service provides accommodation for up to 11 residents, of which are supported in a large purpose-built building across 2 floors. At the time of this audit the home had an occupancy of 9 residents.

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

### 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: Score 3</b></p> <p>Learning from incidents was in place. Examples were seen that incidents were reviewed and learning recognised. This included improving communication and approaches to use with individual people. In addition, it had been recognised that staff were not putting enough information into behavioural incidents and learning from this had been implemented and had a positive effect.</p> <p>Levels of incidents had reduced and people were now more actively engaging with staff.</p> <p>Staff were supported with a debrief following incidents. A sample viewed evidenced that the incident was reviewed and discussed, with a review of what has been learnt and what would happen moving forward.</p> <p>Accidents and incidents were recorded on RADAR. Incidents were recorded appropriately, and staff included details of the support provided. Levels of risk were identified.</p> <p><b>Safe systems, pathways and transitions: Score 3</b></p> <p>Good working relationships had been developed with internal and external professionals to promote safe pathways of care.</p> <p>Internal referrals were made to the provider's specialist team. This included the SALT (Speech and Language Therapist) team and the PBS (Positive Behaviour Support) practitioner. They supported with developing safe pathways and systems for staff to use to support people. For example, a PECS (communication) book for one person.</p> <p>Each time there was an incident related to behaviour, the PBS specialist was alerted. They reviewed each incident, carried out an analysis, and identified if there were any trends. They then worked with staff to implement strategies to reduce behaviours.</p> <p>External professionals worked with the service to support one person through multi-disciplinary team support.</p> <p><b>Safeguarding: Score 3</b></p>

KLOE	Applicable Regulations	Comments
		<p>Safeguarding matters were understood and people were protected from the risk of harm. There were no current open safeguarding concerns. There had been one safeguarding, which had now been closed, with no further actions required.</p> <p>The manager was aware of who to notify, if there were any concerns, including the CQC (Care Quality Commission).</p> <p>The manager reported that good relationships had been established with the Local Authority. They had visited and lifted any previous restrictions which had been in place.</p> <p>Staff received training in the safeguarding and knew who to report any concerns to. Staff signed to confirm that they had read available guidance.</p> <p>Easy read versions were also available.</p> <p><b>Involving people to manage risks: Score 3</b></p> <p>People were supported with the management of risks. One person needed a gluten free diet and staff ensured that suitable food items were purchased. These were kept separately in a re-sealable plastic container to ensure that it did not become contaminated.</p> <p>Another person tended to collect items and hoard them in their room. This could be a hazard and staff worked with them and had purchased a small shed, so these items could be stored outside in the garden and present less of a risk.</p> <p>Where people could become frustrated, observations showed that staff maintained a calm approach when this happened. Staff took the time to listen to people and support them to work out solutions.</p> <p>Individualised risk assessments were in place. These included health, constipation, medication, dignity and privacy, diet and nutrition, communication, behaviour, activities and community access, mobility, personal care, social relationships and communication.</p> <p>Some of the risk assessments were duplicated, but this had been recognised and would be addressed when care records were transferred over to a new system (Blyssful).</p> <p>One person had behaviours that could put others at risk this included stalking on the internet, for which there was a risk assessment and care plan. They also frequently contacted the emergency services and</p>

KLOE	Applicable Regulations	Comments
		<p>could make allegations against staff or others. There was limited information about these area in the support plan and it would be worth developing these areas. <b>(SR 1)</b></p> <p>Overall risk assessments identified individual areas of risk and how to manage these risks.</p> <p>People could exhibit some challenging behaviours. There was a behaviour support plan, which was underpinned by a detailed PBS support plan. The PBS plans included information about the person's history, their views, behaviours of concern, triggers, strategies and how to support.</p> <p>The PBS specialist was actively involved in the service and visited every week. They spent time with staff and people using the service and identified how to support to manage behaviours. They reported that they had seen how the service had evolved and high levels of behaviours had reduced in recent months. They felt that this was because staff followed guidance and implemented person centred and professional boundaries. It was also reported that staff were 'hands on' and promoted a consistent approach, which maintained continuity.</p> <p>There were no restrictive restraint techniques used in practice, although one PBS plan stated 'to use approved physical interventions, if necessary', but not what these were. It would be useful to include which approved physical interventions could be used. <b>(SR 2)</b></p> <p><b>Safe environments:</b> Score 3</p> <p>The environment was suitable to the needs of people living in the home. Adaptations were in place to protect equipment and furniture was minimised, but the service retained a homely feel.</p> <p>Maintenance support was in place and a programme of redecoration was in progress.</p> <p>There were systems and processes in place to maintain the environment. Regular checks were carried out on the environment.</p> <p>Care home risk assessments were in place to maintain the environment and health and safety practices safely. These included slips, trips and falls, lone working, emergency procedures, manual handling, electrical and gas safety.</p>



KLOE	Applicable Regulations	Comments
		<p>Monthly and weekly health and safety checks were completed. These included emergency lighting, fire doors, fire alarm, fire drill, fire extinguisher, call point, window restrictors and water temperatures. These were recorded onto the system known as QUOODA. It was confirmed that these were up to date.</p> <p>Safer Food Better Business procedures were in place. Fridge and freezer temperatures were monitored and food temperatures were checked.</p> <p><b>Safe and effective staffing:</b> Score 2</p> <p>There were enough staff employed to maintain staffing levels, with an additional pool of bank staff who could be utilised when needed. Agency had not been used for some considerable time, which was positive.</p> <p>People were supported on a one-to-one or two-to-one basis, which was dependent on assessed levels of need. Staffing levels were maintained safely with enough on duty to meet individual needs and support them with their daily living activities.</p> <p>Staff rotated when giving support to people to ensure that all staff were aware of individual needs. Staff were also keyworkers for individual people and worked with them to review their care needs and any individual goals and outcomes.</p> <p>One staff member had taken a lead role in promoting activities, which had provided more opportunities for people to take part in different pastimes.</p> <p>Recruitment was managed by HR team from head office. They carried out all checks as required by regulation.</p> <p>Evidence of recruitment was kept electronically. The HR team had recently carried out an audit for all staff files, which is good practice. This had identified that there were missing documents in place. This included missing references, gaps in employment and missing interview notes.</p> <p>The audit identified that either the information had been requested or file notes had been placed on individual records. Information was cross referenced and it was seen that files notes had been placed on staff records.</p>

KLOE	Applicable Regulations	Comments
		<p>However, for one person, who was in employment, the file note stated that they had passed probation but there were gaps in employment. This information could have been requested from the member of staff and a file note may not meet with regulation. <b>(SR 3)</b></p> <p>In addition, where there were references missing again the file note stated that they had passed probation and Liaise could verify that the employee had demonstrated the necessary personal and professional attributes to work on this setting and therefore they are suitable for continued employment. I would suggest that a detailed risk assessment would be more appropriate. <b>(SR 4)</b></p> <p>It was noted that for the majority of staff, the audit found that information was in place as required.</p> <p>Staff were supported with training. This was primarily online through the training provider Your-Hippo.</p> <p>Mandatory training included safeguarding, medication awareness, Mental Capacity and Deprivation of Liberty Safeguards, health and safety, food safety, autism, equality and diversity, privacy and dignity, fire safety, GDPR, infection control, manual handling and learning disability.</p> <p>Required training included British sign language, CoSHH, diabetes, duty of candour, mental health, oral health, and PBS.</p> <p>All staff except one were at 100% compliance with their training. The remaining staff member was at 92%, where one training had recently expired.</p> <p>Staff were supported with supervision. Staff reported that they felt that supervision was positive, and they received good support from the manager.</p> <p>Assessments of individual knowledge and understanding of staff competencies in relation to Health and Safety/Fire, IPC and Food Hygiene, MCA and Safeguarding and medication were in place. Overall compliance was at 96.2%.</p> <p><b>Infection prevention and control: Score 3</b></p> <p>Policies and procedures were in place for the management of infection control procedures. Checks were made on CoSSH (Control of Substances Hazardous to Health) products. There was a register and individual risk assessments.</p>

KLOE	Applicable Regulations	Comments
		<p>Cleaning schedules were in place. The home was seen to be clean. National colour-coding guidance for all cleaning materials and equipment and food safety to maintain infection control procedures were in place.</p> <p>PPE was available as required.</p> <p><b>Medicines optimisation: Score 3</b></p> <p>Medication was stored safely.</p> <p>Medicines were kept in lockable cabinets, either in the office or in people's own rooms, depending on assessed risks. Controlled drugs were stored safely. A controlled drugs book was in place, and a separate lockable cabinet had been ordered. In the interim, controlled drugs were locked in a separate tin and kept inside another lockable cabinet. External creams were kept separate from internal medicines. Temperature checks were undertaken.</p> <p>A sample of medication administration records (MAR) charts were reviewed, those viewed had been completed accurately. Controlled drugs were administered in line with the prescribers' instructions.</p> <p>Two staff signed for each administration of medication and stock counts were carried out daily.</p> <p>There were safe systems for signing medicines in and out of the service when people went home for visits.</p> <p>PRN (as and when medicines) protocols were seen and these included the medication details, reasons for use, signs, and symptoms to be managed, and when G.P. advice should be sought.</p> <p>Each person had an individual medication profile and easy read medication guidance. The easy read for one person, did not match the MAR charts or the medication list on the profile. This was addressed at the time and the remaining easy read guidance was checked to ensure they were all correct. I suggest dating the profiles and easy read guidance to help monitor updates and changes. <b>(SR 5)</b></p> <p>Staff were trained and assessed for competence for administering medication. There were signature sheets to evidence who could administer medicines.</p> <ul style="list-style-type: none"> <li>• This service scored 72 (out of 100) for this area.</li> </ul>

KLOE	Applicable Regulations	Comments
		<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 3</b></p> <p>There had been no one move into the service since the last visit. There were two vacant rooms, one of which was ready for someone to move into.</p> <p>Referrals had been made and pre-assessments carried out. When carrying out assessments, consideration was given to ensuring that the service could meet people's needs and that they would complement the needs of people currently using the service. This was to ensure that there was a robust assessment process. As yet this was still ongoing.</p> <p><b>Delivering evidence-based care and treatment: Score 3</b></p> <p>Where people suffered with epilepsy, there were individual risk assessments and care plans in place. One viewed included information about the type of seizure, the treatment or support required in specific instances, the symptoms of the seizure, the use of specific equipment such as a sensor and listening device to be used when they were not being supported on a one-to-one basis, and emergency treatment.</p> <p>One person had been identified as a potential choking risk, as they had a choking episode in the past. There was a risk assessment in place and reference to the risk in the nutritional care plan. The review of the nutritional care plan identified that staff had worked with the person to support them to sit at the table rather than their bed or the floor to help promote good posture and ensure that they did not rush their food. The SALT team had visited and made some recommendations, and this was included in the care plan.</p> <p>Information about diabetes varied in different support plans. For one person there was detailed information about diabetes and the impact on their life. For other people, this information was not in place, it may be that this was because a formal diagnosis was not in place, but diabetes was referred to in the support plans. There was a lack of in any of the support plans on how to manage diabetes with no reference to blood sugar levels, if these needed to be monitored and if there were any risks around hyperglycaemia (too high blood sugar levels) or hypoglycaemia (low blood sugar levels). It would be good practice to further develop information around diabetes. <b>(ER 1)</b></p> <p>Some people were at risk of constipation. There were individualised risk assessments and care plans in place for this, which included any current PRN and possible signs of constipation. In addition, where</p>

KLOE	Regulations	Comments
		<p>people were non-verbal there was information about expressions and body language, which may indicate constipation.</p> <p>Medical and health care plans identified individual conditions or syndromes. The information varied in detail. For one person, there was detailed information about their disorder and how it affected their daily living. However, for another person there was little information about a specific condition. <b>(ER 2)</b></p> <p><b>How staff, teams and services work together:</b> Score 3</p> <p>Where people had specific conditions, they were supported by specialist healthcare professionals including the epilepsy nurse, consultant psychiatrist, psychologist and learning disability nurse.</p> <p>A multi-disciplinary team worked with the manager and internal specialists to support one person. Regular meetings were carried out and the team kept in contact to monitor the person's need and adapt care provision as needed.</p> <p>For another person staff had worked proactively with the G.P., epilepsy nurse and pharmacist to implement medication procedures for one type of medicine and support their preferred way of taking the medicine.</p> <p>There were internal specialist practitioners who supported the service. This included the PBS (Positive Behavioural Specialist) practitioner and the SALT (Speech and Language therapist) specialist. The internal specialist team worked proactively with the service to provide guidance for staff.</p> <p>The service worked with training providers to implement training for specialist needs, such as Smith-Magenis syndrome and Prada-Wili syndrome, both of which are life long conditions where people will always need extra support. Staff also received training in epilepsy to ensure that they could support people effectively with this condition. PROACT SCIPr training was in place to support people with behaviours of concern.</p> <p>Each person had a hospital passport which was used should they need to attend hospital.</p> <p><b>Supporting people to live healthier lives:</b> Score 3</p> <p>People were supported to access health care appointments and professionals within the community. People attended appointments with the G.P., dietician and dentist.</p>

KLOE	Regulations	Comments
		<p>One person had suffered with poor skin conditions which had caused them concern, staff had worked with health care professionals and supported them to improve the condition.</p> <p>Some people needed support with managing their dietary needs. One person required a gluten free diet, due to their toleration to certain foods, although they had not been formally diagnosed with any specific food allergies. Staff ensured that this was managed.</p> <p>Eat well plates had been introduced to help people manage their nutritional intake. Healthy diets were promoted.</p> <p><b>Monitoring and improving outcomes: Score 3</b></p> <p>People were monitored with their food intake where needed. Recording, however, was inconsistent, with staff recording a variation in the modification of meals which ranged from liquidised to minced and moist to soft and bite sized to easy to chew to regular for one person.</p> <p>Fluid monitoring was in place for some people, but these were again inconsistent with some days no fluids being recorded such as 7<sup>th</sup> – 18<sup>th</sup> February and 19<sup>th</sup> January – 5<sup>th</sup> February, for example.</p> <p>Where nutrition and fluids were recorded, a consistent approach should be maintained. <b>(ER 3)</b></p> <p>The support plan for one person stated that they needed to be checked every hour during the night, there was evidence in the care records that this was happening. This was because they were at risk due to their epilepsy.</p> <p>Key workers were in place and regular key worker meetings were happening. This gave people chance to be involved and staff were able to review their needs and assess as to whether there were any changes.0</p> <p>Handovers were used to share any concerns or changes in individual needs, so staff were kept up to date.</p> <p>As identified, elsewhere in this report, staff collaborated positively with health and social care professionals to monitor and review outcomes for people.</p> <p><b>Consent to care and treatment: Score 2</b></p>

KLOE	Regulations	Comments
		<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.</p> <p>Most people living at the service lacked capacity to make informed decisions in different areas. MCA assessments were in place. These included community access, safeguarding, personal care, behaviour, social relationships, communication, health and well-being, family contact, diet and nutrition, medication, behaviour and consequence, restrictive practice, activities and sensory support, personal relationships, culture, religion and end of life, mobility day and night, oral hygiene, money management, kitchen access and weight measurement. This meant that individual capacity was assessed, which is good practice.</p> <p>The assessments required an assessment of why people lacked capacity, and to detail any attempts to optimise understanding and maximise capacity. However, these sections lacked detail and did not record attempts to promote understanding, for example there was no record of the conversation, how the information was explained or presented in a way that was easier for the person to understand, although some recorded that pictures or equipment was used, but not how. It is suggested that more detail is included in the recording when assessing individual capacity. <b>(ER 4)</b></p> <p>Care does need to be taken to ensure that when MCA assessments are reviewed when circumstances change, changes are recognised as it could impact on the assessment. For example, there was a review and a best interest decision that referred to the fact that the person's close relative was ill, but they had passed away prior to the review, which meant that this had not been reviewed robustly. <b>(ER 5)</b></p> <p>People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, this is usually through MCA application procedures known as DoLS (Deprivation of Liberty Safeguards).</p> <p>Applications had been made where people were subject to limitations on their freedoms. Staff worked with assessors to review individual needs.</p> <p>Staff asked for consent and permission when they provided care and support to people. Observations showed that staff always checked with people. There were consent form for photographs, but no others</p>



KLOE	Regulations	Comments
		<p>were seen. It may be that these were in place, but it would be good practice to ensure that these are available for external monitoring processes. Consent forms for photographs</p> <p>The manager was aware of the need for evidence of legal representation for people who used the service and was working with families to obtain this.</p> <p>People were supported to understand that the house was locked and as such there was some restrictive practice, kitchens were also locked and there were MCAs in place for this</p> <ul style="list-style-type: none"> <li>This service scored 70 (out of 100) for this area.</li> </ul>
<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: Score 3</b></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>Conversations with people, evidenced that they felt they were treated with respect, and everyone felt valued.</p> <p>Observations of interactions between staff and people showed staff spoke to people with respect and promoted people's dignity, privacy and independence.</p> <p>Staff had made a memory box for one person. They were supported to write letters to a relative who had passed away and then they placed them in a memory box, which was private to them. This helped them to express feelings.</p> <p><b>Treating people as individuals: Score 3</b></p> <p>There was an equality and diversity policy in place and staff had received training. People's protected characteristics such as their gender, race and religion were respected.</p> <p>People were supported to maintain their cultural identity or individual beliefs. A focus had been placed on re-introducing spiritual connections to support people. People had been supported to visit a church of their choice and a Deacon visited on a regular basis. People took part in a service.</p> <p>There were life stories in place and there was evidence that staff had obtained information about people to help staff know their background. In one person's there was particularly good detail about their early life, routines were recorded and there was information about what they did not like doing and things that might upset them, there was information about likes and dislikes and hobbies and what things they liked doing.</p> <p>Care plans identified to prompt people and support people to manage as much for themselves. They included how staff to advise and offer and not always 'do'.</p>

KLOE	Regulations	Comments
		<p>People's preferences were included in their care plans with staff guidance to listen and respect individual choices, but to share suggestions and offer alternatives to help guide people.</p> <p><b>Independence, choice and control: Score 3</b></p> <p>People had been supported to improve daily living skills and maintain independence. For example, two people had previously not sat at a table for their meals and would sit on the floor or their bed. Staff had supported them to start using the table for their meals and eating meals unsupported with cutlery, something people had not previously been able to manage.</p> <p>Through a consistent approach of repeating words to one person, who had been non-verbal throughout their life, this person was now able to say 'mama,' which was something their mother had wanted to hear them say.</p> <p>People were supported to collect their own prescriptions.</p> <p>People were supported to maintain contact with family and friends and maintain relationships with others.</p> <p><b>Responding to people's immediate needs: Score 3</b></p> <p>Communication cards were in place to help staff communicate with people. These included the meaning with the sign and the appropriate symbol.</p> <p>Where one person was non verbal, the manager had produced some simple photographs demonstrating hand signals and body language the person used to show when they were hungry or in pain. This was to help guide staff to recognise the difference in their communication process.</p> <p>Staff understood signs and triggers of when people were distressed or upset, and the PBS specialist supported with reviews of incidents.</p> <p>One person had lost a close relative and was grieving, which on occasions manifested in behaviours. Staff were sourcing therapy to help them through this.</p> <p><b>Workforce wellbeing and enablement: Score 3</b></p> <p>The manager maintained an open-door policy and staff were supported through supervision to discuss any concerns.</p>

KLOE	Regulations	Comments
		<p>Health and well-being of staff was considered, and the manager worked with staff to monitor hours of work. Numbers of help lines were made available so staff could access support if they needed it.</p> <p>Staff had been provided with a blue light card, which entitled them to discounts.</p> <p>Regular debriefs took place following any incidents.</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 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 3</b></p> <p>Guidance for staff evidenced that individual care and support was led by the person. Care plans reflected individual likes and preferences around activities and pastimes and how they liked to be supported. Care plans included sections about behaviour, restrictive practice, relationships, personal care, communication, diet and nutrition, personal care, social relationships and mobility. These were individualised to the person.</p> <p>Communication support plans and passports were in place. The communication support plans identified the person's preferred way of communicating and use of any aids. Where people were non-verbal there was information about signs and body language and if they could become distressed or anxious.</p> <p>The communication passport included details about how to help the person understand staff. Aids were used to help people communicate and share information. These included Makaton, PECS, and objects of reference, which was a box with different items, which was used for the person to identify as to what they needed.</p> <p>Staff spoke positively of the importance of taking to people and listening to what they had to say. All members of staff reiterated the importance or maintaining a family orientated approach.</p> <p>There were individual care plans for goals and outcomes and people were supported to achieve individual goals with positive outcomes. Both longer term and shorter-term goals and objectives were considered.</p> <p>Where some people had longer term objectives to live more independently, they were being supported in a sensitive manner to ensure that their expectations were not unachievable.</p> <p><b>Care provision, integration, and continuity: Score 3</b></p> <p>Staff worked with health and social care professionals to promote outcomes for people. Reviews of care were undertaken.</p> <p>Updates and information were sent to families on a regular basis, so they were kept up to date with activities their loved one took part in. Feedback indicated that families appreciated this.</p>

KLOE	Regulations	Comments
		<p><b>Listening to and involving people:</b> Score 3</p> <p>People were supported to have a say. Surveys were completed on an annual basis and surveys had been sent out to families. These were in the process of being returned.</p> <p>Monthly house meetings were held, and people were supported to contribute. Topics discussed included follow up to agreed actions, health and safety issues, activities and staying safe. People discussed their planned holidays, improved menus, different activities such as going bowling and trips out. People were also supported with key worker meetings.</p> <p>As part of the redecoration programme, people had been consulted about the choice of colours in the communal lounges for feature walls. People could also choose the colours for their bedrooms.</p> <p>People were supported to take part in cooking their meals and different domestic duties to keep them involved in the running of the service.</p> <p>There was a complaints procedure in place. This was also available in an easy read format for people.</p> <p>The last complaint was made in September 2023. It was seen that the complaint was upheld, and appropriate actions taken, with the final decision being sent to the complainant.</p> <p>There had been no other complaints.</p> <p><b>Equity in access:</b> Score 4</p> <p>The manager understood the importance of people having equity in access to care and treatment from health and social care professionals. They strongly advocated on behalf of people using the service and was confident to challenge health and social care professionals if they felt people were not being given the same opportunities to live an ordinary life as any other citizen.</p> <p>For example, where funding was being attempted to be cut for one person, the manager was challenging the decision to ensure that any decisions would be made in the best interests of the person. They had also advocated for another person when the G.P. was reluctant to offer blood tests to further explore a concern to ensure they received the support they needed.</p>

KLOE	Regulations	Comments
		<p>Staff were also supporting one person through probate and were sourcing independent advocacy to support them with this.</p> <p>There was a positive approach to ensuring that people were supported to access available resources. This included attending appointments or assessments. Staff worked with other professionals to support this.</p> <p><b>Equity in experiences and outcomes: Score 3</b></p> <p>Staff had received training face-to-face training in a specific condition. The person living at the service, who had this condition had joined in the training and had enjoyed the experience.</p> <p>Some people in the home had been allocated roles and responsibilities. One person was head gardener and wildlife expert and was responsible for maintaining the garden and another person had taken on a receptionist role, where they answered the phone and signed people into the service.</p> <p>One person enjoyed researching and studying and they had been supported to purchase a laptop, so they could find answers to their queries.</p> <p>People were supported with a range of activities, which were tailored to their individual needs. One support worker led on promoting activities for people. They had spent time with people to get to know them and understand their different interests.</p> <p>Simply Sensory was provided for people and this was an immersive sensory session, which used projectors to support people to have new activities. People joined in virtual activities including fishing, horseracing and football. These activities promoted a friendly competitive spirit and there was lots of laughter.</p> <p>People took part in a range of activities which included Zumba, horse-riding, and gardening. People enjoyed days out to garden centres, shopping centres, parks, and theme centres. People went to the day centre.</p> <p>Photographs show that people have been involved in a range of activities, such as arts and crafts including making decorations for Christmas and Easter. People took part in baking and made things like cheesecake, apple pie and doughnuts.</p>

KLOE	Regulations	Comments
		<p>Everyone had a photograph album which showed the different activities people had taken part in. One person was proud of their photograph album and showed us activities they had enjoyed.</p> <p><b>Planning for the future: Score 3</b></p> <p>Planning for the future had been considered. Where they wanted to or were able, people had been supported to complete a plan for end of life with consideration to burial and funeral preferences. Families had also been contacted to ask for their input into end-of-life matters.</p> <p>One person's close relative had information for end-of-life decisions and preferences. There was some nice person-centred information around sensory items the person would like.</p> <p>Where people suffered with epilepsy and were at risk of SUDEP (Sudden unexpected death in epilepsy) this was not referred to and it would be worth considering in the event of an untoward event. <b>(RR 1)</b></p> <p><b>Providing information: Score 3</b></p> <p>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 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>Where needed, people had visual timetables for activities and routines. This helped them to plan their day.</p> <p>Information was provided through easy read documentation, pictorial guidance, PECS, and physical tools, such as the use of a box of reference for one person, where they could use objects to indicate their need.</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>		



KLOE	Regulations	Comments
<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: <b>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>There was a family orientated approach, with staff seeing everyone living at the service as an extended family. Staff endorsed that they were working in people's homes, not people living in the staff workplace.</p> <p>There was a pride within the home that improvements had been made and staff spoken with reported that they felt people were now being supported with more opportunities to take part in the community and be involved in the service.</p> <p>The PBS specialist reported that staff had taken on board advice and guidance in relation to supporting people and promoting a consistent approach, which had a positive effect on the service and some of the exhibited behaviours.</p> <p>Where conflict between staff teams was identified the manager actively addressed this and promoted a joined-up approach for all staff to ensure they worked as a team.</p> <p>Staff were held to account and letters of concern were shared where any discussions were completed in relation to performance or conduct.</p> <p>Senior staff meeting minutes identified that individual accountability was reinforced to ensure that staff were aware of the expectations of internal and external reviews, audits and inspections. Senior staff spoken with were aware of their accountabilities and responsibilities.</p> <p><b>Capable, compassionate and inclusive leaders: Score 3</b></p> <p>The management team were visible within the service. Both the manager and deputy manager worked at the weekends and on a night shift, if needed. They got involved with cooking and supporting people to access appointments.</p> <p>It was reported that the manager had gelled with in terms of expectations and shared their vision of promoting a safe service with positive outcomes for people with staff.</p> <p>Staff reported that the manager was supportive and available when needed.</p>

KLOE	Regulations	Comments
		<p>The operations manager visited the service on a regular basis and provided both support and guidance. The people living in the home knew who the operations manager was and they interacted positively with people.</p> <p>Both people living in the home and staff took on allocated roles. As identified earlier in this report two people had taken on head roles. Staff also took on lead roles, with one leading on activities, one person was to be leading on end of life and other staff took a lead on medication and safeguarding.</p> <p><b>Freedom to speak up: Score 3</b></p> <p>There was a staff champion who represented the internal staff team. They attended organisational meetings and spoke on behalf of the team to raise awareness of any issues with the senior management team.</p> <p>Staff meetings were in place including staff wide team meetings and senior staff meetings. Staff were supported with guidance and advice.</p> <p>Staff surveys were in place and sent out on a regular basis. Staff supervisions gave staff the opportunity to raise any issues or concerns.</p> <p>Whistleblowing procedures were promoted to ensure staff were aware and comfortable to report any concerns.</p> <p>There was an open-door policy and the manager was available for staff when they needed support or advice.</p> <p>Staff handovers promoted communication processes.</p> <p><b>Workforce equality, diversity and inclusion: Score 3</b></p> <p>There were policies and procedures in place for equality and diversity and staff received training.</p> <p>Consideration was given to individual staff cultural and religious beliefs and the manager worked with staff in relation to acknowledging religious festivals and appropriate breaks for prayer.</p> <p>Reasonable adjustments were made to rotas to support people balance and home and working life.</p>

KLOE	Regulations	Comments
		<p><b>Governance, management and sustainability:</b> Score 3</p> <p>There were systems in place to monitor the quality of the service. The quality assurance audit was maintained electronically. Audits were carried out weekly, monthly and quarterly and included:</p> <ul style="list-style-type: none"> <li>• Quarterly operational audits for administration, quality of life and infection control and medication.</li> <li>• Monthly audits for Support Plans and Risk Assessments, Health and Safety, Infection Control, finances, data protection, medication and night time.</li> <li>• Weekly audits for medication, vehicle maintenance and regular walks around the service.</li> </ul> <p>It was seen that audits were now being completed in line with the schedules.</p> <p>Actions were generated from audits and a sample were seen to be completed.</p> <p>The Quality Assurance Framework (QAF) monitored governance and overall compliance and compliance and improved.</p> <p>There was a Service Continuity plan in place, in the event of an emergency or untoward event. Alternative locations had been identified, where people could go to be safe in the event of such an emergency.</p> <p><b>Partnerships and communities:</b> Score 3</p> <p>Feedback from relatives was positive. They were happy with the introduction of new activities, especially the sensory activity. Another relative praised staff for their friendly and welcoming attitude and appreciated the care and support provided to their relative.</p> <p>There was positive feedback from a health care professional, who praised staff for providing a therapeutic environment and positive changes which had resulted in people becoming happier and calmer.</p> <p>Staff worked in partnership with families as well as health care professionals and ensure that they were kept up to date with any changes in individual needs.</p>

KLOE	Regulations	Comments
		<p>The service also worked in partnership with key organisations, including the local authority and health and social care professionals to provide joined-up care.</p> <p><b>Learning, improving and innovation: Score 3</b></p> <p>There were no outstanding actions on the RADAR system with all actions having been recorded as completed.</p> <p>Actions were developed from incidents, and it was seen that learning was shared from these.</p> <p>There was an overall SIP (service improvement plan), which sat outside of the RADAR system. This was generated from internal reviews and external audits. This included actions relating to the environment, medication and health, records and documentation, activities, engagement, leadership, and culture, for example. This identified progress and actions taken, although it was last recorded as being updated in October 2023, so the most current position on the SIP was not available. <b>(WR 1)</b></p> <p>It was noted through a team meeting report and feedback at the time of the visit, that the service van was in for repair and another vehicle had been on longer term loan from another service. It was reported that this needed to be returned, but this would leave St James Mews without transport of service users. <b>(WR 2)</b></p> <p>There were policies and procedures in place to support the smooth running of the service. These included safeguarding, health and safety, human resources and care and support policies. Staff had access to these via the RADAR system.</p> <p><b>Environmental sustainability – sustainable development: Score 3</b></p> <p>Application had been made to the waste company for a recycling bin to help dispose of more items in the right way and promote improved waste management.</p> <p>There was a positive move towards reducing the amount of paper used with electronic systems in use for rostering, care plans and staff records.</p> <p>There was an environmental policy and procedure in place which included sustainable guidance.</p> <p>One person living in the home actively recycled items and staff supported them with this.</p>

KLOE	Regulations	Comments
		<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>Consider expanding key information around some known behaviours to ensure there is clear guidance for staff</i>						
SR2	<i>It would be useful to include which approved physical interventions could be used, if needed.</i>						
SR3	<i>Where staff are still in employment, request an update to their employment history.</i>						
SR4	<i>Implement more detailed risk assessments where references are missing, rather than a file note.</i>						
SR5	<i>Date the profiles and easy read guidance to help monitor updates and changes</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>Further develop support plans to include more information about diabetes such as around blood sugar levels, if they needed to be monitored, for example</i>						
ER2	<i>Include more information about specific conditions or syndromes to help staff understand specific needs. It was noted, however, that management of associated risks were identified.</i>						
ER3	<i>Ensure there is a consistent approach when recording food and drink which identifies the correct level of food modification and the amount of fluids consumed, where needed or identify where this does not need to be recorded</i>						
ER4	<i>Include more information in the mental capacity assessments as to records of the actual conversation, how the information was presented and attempts to ensure the information could be retained</i>						



ER5	<i>Ensure that when reviews of MCA's are undertaken all current factors are considered</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	<i>No Recommendations</i>						

## 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>Consider including information about risks around sudden death</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>Carry out a review of the SIP to establish the most current and up to date progress</i>						
WR2	<i>Arrange for van repairs to be completed</i>						