



# AUDIT REPORT

## Timaru

**Date of Visit: 18<sup>th</sup> and 19<sup>th</sup> January 2024**

Private & Confidential  
SRG CARE CONSULTANCY

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**Service Name:** Timaru

**Provider:** Liaise (South) Limited

**Address of Service:** Great Bridge Road, Romsey, Hampshire SO15 OHB

**Date of Last CQC Inspection:** 18<sup>th</sup> April 2023

**CQC Rating:** Requires Improvement 

### Ratings

**SRG Overall Rating for this Service** **Good**

Is the service safe? Good



Is the service Effective? Good



Is the service caring? Good



Is the service responsive? Good



Is the service well-led? Good



### Overall Review Summary

3 SRG Care Consultancy is registered in England and Wales under registered number 13877264. Our registered office is Unit P, 10 Stone Way, Lakesview Business Park, Canterbury CT3 4GP

## INTRODUCTION

An audit, based on CQC KLoE, was undertaken by one SRG Consultant over two days on 18<sup>th</sup> and 19<sup>th</sup> January 2024. The purpose of this review was to highlight in a purely advisory capacity, any areas of the service operation which should or could be addressed in order to improve the provision and recording of care and increase overall efficiency and compliance with CQC Standards and Regulatory Requirements.

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

## METHODOLOGY

Several different methods were used to help understand the experiences of PWS who used the service. These included observation of interactions between PWS and staff, conversations with the Operations Manager, Manager, Positive Support Co-ordinator, discussions with staff, PWS, a tour of the building and review of key documentation.

## SUMMARY OF OUTCOME

Timaru is registered with CQC and provides accommodation for persons who require personal care. It's category of registration is a Residential Home and has specialisms/services in learning disabilities. The service provides accommodation for up to 6 residents.

We observed some interactions between staff and PWS to ensure they were comfortable with the support / engagement that they were having. I read support plans and risk assessments for three PWS. I checked four staff recruitment files and records to confirm staff training and supervisions had occurred appropriately. I 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.

Timaru use Care Control Software for all PWS information. 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.*

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KLOE	Applicable Regulations	Comments
<p><b>Safe</b></p>	<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>Safeguarding notifications are recorded on the computer system workflow and the required CQC notifications are also completed. All Safeguarding's are reviewed and any further investigations required are completed, actions put in place and any lessons learned.</p> <p>All staff receive mandatory Safeguarding Training as part of their induction. Yearly reviews are in place.</p> <p>Staff are asked about Safeguarding and the process of Whistleblowing. Ensure questions asked of staff are clearly documented with their responses as part of the managers walk round. For additional good practice, informal documented training 'huddles' should be in place to further explore staff's knowledge and understanding. This can be part of handovers and group supervisions <b>(SR1)</b>.</p> <p>Accidents and Incidents are electronically completed, reviews are in place with a detailed analysis that also looks at the amount and type of incidents PWS are involved in. The Quality Assurance team look at the risk scoring with an action plan review completed by the Operations Manager.</p> <p>Debriefs are in place which gives the opportunity for staff to voice their concerns, seek support and for learning points to be shared and any further training identified.</p> <p>For additional evidence of embedding staffs' knowledge and understanding- small group sessions around asking staff what they feel constitutes an accident and what is an incident is 'good practice' <b>(SR2)</b>.</p> <p>All required checks such as fire alarms, emergency lighting, fire drills were monitored by the computer system Quooda and were all up to date.</p>

KLOE	Applicable Regulations	Comments
		<p>Individual risk assessments were seen in conjunction with support and PBS plans. Those seen were around medication, emotional support, verbal and or physical challenges, community access etc. All were comprehensive with lots of attention to detail and were regularly reviewed and updated in line with changes in presentation of PWS and/or additional information received/obtained via observations by staff.</p> <p>Infection Control – the service when last inspected by CQC in April 2023 did not have any identified breaches in this area, it was apparent that all bedrooms and in particular bathroom areas have been upgraded. Where required staff wear PPE. There were plenty of aprons, gloves etc around the building for staff usage. As discussed during my visit, for additional best practice ensure random handwashing audits are completed with staff each month as part of manager walk rounds and/or additional observations <b>(SR3)</b>.</p> <p>Cleaning schedules had been reviewed and were in place for the PWS individual areas and all communal areas. The additional cleaning is completed by the cook outside of his kitchen hours. Any additional cleaning required is supported by staff at night and/or weekend.</p> <p>I looked at medication alongside the Positive Support Co-ordinator and the Team Leader. Each PWS has their own medication safely secured in a locked cupboard. I checked the MAR sheets and PRN protocols. MAR sheets were all up to date with evidence of stock counts. PRN protocols seen were very detailed with clear explanations as to when PRN should be given and the reasons why.</p> <p>As discussed during my visit, all PWS to have a clear medication profile as to how they like to take their medication e.g. with juice, water, on a spoon <b>(SR4)</b>.</p> <p>All staff who administer medication should be asked about their knowledge of the medication they are giving, not just part of the annual competency. This can be via informal</p>

KLOE	Applicable Regulations	Comments
		<p>training/supervision to ensure all staff are fully aware of all medication they are giving, potential side effects and interactions <b>(SR5)</b>.</p> <p>Medication audits are completed weekly by Team Leaders, monthly checks by the Manager and quarterly checks by the Operations Manager. Medication reviews are held regularly to ensure 'least restrictive practice in line with the principles of 'STOMP'. There were no controlled drugs prescribed at the time of my visit.</p> <p>Staff files are kept on sharepoint, those seen were compliant and the interview process also looks at any gaps in employment, explanations are in place. Regular DBS checks are completed in line with the company's policy.</p> <p>All staff are thoroughly inducted and work alongside staff that are more experienced and familiar with the needs of the PWS. The induction booklet seen is very comprehensive and includes timeframes for inductions and supervisions.</p> <p>The majority of staff are on sponsorship but are keen to learn and are supported as much as possible by the manager and the team to ensure they understand all aspects of their role, can ask questions and feel a valued member of the team.</p> <p>There is a new system for Rotas, these have been completed for the next six weeks and will be monitored closely by the Manager and Deputy. All are completed in line with support required. There was good evidence of allocation to PWS, the use of 1:1 and 2:1, there are staff changes every 1.5 hrs which is evidence of good practice, safety and wellbeing for both the PWS and the member of staff.</p>



KLOE	Applicable Regulations	Comments
<p><b>Outcome:</b> This service is considered as Safe. 'Safe' is defined by the CQC as meaning “<b>people are protected from abuse and avoidable harm</b>”.</p> <p><b>SRG RATING:</b> <b>Good</b></p>		

KLOE	Regulations	Comments
<b>Effective</b>	<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>Support plans are kept electronically. I viewed several which gave good detail about the person, with a lot of focus on preferred routines, what their gestures meant, how staff should respond and interact. There has been considerable work exploring and gaining more information about the PWS from birth and the effects of their medical histories. Due to the ongoing additions, it was clear that updates are in place and the monthly reviews are now happening.</p> <p>Where support was required for equipment and positioning there were the additions of photos to ensure all staff are clearly aware how to support.</p> <p>There were detailed PBS plans which were written and reviewed by the PBS lead who is also part of the compliance team.</p> <p>Some 'About Me' still needs to be added/completed which is a work in progress. This has been highlighted in previous reports <b>(ER1)</b>.</p> <p>Activities are being planned in advance and on a daily basis as per choice and what the PWS is interested in. I was shown lots of photographs and activities that PWS are involved in from cooking, music, trips out and celebrations such as Christmas. It was very apparent that the focus is on engaging with people and improving their quality of life.</p> <p>There was evidence of key worker discussions and meetings with families. In addition, the manager keeps in close contact with families, inviting them in and/or discussing progress and any concerns in relation to their progress.</p> <p>Ensure that all activities have accompanying information around the benefit, to further assess and evidence how and why PWS are supported with certain activities. <b>(ER2)</b>.</p> <p>Daily notes and observations were seen around the recording of food and fluids, bowels and any issues around constipation with clear reference to when the PWS should have an aperient. Many of the PWS were on several medications which contributed to these risks.</p>

KLOE	Regulations	Comments
		<p>There was detail around mood and interactions and PWS behaviours of concern which are reviewed on a regular basis. From February onwards there will be electronic recording of goals, aspirations and outcomes for all PWS.</p> <p>MCA documentation is in place with evidence of decision specific capacity testing and best interest meetings held where required. The manager ensures family are involved as appropriate in line with power of attorney. Ensure that all power of attorney documentation has been sought to evidence sharing of information is appropriate in line with legislation. <b>(ER3)</b>.</p> <p>Staff are asked about their understanding of capacity and consent. Ensure it is clear who has been asked, with their responses, and regular informal training/discussion sessions are held to further embed understanding and knowledge <b>(ER4)</b>.</p> <p>DoL's had been applied for, any conditions would have the appropriate support plan around this.</p> <p>Nutrition and menus are currently being reviewed. This will include seasonal changes, cultural days and involving people we support in these changes. There was a good selection of meals and snacks throughout the day, choice is given with the use of pictures and prompts with decision making. Nutritional support plans identified those at risk of eating too quickly, putting too much in their mouth. No-one at present was identified as at risk of choking, however clear risk assessments to identify as such should be in place as some PWS have food cut up into bite sized pieces as a precautionary measure. There had been no recent referrals to SALT <b>(ER5)</b>.</p>

KLOE	Regulations	Comments
		<p>There was a kitchen folder that had evidence of daily checks and cleaning with reference to 'safer food, better business'. There was reference made to Regulation 14 to ensure the cook and staff are understanding of the nutritional expectations. For further best practice this can be documented as a group supervision topic to enhance their knowledge and understanding <b>(ER6)</b>.</p> <p>Training is completed on 'Your Hippo'. At present 98% compliance for mandatory. Additional face to face training is in place for first aid, epilepsy, Moving and Handling and Proact SCIPr. Oliver mc Gowan training is in place. End of Life training is in the process of discussion. Further needs specific training should be considered to ensure all medical/psychological needs are understood <b>(ER7)</b>.</p> <p>As discussed earlier in the report, ensure there are opportunities to knowledge check staffs understanding of the training they have completed via discussions, during manager walk rounds, quizzes etc <b>(ER8)</b>.</p> <p>A supervision matrix was in place. All staff should receive supervision at least six times per year that can also include group supervision around a specific topic such as MCA, Infection control, Safeguarding. Ensure there is reference to compliance and staff understanding of the KLOES <b>(ER9)</b>.</p> <p>Appraisals were being completed.</p>
<p><b>Outcome:</b> This service is considered as Effective. '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>		

KLOE	Regulations	Comments
		<p>“Characteristics of services the CQC would rate as ‘Good’ in this area are those displaying evidence that people’s outcomes and feedback about the effectiveness of the service describes it as consistently good”.</p> <p><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>I was introduced to all staff who were welcoming and keen to tell me about the PWS, what their strengths were and what they had planned with them for the day and how they needed to support them. I heard very positive interactions, staff were seen to be patient and understanding of the complexities of people they were supporting.</p> <p>There was a sensory room upstairs that PWS could access in times of distress and/or as part of their sensory programme. For further evidence of staffs understanding and ‘best practice’ I would suggest a protocol is put in place around the benefits of the sensory room and further indicators as to when this should be used. <b>(CR1)</b></p> <p>People were being treated with dignity and respect, this was reflected during my walk round and discussions with staff and support plans seen. Further work is being embedded to ensure goals and aspirations are being considered and anything is possible. Further monitoring and evidence should be obtained via manager walk rounds, document all positive interactions and discussions with further reference in supervisions and staff meetings as part of ‘a positive culture’ and good feedback <b>(CR2)</b>.</p> <p>In addition, check knowledge with staff that they understand the PWS support plan, risks and personal history and why quality of life needs to be maximised regardless of behaviours of concern. Ensure that staff are aware of the CQC document ‘Right Support, Right Care, Right Culture’ that further explains this and the expectations of working with people with a Learning Disability and/or Autism (May 2022).</p>
<p><b>Outcome:</b> The service is considered as Caring. ‘Caring’ is defined by the CQC as meaning “<b>that the service involves and treats people with compassion, kindness, dignity and respect</b>”</p>		

KLOE	Regulations	Comments
		<p>“Characteristics of services the CQC would rate as ‘Good’ in this area are those displaying evidence that people are supported and treated with dignity and respect and are involved as partners in their care”.</p> <p>SRG RATING: <b>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>Timaru has recently had a new PWS who has very complex needs and was admitted from home. The manager and staff team have spent considerable time working with him and the family to ensure his care is as least restrictive as possible and with the support of experienced staff to manage all of his healthcare needs.</p> <p>All support plans and risk assessments are continuing to be reviewed and updated. There will be a clear log going forward on monthly reviews.</p> <p>Families are encouraged to visit and spend time with the manager and the team, there is an open and transparent culture. Monthly reviews of their family member are sent out to ensure families are kept informed of progress.</p> <p>Ensure in addition, information is documented around discussions with families and any outcomes/actions from these meetings <b>(RR1)</b>.</p> <p>The service is very responsive with addressing changes required within the service if needs change and risk areas are increased. There is good dialogue within the team involving the PBS lead and positive support co-ordinator. All ABC recordings are analysed and any actions required will be completed. Ensure there is clear reference to this in staff meetings so all staff are kept updated as well as in handover documentation <b>(RR2)</b>.</p> <p>In addition, the Quality Assurance Team visit each month to offer support and make any recommendations.</p> <p>There are spot checks in place to ensure staff are working with PWS according to their planned care and equally feel they are supported by the management team.</p>



KLOE	Regulations	Comments
		<p>There is access to the community that involves swimming, use of the hydropool, out in the vehicle, amongst others.</p> <p>There was evidence seen of referrals to outside healthcare professionals such as the dietician, district nurse, learning disability and mental health team involvement. PWS are able to make their environment as personal as possible. There was good evidence of personal belongings, sensory equipment, bedding, pictures etc. There are challenges with keeping walls clean and free from damage to paintwork etc and some areas do need this attending to. Ensure there is involvement and evidence that PWS are involved in colour schemes etc <b>(RR3)</b>.</p> <p>There is a good outdoor space that is utilised by several of the PWS, one person is very interested in gardening and had planted seeds in pots ready for the spring. As discussed during my visit, the approach to Timaru is quite stark, there is no colour outside to make it look more homely. The addition of pots and flower beds is needed <b>(RR4)</b>.</p> <p>To support people, there is a Team Leader file in place. This clearly indicates responsibilities and checks that must be completed. These include, handovers of important information around incidents, sleeping and waking times of PWS, PRN required and the effects, food, fluids and bowels, any security concerns, duties of shift leaders, allocations of staff to PWS and changeover times. On call information for staff is also provided.</p> <p>Each PWS has an identified 'Key Worker'. Training has been delivered around the role and responsibilities. I would suggest that reference continues to be made to the expectations and understanding via handovers, supervisions and staff meetings <b>(RR5)</b>.</p>

KLOE	Regulations	Comments
		<p>Complaints are entered onto 'Radar'. All are thoroughly investigated. As discussed during my visit, ensure all low-level concerns/discussions with families are also recorded as further evidence of 'Duty of Candour'. A complaints pictorial was displayed. Ensure any meetings with relatives, the process is also discussed, and staff are also aware of the process and these discussions are recorded <b>(RR6)</b>.</p> <p>Due to the age of PWS it is difficult for the service to discuss End of Life with relatives and the PWS whose understanding of this would be difficult and potentially not in their best interests. However, as part of the 'About Me', knowledge and information gained from families should be incorporated into a 'wishes' document. Any attempts made for discussions, even if they are refused by families must be clearly recorded <b>(RR7)</b>.</p>
<p><b>Outcome:</b> The service is considered as Responsive. 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
<b>Well led</b>	<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>The current manager is waiting to be registered with CQC.</p> <p>There is good oversight of the service and a clear plan of where the direction is and what they all need to do to achieve this and work towards an 'outstanding' provision.</p> <p>There are KPI's that are discussed in the monthly managers meeting. Each area of the KLOES are addressed and analysed with recordings of actions and any lessons learned.</p> <p>Staff meetings are in place but they are variable with frequency. At the present time these should be monthly with adherence to the meeting template shown during my visit. This references the Key Lines of Enquiry. As discussed, for good practice ensure reference is made to the Regulations as well to increase staff knowledge and understanding how the service has been in breach before and what work has been completed and needs to be ongoing to ensure compliance <b>(WLR1)</b>.</p> <p>The manager comes in regularly to sit with the night staff team to offer support and guidance and assurances that they are up to date and knowledgeable around support plans and risk assessments currently in place.</p> <p>Out of hours visits are also being completed.</p>

KLOE	Regulations	Comments
		<p>I was not able to meet with the Deputy as she was on leave. However, feedback was she was very supportive to the team and is vital in ensuring standards are being met and continue to be improved upon.</p> <p>There is a good team ethos that demonstrates warmth and empathy to both staff and the PWS. Audits are being completed as below:  Walk around audit – twice per week – should be daily  Weekly vehicle audit  Weekly medication audit –shift leader's</p> <p>Monthly Manager's Audits:  Medication  Health and Safety/Infection Control  Support Plans/ Risk Assessments  Finances  Data Protection  Night audit</p> <p>Area Managers- Quarterly:  Operational Audit - Admin  Operational Audit – Quality of life and IPC  Medication Audit</p>

KLOE	Regulations	Comments
		<p>Again, ensure all staff have an understanding of the results and how these are outcomed and actioned. There should also be evidence of 'The Dining Experience, which should also be completed monthly <b>(WLR2)</b>.</p> <p>We discussed the new inspection framework and the Quality Statements/future evidence that the Quality Team are working on, this will be implemented as soon as possible within the service.</p> <p>The service recognises staff that go 'above and beyond', this can be anything in relation to PWS, covering shifts at short notice, wellbeing etc.</p> <p>Staff recognition awards are also going to be implemented.</p> <p>As discussed during my visit, ensure staff, relatives, professionals and where possible PWS are able to feedback on the service in a way that is measurable, can make a difference to the service and that these are analysed and results made available to all as part of 'You said, we did'. These should be completed twice yearly <b>(WLR3)</b>.</p> <p>A Service Improvement plan was in place through last year in response to concerns raised by CQC and LSE. There was lots of evidence seen as to how the service has improved. The SIP will remain ongoing.</p>

KLOE	Regulations	Comments
<p><b>Outcome:</b> This service is considered as being 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-centred 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	Date Identified	Recommendation Made	Action to be taken	Who By	Date to Complete by	Evidence of Completion	RAG Status	Comment
SR1	18/01/24	Safeguarding	Staff knowledge checks in place					
SR2	18/01/24	Accidents and Incidents	Checks of staff knowledge in supervisions and all meetings					
SR3	18/01/24	Infection Control	Handwashing audits in place					
SR4	18/01/24	Medication	ALL PWS to have a medication profile in place					
SR5	18/01/24	Medication	Staff to be asked about groups of medication, interactions and side effects					

## CQC KLoE EFFECTIVE

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

Reference Point	Date Identified	Recommendation Made	Action to be taken	Who By	Date to Complete by	Evidence of Completion	RAG Status	Comment
ER1	18/01/24	About Me	Ensure all are completed for all PWS					
ER2	18/01/24	Activities	All activities have recorded information as to the benefit					
ER3	18/01/24	POA	All POA documentation sought and scanned					
ER4	18/01/24	MCA	More evidence of staff knowledge checks					
ER5	18/01/24	Risk Assessments	Review of choking risk assessments					
ER6	18/01/24	Nutrition	Group supervision around Reg 14					
ER7	18/01/24	Training	Further training around medical conditions					
ER8	18/01/24	Training	Knowledge checks in place to underpin training completed					
ER9	18/01/24	KLOES	Knowledge checks re KLOES and compliance					



## CQC KLoE CARING

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

Reference Point	Date Identified	Recommendation Made	Action to be taken	Who By	Date to Complete by	Evidence of Completion	RAG Status	Comment
CR1	19/01/24	Sensory Room	Protocol to be implemented					
CR2	19/01/24	Positive interactions	Document in place to support this					
CR3	19/01/24	CQC Document	Right support, Right care, Right culture evidence in place					

## CQC KLoE RESPONSIVE

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

Reference Point	Date Identified	Recommendation Made	Action to be taken	Who By	Date to Complete by	Evidence of Completion	RAG Status	Comment
RR1	19/01/24	Discussions	Document all with family					
RR2	19/01/24	ABC charts	Analysis discussed in staff meetings					
RR3	19/01/24	Décor and environment	More evidence of PWS involvement					
RR4	19/01/24	Outside	More flower pots					
RR5	19/01/24	Key Worker	Role of keyworker ongoing knowledge exploration					
RR6	19/01/24	Concerns	Record kept of all low -level concerns					
RR7	19/01/24	End of Life	More evidence in place					

## CQC KLoE WELL LED

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

Reference Point	Date Identified	Recommendation Made	Action to be taken	Who By	Date to Complete by	Evidence of Completion	RAG Status	Comment
WLR1	19/01/24	Meetings	Monthly staff meetings planned					
WLR2	19/0/24	Audits	Sharing of information with staff and increase understanding					
WLR3	19/01/24	Surveys	Obtain more feedback					