



AUDIT REPORT

Marlow

Date of Visit: 17th and 18th January 2024

Private & Confidential
SRG CARE CONSULTANCY

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Service Name: Marlow

Provider: Liaise (South East) Limited

Address of Service: 8 Nursery Lane, Worthing, West Sussex, BN11 3HS

Date of Last CQC Inspection: 6 August 2021

CQC Rating: Good



Ratings

SRG Overall Rating for this Service

Good



Is the service safe? Good



Is the service Effective? Good



Is the service caring? Good



Is the service responsive? Good



Is the service well-led? Good



Overall Review Summary

INTRODUCTION

An audit, based on CQC KLoE, was undertaken by one SRG Consultant over two days on 17th and 18th January 2024. The purpose of this review was to highlight in a purely advisory capacity, any areas of the service operation which should or could be addressed in order to improve the provision and recording of care and increase overall efficiency and compliance with CQC Standards and Regulatory Requirements.

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

METHODOLOGY

Several different methods were used to help understand the experiences of residents who used the service. These included observation of interactions between residents and staff, conversations with the Regional Manager, Registered Manager, and staff. A tour of the building was undertaken and review of key documentation.

SUMMARY OF OUTCOME

Marlow is registered with CQC and provides accommodation for persons who require nursing or personal care. It's category of registration is a care home in; Caring for adults under 65 years with learning disabilities. The service provides accommodation for up to eleven people in Marlow and four people in Marlow flats. Marlow flats had full occupancy and Marlow had nine people living in the home.

Some of the residents at Marlow 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 support plans for two residents and sampled sections of other and looked at two 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

- 4 **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**

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
<p>Safe</p>	<p>Regulation 12 (f) and (g) Safe Care and Treatment</p> <p>Regulation 13: Safeguarding users from abuse and improper treatment</p> <p>Regulation 17: Good Governance</p> <p>Regulations 18 & 19: Staffing - Fit and Proper persons employed</p> <p>Regulation 20: Duty of Candour</p>	<ul style="list-style-type: none"> • Systems and processes to safeguard people from the risk of abuse <p>There were robust systems now in place to protect people from the risk of abuse. There had been a closed culture and there had been a number of safeguarding incidents reported during late 2023. The majority of which had been related to medication errors. Systems had been introduced and were being monitored to help prevent recurrence.</p> <p>The manager understood their responsibilities to report any safeguarding issues to the local authority safeguarding team.</p> <p>Staff knew how to report any concerns and how to contact outside agencies if they felt their concerns were not listened to.</p> <ul style="list-style-type: none"> • Assessing risk, safety monitoring and management, safely managing restraint and behaviours. <p>Individual risk assessments were in place for people using the service. These included diet and nutrition, sensory needs, flammable creams, safeguarding, oral health, finances, behaviours, personal care and mobility, medication, shaving and daily living.</p> <p>Risk assessments generally identified the individual need and how to reduce the risks. There were some generic references, for example, for staff to respect one person's chosen religion and to ensure that they did not receive discrimination because of choices, but not what this was and 'ensure transferred correctly, but not how. (SR 1).</p> <p>Where people were at risk of constipation, there was information in the risk assessments on how to manage this.</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>Evidence was seen that risk assessments were updated following an incident. For example, when one person had a choking incident in January, their care plan and risk assessment were immediately</p>

KLOE	Applicable Regulations	Comments
		<p>updated. For another person, their behaviour risk assessment and support plan were updated following incidents of behaviour.</p> <ul style="list-style-type: none"> • How do staff seek to understand, prevent and manage behaviour that the service finds challenging? How are individuals supported when their behaviour challenges? How well does this align with best practice? <p>Where people may have some behaviours, such as trying to take food from other people's plates, there was information in the individual care plans to advise staff of this risk and actions they should take.</p> <p>There was a behaviour management care plan in place for one person. This reflected the incidents of behaviour that were seen and identified how to manage individual behaviours. This included behaviours that could be displayed, potential triggers and how to support. A review of ABC charts evidenced from actions taken, that staff understood how to divert people and focus their attention on another area, which helped to reduce the behaviour, which meant they were taking the support plan into account.</p> <p>There was a PBS plan for another person which included primary interventions, strategies, triggers and how to support.</p> <p>Restrictive practices were minimised. Areas of the home were only locked where there was a health and safety risks, such as CoSHH and medicine safety. Kitchens and bathrooms were not locked, so people had access as and when they wanted to.</p> <p>Where people may be subject to certain restrictions such as bed rails or lap belts, for their safety, there were risk assessments in place supported by Mental Capacity Act assessments.</p> <ul style="list-style-type: none"> • Recruitment. <p>Two staff files were reviewed for information relating to recruitment. The majority of information as required by the Health and Social Care Act (Regulated Activity) Regulations was in place.</p> <ul style="list-style-type: none"> ➤ References were in place. ➤ Disclosure and Barring Service (DBS) checks were in place.

KLOE	Applicable Regulations	Comments
		<ul style="list-style-type: none"> ➤ Proof of identify was in place ➤ Right to work were in place, where needed. ➤ Health declarations were in place. <p>However, full employment histories were not in place. There was a record of a gap in employment for one person, but no full employment history through either an application form or a C.V. For the other person, although one gap had been explored, there was no explanation for another gap. (SR 2)</p> <ul style="list-style-type: none"> • Staffing <p>Five people living in Marlow had one-to-one support from staff and one person was supported on a two-to-one basis. People living in Marlow flats were all supported on a one-to-one basis.</p> <p>There were enough staff to support people living in the home.</p> <ul style="list-style-type: none"> • Medication <p>People needed support with the administration of medicines. Staff received training and competency assessments to support people.</p> <p>Regular audits had taken place and new procedures had been implemented to help safeguard the management of medicines.</p> <p>Medicines were stored either in lockable cabinets in the clinical room or in individual bedrooms. In the clinical room, boxes were kept in individual baskets.</p> <p>Dates of opening was seen on bottles and creams, but not on boxes. It is good practice to date the opening of boxes, as it helps to maintain an audit trail when auditing or reconciling medicines. (SR 3)</p> <p>Good practice recommendation</p> <p>Temperatures were taken regularly.</p>

KLOE	Applicable Regulations	Comments
		<p>Medication profiles were in place which included any allergies and personal preferences and how people liked to be supported with their medicines.</p> <p>PRN (as and when) protocols were in place.</p> <p>There were countdown sheets in place which was used to check the number of tablets remaining. A sample of three of these were checked against MAR charts and medicines and this evidenced the countdowns had been completed correctly.</p> <p>Staff were observed preparing medicines for administration. In line with procedures the medication administration records (MAR) charts were checked for the correct name on the medicines, number left, and number recorded. A second member of staff was then requested to support with the actual administration. These measures had been put into place to help safeguard medicines.</p> <p>Some people required a thickener to be placed in their drinks to ensure that it was a safe consistency to swallow. There was some confusion in relation to the number of scoops needed for one person, as older information had not been removed. This was addressed at the time of the visit and checks were made to ensure the correct consistency was in use.</p> <p>It was noted that the stock for thickener was not always rotated to ensure that older stock was used prior to new stock. (SR 5)</p> <ul style="list-style-type: none"> • Health and Safety <p>Health and safety checks were in place this included, checks on fire safety, water safety, lighting and checks on the environment. These were seen to be all up to date for both Marlow and Marlow flats.</p> <p>Health and safety certificates were in place for appliances and utilities, and these were seen to be up to date.</p> <p>Fire safety was managed. There was a grab bag located at the front entrance in Marlow. This contained the service continuity plan, fire policy and local emergency plan, Personal Emergency Evacuation</p>

KLOE	Applicable Regulations	Comments
		<p>Procedures (PEEPS), Up to date MAR charts, a first aid kit, torches, foil blankets and Hi-Viz jackets.</p> <p>The PEEPS were detailed with comprehensive information on how to evacuate people including use of an Albac mat. These were seen in individual people's bedrooms and were available for immediate use.</p> <p>Generic risk assessments were in place for both Marlow and Marlow Flats and were up to date. These included infection control, food preparation, legionella, moving and handling, behaviours of concern, electrical items, and emergency procedures.</p> <p>There was a Service Continuity Plan in place.</p> <ul style="list-style-type: none"> • Infection Control <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>However, there were some areas of the home which posed an infection control risk such as chipped worktops in the kitchen exposing bare wood, which is permeable and chipped woodwork and walls in the communal areas. This was included on the action plan</p> <ul style="list-style-type: none"> • Accidents and Incidents and Lessons Learnt <p>Accidents, incidents, and untoward events were recorded through the RADAR system. There was an open and transparent culture where events were recorded in detail including repeat events.</p> <p>There was an operational work flow system for events, which included staff raising an event as an incident, a review by the regional manager, an incident investigation by the registered manager, an action was developed if needed, learning outcomes produced and a final sign off by the regional manager.</p> <p>Staff were proactive in recording incidents, since the beginning of December there were approximately twenty-seven incidents recorded. These were a mixture of general incidents, behaviours, and medication. Incidents showed that medication continued to pose some challenges in relating to being</p>

KLOE	Applicable Regulations	Comments
		<p>fully safe, as staff were making mistakes, such as not signing out a specific medicine on home leave and not following procedures. However, medication incidents had significantly reduced.</p> <p>Where people exhibited behaviours that may cause concern, staff recorded this as a behavioural incident and completed ABC charts, through the RADAR system. A sample viewed were detailed and included a detail description of the event, setting events, or mitigating factors, warning signs, how staff responded and how the incident ended.</p> <p>Where staff identified a bruise, this was recorded as an incident and a body map was produced. Actions were taken forward to a team meeting to discuss how to prevent these types of incidents.</p> <p>Learning from incidents and untoward events was in place.</p> <p>Where there was a medication error, there was evidence that learning outcomes had been actioned. Staff reported that they were supported to share their experiences, so they could reflect on practice as a team.</p> <p>Where one person was displaying repeat behaviours, staff had identified the triggers and put into place actions to help prevent this.</p> <p>Team meetings were held to share information.</p>
<p>Outcome: This service is considered as Safe. 'Safe' is defined by the CQC as meaning “people are protected from abuse and avoidable harm”.</p> <p>SRG RATING: Good</p>		

KLOE	Regulations	Comments
Effective	<p>Regulation 9: Person Centred Care</p> <p>Regulation 11: The need for Consent</p> <p>Regulation 12: Providing Safe Care and Treatment</p> <p>Regulation 14: Meeting Nutrition and Hydration Needs</p> <p>Regulation 15: Premises and Equipment.</p> <p>Regulation 17: Good Governance</p> <p>Regulation 19: Staffing</p>	<ul style="list-style-type: none"> • Assessing people's needs and choices, delivering care in line with standards, guidance, and the law <p>Before people moved into the home, a full assessment of need was carried out. It was confirmed that people were supported through a transition period, which included visiting the service and meeting people and staff.</p> <ul style="list-style-type: none"> • Supporting people to live healthier lives, access healthcare services and support <p>There was information about the different medical conditions and how this affected the person. This helped to give staff an overview of individual conditions.</p> <p>One person had a diagnosis of epilepsy and was subject to multiple episodes of seizures. There was a separate management plan to the actual care plan for this person. This included the diagnoses, pre-seizure indicators and descriptors of different types of seizures. As they were subject to range of different seizures and there was detailed information about the different signs of these.</p> <p>Work had been completed around how to manage seizures as there had previously been a concern that there had been an over reliance on the use of Buccal Midazolam, therefore the identification of different types of seizures was important to ensure that the correct treatment or support was provided at the point of care.</p> <p>There was a separate care plan for the use of Buccal Midazolam and when to use this in relation to specific seizure activity. What was less clear, was actions that needed to be taken in relation to other types of seizures, and more information around these would be useful including how to support post seizure. (ER 1)</p> <p>Where one person had asthma there was a risk assessment in place, which outlined guidelines and how to support.</p>

KLOE	Regulations	Comments
		<p>One person had hydrocephalus and there was a detailed explanation of what this was, how it manifested and symptoms to look out for, with actions to take.</p> <p>Where PEG feeds were used, there was a care plan in place which detailed the care needed. This was supported by a risk assessment which identified risks and how to reduce</p> <p>People had a hospital and a care passport, alongside individual medical care plans.</p> <p>People were supported with their health care appointments. Staff worked actively with health care professionals for individual care needs. G.P.'s were contacted where required, the Speech and Language Therapy (SALT) team were involved, and referrals were made to district nurses where required.</p> <ul style="list-style-type: none"> • Supporting people to eat and drink enough to maintain a balanced diet <p>Some people were at risk of choking. Where people were at risk of choking, they had been assessed by the Speech and Language Therapy (SALT) team. There was guidance from the SALT team on individual needs with information on positioning, how to support and the level of food modification required. This information was available for staff.</p> <p>There were also detailed risk assessments in place on how to reduce the risk of choking and actions to take should this occur. These was supported by a diet and nutrition care plan, and those sampled for three people generally reflected most of the risk assessment.</p> <p>People were supported with a range of meals and snacks.</p> <p>Mealtimes were flexible around people's needs and preferences and people were able to have their meals and snacks at times they chose.</p> <ul style="list-style-type: none"> • Effective Record Keeping

KLOE	Regulations	Comments
		<p>A sample of daily notes identified that these were quite task orientated. They tended to record continence, personal care provided, food and fluids, repositioning, and handover information. There was some information around activities, where they had joined in a baking session, but there was no information about the individual well being and their emotions. This is an area that the management are aware of, and it had been on the action plan, but had been signed off as being completed, but it continued to be an area that needed further improvement. (ER 2) Good Practice Recommendation</p> <p>A sample of food and fluid charts evidenced that these were completed, and people were seen to have enough to drink and staff generally recorded correct food modification levels, although this was not consistent. For example, one person who had a pureed diet, occasionally staff recorded soft, and bite sized or regular consistency rather than the correct consistency of a puree. (ER 3)</p> <ul style="list-style-type: none"> • Staff Support: Induction, Training, Skills and Experience <p>There was a two-week induction in place, which supported staff to be orientated into the home. The induction consisted of an introduction into health and safety, policies and procedures, administrative procedures, housekeeping, person-centred care, and care planning. One new member of staff said they felt supported with the induction.</p> <p>New staff also completed online training.</p> <p>Training included:</p> <p>Required: BLS, CoSHH, Diabetes, Duty of Candour, Duty of Care, Epilepsy and Buccal Midazolam, Medication Administration, Mental Health, Nutrition, Oral Health, PEG Care, PBS.</p> <p>Mandatory: autism awareness, equality and diversity, fire safety, food safety, GDPR and data protection, health and safety, infection control, learning disabilities, manual handling (theory), MCA and DoLS, medication awareness, privacy and dignity and safeguarding adults.</p>

KLOE	Regulations	Comments
		<p>Training was online through a recognised training company (Your-Hippo). Training was generally up to date, with mandatory for most staff at 100% and required at 90% and above.</p> <p>There were also direct observations and regular supervisions. There had been slippage in this area, partly due to inherited shortfalls and partly due to influx of new staff. The registered manager was aware of this and was in the process of addressing this and it was seen that this was on the action plan.</p> <ul style="list-style-type: none"> • Ensuring Consent to Care and Treatment in Line with Law and Guidance <p>The Mental Capacity Act 2005 (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>Individual capacity was considered and assessed. Areas assessed included family support plan, safeguarding, nutrition, restrictive practices, sensory needs, DoLS, personal care, sharing information, behaviour support, end of life, choosing where to live, for example. A selection for three different service users were reviewed. MCA assessments recorded how staff had made to attempts to assess capacity through the use of communication aids and there was information on best interest decisions.</p> <p>One person who had moved into the service in August, lacked capacity, but as yet these had not been developed, partially because they had been in and out of hospital since they had moved in. However, these do need to be addressed. The registered manager placed this on the action plan.</p> <p>It was positive to see that when Mental Capacity Act assessments were carried out, they took place over a period of time, so people were not overloaded with too much information in one go.</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. This is known as Deprivation of Liberty Safeguards (DoLS). Applications were made.</p>

KLOE	Regulations	Comments
		Observations showed that people were asked for their consent and could choose how they wanted to spend their day.
<p>Outcome: This service is considered as Effective. 'Effective' is defined by the CQC as meaning “people’s care, treatment and support, achieves good outcomes, promotes a good quality of life and based on the best available evidence”</p> <p>“Characteristics of services the CQC would rate as’ Good’ in this area are those displaying evidence that people’s outcomes and feedback about the effectiveness of the service describes it as consistently good”.</p> <p>SRG RATING: Good</p>		

KLOE	Regulations	Comments
Caring	<p>Regulation 9: Person-centred care</p> <p>Regulation 10: Dignity and respect</p>	<ul style="list-style-type: none"> <p>Ensuring people are well treated and supported, respecting equality and diversity</p> <p>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>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>Staff knew people well and understood their preferred routines, likes, dislikes and what mattered to them.</p> <p>Supporting people to express their views and be involved in making decisions about their care</p> <p>People were supported to express their views and make decisions about their care. The service supported people to be involved in meetings with the staff team through key worker meetings</p> <p>Respecting and promoting people's privacy, dignity, and independence</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>Largely people were supported to maintain their privacy and dignity. Staff spoke to people in respectful manners and took time to acknowledge responses.</p> <p>However, there was some information on display in people's bedrooms, such as a white board in one person's room which recorded care provided such as when bowels were open. Another person's food modification guidance (IDDSI) was on display. Sometimes this was at the request of families but did not support people's privacy and dignity. (CR 1)</p>
<p>Outcome: The service is considered as Caring. 'Caring' is defined by the CQC as meaning "that the service involves and treats people with compassion, kindness, dignity and respect"</p>		

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: Good</p>

KLOE	Regulations	Comments
Responsive	<p>Regulation 9: Person Centred Care</p> <p>Regulation 12: Providing Safe Care and Treatment</p> <p>Regulation 16: Receiving and Acting on Complaints</p>	<ul style="list-style-type: none"> Personalised Care: <p>In line with general practices within the Liaise organisation, there were a large number of care plans relating to different areas. These included, constipation, goals and outcomes, oral health, hospital passport, personal care, domestic skills, family, sensory needs, medical health, mobility, activities, social relationships, culture, religion, and end of life. There were also a range of task orientated care plans such as safeguarding and commissioned hours.</p> <p>Abylss care plans covered individual aspects of support people needed and included positive behaviour, oral care, safeguarding, sensory needs, bowel management, hospital passport, mental capacity, health care, domestic skills, personal care and social relationships, activities and domestic skills and daily living for example. These identified individual needs and guided staff how to support people. Some areas were task orientated but overall took a person-centred approach and there was evidenced that there was a move to personalise the care plans.</p> <p>There were no detailed personal profiles in place for people, so there was limited information about life histories and pen portraits, for example. This would be an area worth developing. (RR 1) Good Practice Recommendation</p> <p>People were supported as individuals, in line with their needs and preferences. Staff supported people quality of life outcomes and people's care plans were regularly monitored and reviewed.</p> <p>Sessions were held to promote and review how care could be provided and how this could be improved by listening to the individual to promote a more personalised and person-centred approach.</p> Promoting independence <p>People were supported to take part in daily living activities, such as hoovering, helping to prepare lunch, and baking.</p> <p>There was evidence that people were supported to maintain their independence. Support plans included information about what people could manage for themselves, such as eating or drinking independently.</p>

KLOE	Regulations	Comments
		<ul style="list-style-type: none"> Meeting people's communication needs: <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. There was information available in a format suitable to individual needs.</p> <p>Communication care plans were in place for some people, but not all. A sample viewed included information about individual communication needs, whether people were non-verbal and whether they can tell staff if they are in pain. Where people did not have communication care plans, there was some information sprinkled around the care plans. (RR 2)</p> <p>Where people had limited communication skills, observations showed that staff took their time to speak with people and observe their responses.</p> <p>There were a range of communication tools used including Makaton, objects of references, now and next board, understanding gestures, for example.</p> Supporting people to follow interests and to take part in activities that are socially and culturally relevant to them. Including developing goals for people. <p>Each person had an individual activity care and support plan with planned activities that were tailored to their individual needs and preferences. Examples included going out to different places such as the cinema, library, weekly market, and day trips.</p> <p>People also went bowling, did exercises, arts and crafts, music sessions, movie afternoons, pamper sessions, puzzles, and relaxing time.</p> <p>Sensory sessions had happened, such as touching different foods.</p>

KLOE	Regulations	Comments
		<p>People were supported to go on trips out. This included day trips to further destinations or local trips to shops and coffee places. People often went out for walks around the local area. People went out on a daily basis.</p> <p>People had been joining in community activities with other Liaise group services within the locality including floristry sessions, bingo, baking sessions and a karaoke evening.</p> <p>Observations showed people joining in different activities with staff during the visit. This included ad-hoc music and sing-along sessions, which people (including staff) joined in enthusiastically.</p> <p>People were allocated key workers and were supported with monthly key worker sessions. Keyworkers had recently been reassigned to ensure that keyworkers were compatible and matched to the people they were working with. Key worker meetings gave people the opportunity to review goals, health, activities, care, and support.</p> <p>Each person had recently been provided with a goals and outcomes care plan. These were in their infancy and needed further development. For example, the support measure for one person stated that they should be supported to attend places that interest them in line with their goals, but there were no places of interest identified. (RR 3)</p> <p>There was evidence that people were supported to fulfil their wishes, where possible. One person had wanted to go and see ABBA, and this had been arranged and was booked in to happen in February</p> <ul style="list-style-type: none"> • Improving Care Quality in Response to Complaints or Concerns. <p>There were two complaints on the RADAR system from September 2023. Both appeared to have been resolved at the time.</p> <p>It was reported that during the management change, relatives had expressed concerns, but actions had been taken to address these and it was confirmed that the management team had worked with families to help support them through the change.</p>

KLOE	Regulations	Comments
		<p>The complaints procedure was in a pictorial and easy read format and had been placed on the wall at wheelchair height, so it was accessible to people using the service.</p> <ul style="list-style-type: none"> • End of Life Care and Support <p>There were references to end of life matters, these tended to give a holistic overview of the support and care needs.</p> <p>Where people could not communicate end of life, this was recognised and identified with the care plan.</p> <p>Where people had a funeral plan, this was noted in the care plan.</p> <p>One person was at risk of Sudden unexpected death in epilepsy (SUDEP). It would be good practice to include information in the end-of-life care plan on what to do in an emergency, such as who to contact.</p> <p>(RR 4)</p>
<p>Outcome: The service is considered as Responsive. Responsive is defined by the CQC as meaning “that the service meets people's needs”.</p> <p>“Characteristics of services the CQC would rate as ‘Good’, are those that people’s needs are met through the way services are organised and delivered”.</p> <p>SRG RATING: Good</p>		

KLOE	Regulations	Comments
Well led	<p>Regulation 12: Providing Safe Care and Treatment</p> <p>Regulation 17: Good governance / Record Keeping</p> <p>Regulation 19 - Fit and Proper persons employed</p>	<ul style="list-style-type: none"> Managers and staff being clear about their roles and responsibilities, and regulatory requirements. <p>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 evidenced that they were confident in managing the service and providing support to staff and people living in the home.</p> <p>They had recently taken up post and had been proactive in addressing areas of concern.</p> <p>They were supported by the regional manager who was also active within the service providing support and guidance.</p> <ul style="list-style-type: none"> Promoting a positive culture that is person-centred, open, inclusive, and empowering, which achieves good outcomes for people <p>Work was being done around promoting a positive culture. Staff reported that there were 'definite' improvements and now felt that they worked together as a team.</p> <p>The inclusion of staff opinions and views on how to support people living in the home was being encouraged. Through team meetings staff were encouraged to be positive about their colleagues and identify what was going well.</p> <p>Staff were also supported to share learning experiences and discuss where they felt their practices could be improved.</p> <p>There was a learning culture, where staff were supported to learn lessons and develop practice, and this was monitored. If staff were unable to develop practice and embed learning, actions were taken through performance management routes. For example, a member of staff had repeated a medication error</p>

KLOE	Regulations	Comments
		<p>despite being supported with training and assessment and recap of procedures and was currently undergoing disciplinary procedures.</p> <ul style="list-style-type: none"> • Engaging and involving people using the service, the public and staff, fully considering their equality characteristics. <p>A regional newsletter had been introduced which celebrated and shared information of what people had been doing.</p> <p>A staff survey had been carried out and the results had been returned and were in the process of being reviewed and analysed. However, initial feedback was indicating that staff felt that improvements had been made and conversations with staff evidenced that there was good communication and good management support.</p> <p>Team meetings were happening, and this evidenced that staff were being supported to work as a team and participate in learning events.</p> <p>Positive feedback was seen, and this included staff recognising and appreciating each other and family on the support provided.</p> <ul style="list-style-type: none"> • The Governance Framework Ensure that Quality Performance is Well Managed, and Risks are Understood. Continuous Learning and Improving Care <p>In line with Liaise procedures audits were completed on the RADAR system.</p> <p>Following feedback provided at the start of the visit in relation to historical concerns, a sample of audits were reviewed to assess whether progress had been made to address identified areas of improvement.</p> <p>Both the regional and the registered manager reported that there had been concerns in relation to the management of medicines and there had been a significant number of medication errors over a short period of time.</p>

KLOE	Regulations	Comments
		<p>The managers monthly medication audit for November 2023 and December 2023 found that that Marlow had partially passed the audit with 83% or under compliance. Marlow had improved their scoring from a low of 73% compliance to 83% compliance. Actions were being completed.</p> <p>The regional managers quarterly medication audit had found the service had failed compliance in September 2023 and was partially compliance in January 2024, which substantiated the registered managers findings, in that there were improvements.</p> <p>The senior staff completed a weekly medication audit, which also helped to monitor compliance with medication management.</p> <p>A review of medicines as part of this visit (<i>see safe domain</i>) found that generally medicines were managed safely, although there was room for some improvement to improve safety.</p> <p>There was a steady increase in compliance in relation to other audits, with improvements noted in the more recent audits such as the support plan and risk assessment audit and the health and safety audit. The quality team and the regional manager continued to support with audits and checks.</p> <p>There was an ongoing action plan maintained on the RADAR system. Since the registered manager had been in post, there had been a significant number of actions placed on the action plan. These were a result of incidents, audits, observations, and feedback. There still remained a number of actions and these continued to be added to, which was positive as it evidenced that the service was being fully monitored.</p> <p>Completed actions ranged from addressing individual medication management improvements to creating hospital passports to environmental improvements. A check was made against completed actions and it was seen that these were generally completed. However, some of them may have needed further embedding prior to being signed off, for example daily records. (WLR 1) Good Practice Recommendation</p> <p>There was a quality assurance framework (QAF) which reviewed areas of the KLOE's and how people were supported. This was provided to the registered manager on a monthly basis. A review of the last</p>

KLOE	Regulations	Comments
		<p>three evidenced that there was a slow but gradual improvement, particularly in relation to the management of medicines.</p> <ul style="list-style-type: none"> • How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong <p>There was an open and transparent culture where events were recorded in detail including repeat events. Concerns raised were taken seriously. There was evidence that any concerns were alerted to appropriate authorities.</p> <ul style="list-style-type: none"> • Working in partnership with others <p>Staff worked in partnership with people, relatives, and other healthcare professionals.</p> <p>Care records showed involvement from other agencies.</p>
<p>Outcome: This service is considered as being well led.</p> <p>Well Led is defined by the CQC as meaning “that the leadership, management and governance of the organisation assures the delivery of high-quality and person-centred care, supports learning and innovation, and promotes an open and fair culture”.</p> <p>Characteristics of services the CQC would rate as Good, are those where “the service is consistently well- managed and led. The leadership, governance and culture promote the delivery of high-quality, person-centered care, and the service has clear, consistent and effective governance, management and accountability arrangements”</p> <p>SRG RATING: Good</p>		

ACTION PLAN:

CQC KLoE SAFE

By safe, we mean people are protected from abuse and avoidable harm.

Reference Point	Date Identified	Recommendation Made	Action to be taken	Who By	Date to Complete by	Evidence of Completion	RAG Status	Comment
SR1	18/01/24	<i>Continue to review and develop risk assessments to ensure there is more personalised guidance in individual assessments</i>						
SR2	18/01/24	<i>Ensure that thickener is rotated so older stock is used prior to new stock</i>						
SR3	18/01/24	<i>Ensure there is proof of a full employment history for all staff.</i>						
SR4	18/01/24	<i>Record dates of opening on boxes of tablets. So an audit trail can be maintained</i>						

CQC KLoE EFFECTIVE

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

Reference Point	Date Identified	Recommendation Made	Action to be taken	Who By	Date to Complete by	Evidence of Completion	RAG Status	Comment
ER1	18/01/24	<i>Include further detail on how to manage different types of seizures</i>						
ER2	18/01/24	<i>Support staff to record more detail about the support provided</i>						
ER3	18/01/24	<i>Ensure staff record correct consistencies of meal textures</i>						

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	18/01/24	<i>Review how information is made available in people's rooms.</i>						

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	18/01/24	<i>Further develop pen portraits or this is me information.</i>						
RR2	18/01/24	<i>Further develop information within support plans in relation to communication.</i>						
RR3	18/01/24	<i>Include more detail in the support measures for helping people to achieve goals and aspirations</i>						
RR4	18/01/24	<i>Include information in the end-of-life care plans on what to do in an emergency, such as who to contact</i>						

CQC KLoE WELL LED

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

Reference Point	Date Identified	Recommendation Made	Action to be taken	Who By	Date to Complete by	Evidence of Completion	RAG Status	Comment
WLR1	18/01/24	<i>Ensure actions are embedded before fully signing off</i>						