



AUDIT REPORT

Karibu Place

Date of Visit: 19th & 20th August 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 – 15	KLoE Effective Domain
16 – 18	KLoE Caring Domain
19 – 23	KLoE Responsive Domain
24 – 28	KLoE Well Led Domain
29 – 34	Action Plan

Service Name: Karibu Place

Provider: Liaise (South) Limited

Address of Service: 37-39 Mulfords Hill, Tadley, Hampshire, RG26 3HY

Date of Last CQC Inspection: 15 November 2021

Ratings

CQC's Overall Rating for this Service:






Rating



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 19th and 20th August 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 Manager, staff, and one resident, a tour of the building and review of key documentation.

SUMMARY OF OUTCOME

Karibu Place) 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, caring for adults over 65, sensory impairments and learning disabilities. The service provides accommodation for up to six residents. At the time of this audit the home had six people using the service.

Care records and staff files were reviewed. Medicine records and the records pertaining to the operation of the service, including quality assurance audits, minutes of staff meetings, H&S and Fire related documentation were reviewed.

The service uses Blyssful for care plans, RADAR for quality assurance and monitoring and recording events and actions and QUOODA for health and safety. Staff input daily occurrences via tablets such as nutrition, personal care and support provided.

DISCLAIMER

The matters raised in this report are only those that came to the attention of the reviewer during this visit. The work undertaken is advisory in nature and should not be relied upon wholly or in isolation for assurance about CQC compliance.

RATINGS

It is the overall view of the consultant undertaking this review that while several recommendations are made, subject to these being acted upon and concluded that the service would likely achieve those CQC KIoE ratings as specified within each section of the report. Ratings are applied as per those conditions set out within the CQC KIoE 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.

5 SRG Care Consultancy Limited is registered in England and Wales under registered number 13877264. Our registered office is Unit 13E Miners Way, Lakesview Business Park, Canterbury, Kent CT3 4LQ.

KLOE	Applicable Regulations	Comments
Safe	<p>Regulation 12 (f) and (g) Safe Care and Treatment</p> <p>Regulation 13: Safeguarding users from abuse and improper treatment</p> <p>Regulation 17: Good Governance</p> <p>Regulations 18 & 19: Staffing - Fit and Proper persons employed</p> <p>Regulation 20: Duty of Candour</p>	<p>Learning culture: Score 3</p> <p>There was a positive approach to recording incidents with a no blame culture embedded within the service. The manager said the incidents were treated as an opportunity to learn, and not as a reason to find fault. This meant that staff were confident to report and raise any incidents.</p> <p>Accidents and incidents were discussed at staff meetings, with evidence or lessons learnt shared.</p> <p>Staff were proactive at recording incidents. There was enough level of detail about the actual incident, but there was little to no follow up information in many of the incidents viewed. Where staff had recorded any actions, this tended to be very limited such as, gave reassurance. It would be useful to further develop post incident records, which could be used for further learning. (SR 1)</p> <p>Where necessary, there were times that staff needed to use physical interventions due to the behaviours of people using the service. Staff had received training in PROACT-SCIPr, which is an approach to crisis intervention and prevention for people with behaviours of distress. Where physical interventions were used, a report was completed to identify the intervention and monitoring checks were maintained for a 24-hour period to make sure the person was unduly affected or harmed. Any incidents of physical interventions were reported to the Learning Disability team.</p> <p>De-briefs took place after most incidents, unless it was of a low-level concern. Staff said they were fully supported following any incidents.</p> <p>Safe systems, pathways and transitions: Score 3</p> <p>Staff had good knowledge of which health and social care professionals supported which people. Staff were able to explain when these professionals visited, and what type of support they offered. Staff knew how to monitor people's health conditions, to ensure timely referrals were made to other services. The manager told us they were confident that people had access to the health and social care services they required to lead healthy and fulfilling lives.</p> <p>There was support from both internal and external health care professionals.</p> <p>Safeguarding: Score 3</p>

KLOE	Applicable Regulations	Comments
		<p>Staff spoke knowledgeably about how to keep people safe and understood the different types of abuse people may face. They understood how to report any safeguarding concerns to the provider and external agencies such as the local authority.</p> <p>People were comfortable and relaxed in the company of staff. Staff showed they were actively listening to people which gave them reassurance that any issues or concerns they raised would be taken seriously.</p> <p>Systems were in place to protect people from the risk of abuse. Processes clearly set out the actions that managers and staff should take if abuse had occurred or was suspected. Where any safeguarding concerns had been raised the manager worked in line with local authority procedures. There had been three safeguarding concerns raised, all of which had been closed.</p> <p>Staff said they received regular training about how to keep people safe. Records showed staff had completed regular training courses about how to keep people safe. Safeguarding training was at 96% compliance, with one person requiring an update.</p> <p>Staff said that there were no unlawful restrictions imposed on people. They were supported to complete their own routines and live their lives as they wished, with staff support.</p> <p>One person indicated that they felt safe in the home and feedback from a relative also confirmed that they thought their family member was safe.</p> <p>Involving people to manage risks: Score 2</p> <p>There were a range of risk assessments in place. These included:</p> <p>Personal support including morning, evening routines, continence management, hygiene and, oral health</p> <p>Support with free and structured time and relationships. Meaningful activities, including any activities outside of the home, education, work, daily living. Relationships, including personal, social and family</p> <p>Support with decision making, MCA and DoLS (Deprivation of Liberty Safeguards).</p> <p>Medical and Health Care including Diagnosis, Mental Health and Wellbeing, Memory and medication</p>

KLOE	Applicable Regulations	Comments
		<p>Additional specific risk assessments were also seen including communication support, fire evacuation, use of electrical items, and support with finances.</p> <p>Risk assessments identified individual risks, but in some areas, there was a lack of information on how to reduce the risk. For example, where one person was at risk of injury to self or others, the risk assessment was around verbally prompting, but not how and for another person the risk assessment did not identify some of the areas identified in the support plan. (SR 2)</p> <p>One person had a lactose intolerance, but there was no risk assessment in place, although there was reference within the support plan and one person did not have a nutritional risk assessment. (SR 3)</p> <p>Generally, support plans contained essential information for staff to be able to provide safe care and support. Staff said the care records provided them with sufficient information to provide people with the care they needed.</p> <p>Some people at the service could become distressed due to their mental health diagnosis. Staff had received training on how to support people when they became agitated.</p> <p>There were PBS plans in place, although not all described the actual physical interventions to be used, should they be needed. (SR 4)</p> <p>Where staff recorded the physical intervention used, there was a disparity between the intervention recorded and the identified intervention, as the forms used different terminology. (SR 5)</p> <p>People's communication needs were clearly recorded. This allowed staff to understand people's needs/wishes and support them to stay safe.</p> <p>Safe environments: Score 3</p> <p>The environment was kept safe, by regular checks and maintenance.</p> <p>Health and safety checks were carried out on a regular basis, with checks being monitored daily and others weekly or monthly. These were maintained on the QUOODA system and included:</p> <p>Daily checks with a walk around and fire patrol.</p>

KLOE	Applicable Regulations	Comments
		<p>Weekly checks included fire alarm test, laundry equipment, carbon monoxide check, water flush, window restrictors, fire door checks, emergency lighting and plug checks.</p> <p>Monthly included fire extinguisher checks, emergency lighting, fire doors, fire drill, grab bags, carbon monoxide checks.</p> <p>Regular healthy and safety checks were all up to date.</p> <p>Appliances and systems such as electrical hard wiring, gas appliances and fire alarms were checked in line with schedules.</p> <p>External risk assessments for fire risk, health and safety, and water were in place.</p> <p>There was a 'grab bag' for the use in the event of an emergency. This contained the PEEPs (personal emergency evacuation plans), business continuity plan emergency response plan, torches, a first aid kit and high-viz jackets. There were regular checks made to ensure the contents were up to date.</p> <p>The PEEPs included information about medical conditions, special considerations, assistance, safe routes, and risks. There were horizontal evacuation procedures, but the PEEPs would benefit from more detail about nighttime evacuation. (SR 6)</p> <p>People had their own living spaces with en-suite facilities. There was also a shared communal area and kitchen. Two people showed us their living area and people were supported to decorate and furnish as they chose.</p> <p>Safe and effective staffing: Score 3</p> <p>There were enough staff to meet people's needs. A relative reported that they were happy with the staff team and the support they provided.</p> <p>Staff felt there were enough staff to meet people's needs and they felt they were well trained for the role.</p> <p>Some people needed one-to-one support either in the home or in the community, with other people needing two-to-one. There were enough staff on duty and people were not disadvantaged by staffing levels. There were two teams who worked on a rolling rota and staffing levels were adjusted depending on people's activities for the day.</p>

KLOE	Applicable Regulations	Comments
		<p>There had been no new starters since the manager took over the home. A review was undertaken of two recruitment files.</p> <p>For one person the folder was difficult to navigate and locate the required information. There was evidence of a gap in employment, but the explanation was not detailed and did not fully describe the gap. Following the visit the manager sent all staff an employment history form for them to complete to ensure that there was a full employment history in place for all staff. (SR 7)</p> <p>One professional reference was from a personal e-mail and not a professional e-mail address. (SR 8)</p> <p>Disclosure and Barring Service (DBS) checks were in place. There was proof of right to work, identify and address.</p> <p>The provider had a robust induction program in place. Although there were no new staff working at the service, it was confirmed that they had completed induction. The new induction programme would support any new staff starting work at the home.</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 (BSL) COSHH, diabetes, Duty of Candour. Duty of Care, Epilepsy, Epilepsy and Buccal Midazolam, Mental Health, Nutrition, Oral Health, and person-centred care.</p> <p>The majority of staff were at 100% with one staff member needing to update some of their training, which had recently expired.</p> <p>Staff had received additional training in physical interventions specific for one person using the service.</p> <p>Staff received regular supervision and were assessed for competencies in relation to medication.</p> <p>Staff said they had regular support meetings which meant they could check how things were going and seek out support/guidance when needed.</p>

KLOE	Applicable Regulations	Comments
		<p>Infection prevention and control: Score 3</p> <p>There were safe systems to manage infection prevention and control. There were cleaning schedules in place.</p> <p>There were safe systems to manage the cleaning of the kitchen and opening and closing checks were completed.</p> <p>There were hand soaps available and PPE, if needed.</p> <p>Medicines optimisation: Score 3</p> <p>People received safe support in relation to their medication.</p> <p>Medicines were stored in individual locked medication cabinets in people's rooms.</p> <p>Temperatures were taken twice daily, including at the hotter times of the day. Evidence was seen that actions were taken if there was a concern that cabinets were getting too hot, for example, using an ice pack to cool down the cabinets.</p> <p>A sample of MAR charts were viewed. These were seen to be completed appropriately with signatures and correct codes used.</p> <p>There was a change to medication record, which identified when a medicine was changed or replaced.</p> <p>However, changes were not updated into other areas, such as service user emergency information and medication details, which listed all the medication, dose and quantity, what it was used for and side effects. The medicines on this form were no longer all in use and this needs review. (SR 9)</p> <p>PRN (as and when medicine) protocols were in place and these included information about the directions, reasons for use, signs and symptoms, things to try before the use of the PRN, what the effect should be, side effects and when to seek further help. However, there was a lack of clarity in relation to when some PRN should be administered, for example the PRN stated for pain, but not what the pain was. (SR 10)</p> <p>There were safe systems for the ordering, returning and disposal of medicines.</p>

KLOE	Applicable Regulations	Comments
		<ul style="list-style-type: none"> This service scored 72 (out of 100) for this area.
<p>Outcome: The service is considered safe 'Safe' is defined by the CQC as meaning "people are protected from abuse and avoidable harm".</p> <p>Characteristics of services the CQC would rate as 'Good' in this area are those displaying evidence through systems, processes and practice which reflect: People are protected from avoidable harm and abuse.</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>	<p>Assessing needs: Score 3</p> <p>The manager told us that people had their care needs assessed before moving into the home, where possible.</p> <p>Throughout the time living in the home people had regular reviews and further assessments.</p> <p>Delivering evidence-based care and treatment: Score 2</p> <p>There were internal positive behaviours specialists (PBS) in place. They visited the home regularly and reviewed incidents in the home, looked at triggers and themes and trends and provided up to date information for staff on how to support people.</p> <p>There was information about individual conditions which affected people, but these would benefit from more detail about how they impacted on people's daily living. (ER 1)</p> <p>Risks associated with nutrition and fluid were assessed and information was contained within the care plans and risk assessments. However, one person's care plan stated that they needed their food cut into bite size pieces, this was due to a particular behaviour and not related to concerns around choking, but the support plan needs to identify this. (ER 2)</p> <p>There was information about individual pain management and oral health care was considered.</p> <p>How staff, teams and services work together: Score 3</p> <p>Staff accessed internal and external support to ensure that people were supported with appropriate care and treatment to meet their needs.</p> <p>Internally staff were able to access the SALT (Speech and language therapy) team, the PBS (positive behaviour support) team and the O.T. They provided support with assessments and reviews and provided guidance on how to support people safely. The manager reported that this provided good support.</p> <p>External health support was provided for people through the G.P., social workers, dentist, optician, dietician, and the learning disability team.</p>

KLOE	Regulations	Comments
		<p>A full occupational therapist assessment had been completed for one person to ensure that their sensory requirements were fully met.</p> <p>Psychiatry support was being sourced for two people with a view to a review of medication.</p> <p>Annual health reviews took place.</p> <p>A health care professional said, 'Karibu Place has a great team in place'.</p> <p>Supporting people to live healthier lives: Score 3</p> <p>Each person had a hospital passport. This is a document which goes with the service user when they attend the hospital. Information included within this passport supports the hospital staff to be aware of the most pertinent things they needed to know about the person.</p> <p>There were health support plans in place. These included information on how to support people to remain healthy and included guidance and good information for staff on how to support with continence care.</p> <p>Where people were at risk of constipation, this was included in the personal care risk assessment with guidance on how to support and manage.</p> <p>Individual nutritional needs were identified, and people were supported with healthy eating plans. Diet and nutritional needs were monitored. Where people needed to lose weight, they were supported with this and there was input from the dietician.</p> <p>Monitoring and improving outcomes: Score 3</p> <p>People's care was regularly monitored and reviewed to make continuous improvements to their outcomes. This was evidenced through audits with action plans in place.</p> <p>Care records were monitored to ensure people were receiving their assessed care needs.</p> <p>Staff said they monitored people's physical health and record and report any changes. Evidence was seen of regular and ongoing reviews.</p> <p>Multi-disciplinary teams were involved in reviewing care needs.</p>

KLOE	Regulations	Comments
		<p>Consent to care and treatment: Score 3</p> <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 MCA 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>There were a range of MCA assessments in place including personal care, communication, physical interventions, and decision making, for example.</p> <p>A sample of MCA assessments were reviewed. There was evidence that discussions were held with people to assess their capacity in relation to specific decisions. In some areas there was good evidence of the conversation, but other areas lacked detail and did not record detailed conversations or how the person had been supported to understand the decision. This is an area worth monitoring and further developing. (ER 3)</p> <p>Systems were in place to ensure people's rights to make decisions about their care and treatment were upheld. Some people were subject to restrictions under Deprivation of Liberty Safeguards (DoLs). DoLs authorisations had been applied for, and where these had not been authorised, monthly checks were made for progress.</p> <ul style="list-style-type: none"> This service scored 70 (out of 100) for this area.
<p>Outcome: The service is considered effective</p> <p>'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>	<p>Kindness, compassion and dignity: Score 3</p> <p>Observations demonstrated that staff spoke with and about people in a dignified and respectful way and this was reflected in the way people's care records were written.</p> <p>All staff spoken with showed a caring and compassionate attitude with staff speaking positively about the care and support they provided.</p> <p>Care plans reflected people's needs and wishes regarding their independence and how they wished to be supported to make choices.</p> <p>People were supported to maintain family links and social contacts that were important to them. Family and friends were encouraged to visit the home without limitations. Where needed, people were supported to contact relatives and friends with the use of technology.</p> <p>A relative said that all the staff were kind and caring and understood their family members needs.</p> <p>Treating people as individuals: Score 3</p> <p>People's bedrooms were personalised to their individual needs.</p> <p>Staff knew what people wanted to be involved in and how they wanted to spend their day. Staff explained peoples' preferences. For example, one person needed a routine and staff were able to explain how they presented if their routine changed and what they could do to support them.</p> <p>All staff spoken with were able to describe individual needs and were aware of what people could manage for themselves.</p> <p>Independence, choice and control: Score 3</p> <p>Staff understood people's ability to make choices and told us they would always encourage people to make their own choices. They describe how they offered choices and observed changes in behaviour to meet people's needs.</p>

KLOE	Regulations	Comments
		<p>People's care records contained information about people's ability to make independent decisions about their day-to-day care and support needs.</p> <p>Staff promoted people's independence as much as possible. Records showed people had regular support to make choices about their care. People's care records showed their likes and preferences were recorded along with achievements.</p> <p>Responding to people's immediate needs: Score 3</p> <p>Care staff were proactive at responding to people and reporting concerns. Accidents and incidents were reported, and appropriate actions were seen to be happening.</p> <p>Staff reported any concerns about people to the appropriate health or social care professional. Evidence was seen of contact made with the health care professionals if there were concerns about individual immediate needs.</p> <p>Workforce wellbeing and enablement: Score 3</p> <p>Staff reported that their wellbeing was considered. They said the management team listened to them and there was an open-door policy to the office.</p> <p>There was an employee assistance programme in place and the service assessed the blue light scheme for care staff. There were bonus schemes in place and staff could nominate colleagues for going and above and beyond.</p> <p>Staff felt appreciated by the management team and fully involved about decisions made within the home. All staff reported that there was positive culture that promoted inclusion for everyone.</p> <ul style="list-style-type: none"> This service scored 75 (out of 100) for this area.
<p>Outcome: The service is considered as Caring.</p> <p>'Caring' is defined by the CQC as meaning "that the service involves and treats people with compassion, kindness, dignity and respect"</p> <p>"Characteristics of services the CQC would rate as 'Good' in this area are those displaying evidence that people are supported and treated</p>		

KLOE	Regulations	Comments
		<p>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>	<p>Person-centred care: Score 3</p> <p>The management team and staff spoke positively of promoting person-centred care in line with individual needs and wishes.</p> <p>Staff spoken with knew people well as individuals and knew what their preferences, likes and dislikes were. One member of staff said, 'The manager trusts us to support people and help them to make decisions. We are very much involved'.</p> <p>Staff described how they supported people by going out and about and activities in the home. They knew how to offer choices and understood individual communication needs. Staff provided examples where they had tried different approaches to the care and support provided and the positive impact this had on people. This included individual communication needs such as the use of Makaton signs, written words, facial expressions and body language.</p> <p>Key workers were in place and each person had at least three key workers which meant that one would usually be available on shift. This helped to ensure that people always had a key contact to support them.</p> <p>Support plans included information about individual daily routines and preferences. One person had a set routine each morning and this was included in the support plans.</p> <p>Care provision, integration, and continuity: Score 3</p> <p>There was continuity in people's care and treatment because staff at the serviced worked with others to provide flexible and joined-up care.</p> <p>Cultural diversity was celebrated. The home had held a cultural day, where different cultures had been celebrated. Staff and families had all contributed to this. Feedback seen was positive about this event.</p> <p>Cultural food days were happening once a week, where people could enjoy different foods from around the world. So far, people had tried Spanish, German, American, Mexican, Italian, Greek and Chinese foods.</p> <p>Listening to and involving people: Score 3</p>

KLOE	Regulations	Comments
		<p>People living in the home did not routinely choose to attend house meetings. Staff had tried to instigate these, but people were not interested. Staff, however, met with people on a regular basis to discuss menus and shopping for food.</p> <p>Feedback through a survey had also been tried, but only one person had responded and everyone else had indicated that they did not want to take part.</p> <p>The management team and staff respected people wishes not to take part in house meetings or surveys. Staff took feedback from people on a daily basis by listening to people and identifying changes in behaviours or communication to recognise individual preferences and support needs.</p> <p>Key worker meetings had not been routinely recorded, but the frequency had improved.</p> <p>A family survey had taken place and people had been asked their opinion of the friendliness, openness, approachability and professionalism of the staff, did people feel respected, were any complaints dealt with, did they feel listened to and if people could join in events.</p> <p>Responses were generally positive although one response rated the quality and variety of activities as poor/very poor. However, this was the only negative answer and a 'you said - we did' response had been prepared and shared with families and people using the service. This helped to demonstrate that people's opinions mattered, and they were listened to.</p> <p>A relative spoken with, said they had no complaints, but would be confident that if they raised any issues, they would be resolved.</p> <p>There had been one formal complaint in last six months, which was around communication. There was evidence that this was taken seriously, and a full investigation was carried out.</p> <p>Actions were taken as a result of the complaint and a written apology was sent to the complainant along with a report of the investigation and follow up actions.</p> <p>Equity in access: Score 3</p> <p>There was continuity in people's care and treatment because staff at the serviced worked with others to provide flexible and joined-up care.</p>

KLOE	Regulations	Comments
		<p>People could access care, treatment, and support when they needed to and in a way that worked for them.</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>The manager promoted networking in the local community to support people to access activities and places of their choice. He met with local businesses to encourage participation from people living in the home and to build community relations.</p> <p>Equity in experiences and outcomes: Score 4</p> <p>Staff had worked with people to identify achievable goals. These included going to a shop of the person's once a week, visiting family on a regular basis, attending church and to prepare own lunch. Key worker meetings referred to goals and what people had achieved, although these would benefit from more detail to further demonstrate what people had achieved. (RR 1)</p> <p>The management team and staff reported positive successes which had been achieved by people using the service. This was where people had daily living tasks, which they had not been able to achieve previously.</p> <p>For example, one person had visited a barber shop and chosen a new hairstyle. Another person had a birthday party with their family, where they had interacted positively with members of their family and another person had used public transport, again this was something they had not thought they could achieve.</p> <p>One person needed reassurance through physical interventions, where they needed staff to hold the and reassure them, but there were times now that they no longer needed this.</p> <p>Another person had successfully lost weight and was no longer at risk of diabetes.</p> <p>One person regularly went to the shop in the morning to buy their newspaper and have a coffee.</p> <p>Staff recorded successes onto the Blyssful system under the heading of 'magical moments.' There were some nice examples of where people had achieved successes in their daily lives and completed tasks</p>

KLOE	Regulations	Comments
		<p>independently. This could be developed to further demonstrate how staff supported people with achieving small goals. (RR 2)</p> <p>People also went out and about in the community on a regular basis. One person went swimming, and another person regularly attended church. Some people liked to go to the cinema or for a drink.</p> <p>A life music performer visited and supported people with dancing and music and playing instruments, which records showed, people enjoyed.</p> <p>Staff supported people with activities in the home including arts and crafts, supporting one person with using the computer, arts and crafts and board games. One person particularly enjoyed different YouTube videos, and one person was interested in geography and different places. Staff supported people to take part in pastimes of their choice.</p> <p>One person often made requests to the manager in relation to additional staff training. The training often related to areas of the country and specific staff actions. The manager had implemented a training matrix for this person, which listed the date, the training requested and the support by the person using the service. I suggest that the actual support is recorded, such as demonstrating the specific task. (RR 3)</p> <p>People also carried out daily living tasks and were supported with cleaning of their living spaces and laundry.</p> <p>Some people also enjoyed helping out with simple cooking tasks and one person regularly helped staff to fill up the hand towel dispensers and another person silenced the fire alarm following a fire test. This gave people opportunities to be actively involved in the running of the home.</p> <p>Planning for the future: Score 3</p> <p>Planning for the future had been considered. The manager had reached out to families and sent out a questionnaire for them to complete. This took a sensitive approach to end-of-life matters.</p> <p>Providing information: Score 3</p> <p>The manager was aware of the Accessible Information Standard. 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</p>

KLOE	Regulations	Comments
		<p>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>There were examples of 'Easy Read' guidance such as the complaints procedures.</p> <p>Staff used now and next stories to help people complete activities.</p> <ul style="list-style-type: none"> This service scored 78 (out of 100) for this area.
<p>Outcome: The service is considered as Responsive.</p> <p>Responsive is defined by the CQC as meaning "that the service meets people's needs".</p> <p>"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>	<p>Shared direction and culture: Score 3</p> <p>Discussions with the management team and staff evidenced that there was a commitment to providing care in a manner that respected individual dignity, privacy, choices, and individuality.</p> <p>Staff and leaders demonstrated a positive, compassionate, listening culture that promoted trust and understanding between them and people using the service, and was focused on learning and improvement.</p> <p>The registered manager was open and transparent about the home and were extremely proud of the staff and people using the service.</p> <p>They were committed to ensuring staff and people were included in decisions and planning all aspect of their care so that takes time.</p> <p>Staff were regularly kept up to date with local and national guidance and information through staff meetings, and through supervisions.</p> <p>Staff felt that the care was rewarding, and all staff spoken with were focused on outcomes for the people they supported.</p> <p>There was an open and transparent culture which acted on concerns raised and protected people in line with safeguarding and whistleblowing procedures.</p> <p>Capable, compassionate and inclusive leaders: Score 3</p> <p>Staff were positive about the leadership in the service. They complimented the manager and the support they provided and used words such as 'supportive' and 'approachable' to describe the relationship.</p> <p>The manager told us they operated an open-door policy for staff and people living at the home to ensure they felt supported at all times. The manager was committed to maintaining open lines of communication to promote openness and inclusivity.</p> <p>The manager was aware of their responsibilities and accountabilities in relation to CQC requirements.</p>

KLOE	Regulations	Comments
		<p>There was evidence that the provider engaged with the manager and was responsive to requests made by them.</p> <p>There was a commitment to upskill staff and promote internally.</p> <p>Staff reported that teamwork in the home was second to none and felt that everyone worked as a team.</p> <p>Positive feedback about the management team was seen and included, 'There are noticeable changes with the people in terms of their support and engagement. I visited the home on numerous occasions, all service users have had their allocated staff members full attention and appeared to be totally relaxed and content.'</p> <p>Freedom to speak up: Score 3</p> <p>Staff were supported to voice their opinions. All staff spoken with felt they were listened to and that their opinions mattered.</p> <p>Staff meetings, supervisions and surveys gave staff the opportunity to be involved and have a say. Staff surveys were in the process of being returned. There was good evidence that feedback from staff was listened to and acted on.</p> <p>Staff were supported with guidance and advice through meetings and evidence was seen that staff positively contributed.</p> <p>Staff said they were well supported by a management team that were open and approachable. Staff confirmed they received regular supervisions where they received feedback and were able to raise concerns.</p> <p>There was a staff champion who spoke on behalf of the staff team at regular meetings to raise any concerns or issues.</p> <p>Workforce equality, diversity and inclusion: Score 3</p> <p>There were policies and procedures in place for equality and diversity and staff received training.</p> <p>A culture of inclusion was promoted by involving staff.</p>

KLOE	Regulations	Comments
		<p>Reasonable adjustments were made to rotas to support people balance home and working life. Staff said the management team supported reasonable adjustment where possible to accommodate things like appointments and childcare.</p> <p>Consideration was given to cultural diversity and the provider was supportive as a company.</p> <p>Governance, management and sustainability: Score 3</p> <p>There was a governance framework in place which included service level and provider level audits and checks.</p> <p>Audits were carried out on a weekly, monthly and quarterly basis and included:</p> <p>Manager walkaround last completed 13 August 2024 with 96% compliance</p> <p>Medication shift leader weekly audit last completed 7 August 2024</p> <p>Managers monthly medication audit last completed 14 August with 96% compliance</p> <p>Monthly health and safety / infection control last completed 18 August with 97% compliance.</p> <p>Monthly vehicle maintenance audit last completed 13 August with 89 % compliance</p> <p>Managers monthly finance audit last completed 10 August with 90% compliance</p> <p>In addition, there was an operational audit and a quarterly operations manager medication audit.</p> <p>The quality team carried out desktop reviews of support plans and identified actions, where needed.</p> <p>There was an audit template for staff files on record, dated December 2023, but this had not been completed. (WR 1)</p> <p>There was provider oversight through quality monitoring. A new system known as Tami (trends and monitoring information) had been introduced and this monitored the electronic systems for compliance. Karibu Place was at 95%</p> <p>Regular management meetings were held to share information.</p>

KLOE	Regulations	Comments
		<p>A read and sign folder had been put into place for staff to identify key policies and processes such as the complaints policy, equality and diversity and emergency on call. There was also a read and sign for the support plans, as the systems was not allowing staff to do this. However, this quickly became out of date as support plans were updated and there needs to be a more robust system for this. (WR 2)</p> <p>Partnerships and communities: Score 3</p> <p>The manager and staff told us how they engaged with a range of health and social care professionals to support people's health and welfare, including local hospitals, GP's and service commissioners.</p> <p>Staff actively encouraged people to be active members of their local community. Throughout the inspection people with support of staff were going out to local shops and activities of their choice.</p> <p>The manager spoke passionately about the ways in which they supported people to take an active part of their local community. For example, using local community facilities such as the local coffee shop, charity shop and burger shop.</p> <p>Learning, improving and innovation: Score 3</p> <p>Systems were in place to maintain a continuous learning and development culture within the service. Learning was shared by the provider to help maintain ongoing improvement.</p> <p>There was an action plan which was developed from and accidents, incidents and audits, a sample viewed showed that these were completed.</p> <p>There was an additional action plane which was being used to monitor the updating and reviewing of support plans and risk assessments.</p> <p>Staff felt they contributed to development and improvement of the home. They felt their views were valued and respected and where required, action was taken to address any issues.</p> <p>Staff felt involved with the review process following the use of physical restraint. Staff welcomed the opportunity to discuss this process and to learn from any potential errors and embrace more effective ways of supporting people.</p> <p>Environmental sustainability – sustainable development: Score 3</p>

KLOE	Regulations	Comments
		<p>Consideration was given to environmental sustainability.</p> <p>At service and provider level there was a commitment to reduce the use of paper through the electronic systems and recycling and shredding.</p> <p>Lighting was turned off where it was not needed and enquires had been made of eco-friendly lightbulbs.</p> <p>CoSHH products were purchased in refillable containers to reduce the use of plastic.</p> <ul style="list-style-type: none"> This service scored 75 (out of 100) for this area.
<p>Outcome: The service is 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	Recommendation Made	Action to be taken	Who By	Date to Complete by	Evidence of Completion	RAG Status	Comment
SR1	<i>Support staff to include more detail in post incident recording to identify how any untoward events were resolved.</i>						
SR2	<i>Ensure that risk assessments are detailed fully describing how to mitigate the risks.</i>						
SR3	<i>Ensure that all risks are identified with the risk assessment process.</i>						
SR4	<i>Ensure there is clear information about any specific physical interventions.</i>						
SR5	<i>Ensure terminology relating to physical interventions is consistent.</i>						
SR6	<i>Include some more information in the PEEPS about night time evacuation.</i>						
SR7	<i>Following the return of all employment history forms, ensure that any gaps are fully explained.</i>						
SR8	<i>Ensure that professional references are verified.</i>						

CQC KLoE SAFE

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

SR9	Ensure that when there are changes to medication all associated records are updated.						
SR10	Clearly describe type of pain in PRN protocols.						

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 information around individual health conditions or syndromes.</i>						
ER2	<i>Ensure that there is a clear reason why food needs to be cut up into bite size pieces.</i>						
ER3	<i>Continue to develop MCA records</i>						

CQC KLoE CARING

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

Reference Point	Recommendation Made	Action to be taken	Who By	Date to Complete by	Evidence of Completion	RAG Status	Comment
CR1	X						

CQC KLoE RESPONSIVE

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

Reference Point	Recommendation Made	Action to be taken	Who By	Date to Complete by	Evidence of Completion	RAG Status	Comment
RR1	<i>Add further detail to key worker meetings to further demonstrate people's achievements.</i>						
RR2	<i>Further develop the magical moments to evidence people's independence.</i>						
RR3	<i>Identify how staff are supported with the additional training - specific to the service user requests</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>Complete an audit of staff files to ensure that all information is in place.</i>						
WR2	<i>Consider how support plans are updated in the read and sign folder, to ensure that they do not become out of date.</i>						