



AUDIT REPORT

1 – 4 Coppice Close

Date of Visit: 14th and 15th October 2024

Private & Confidential
SRG CARE CONSULTANCY LIMITED

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Service Name: Coppice Close

Provider: Liaise (South East) Limited

Address of Service: 1 - 4 Coppice Close, Burgess Hill, RH15 0GY

Date of Last CQC Inspection: 24th January 2022

Ratings

CQC's Overall Rating for this Service:



Good



SRG Overall Rating for this Service:

Outstanding



KLoE Domain	Rating		Overall Score
Is the service safe?	Good		78 (out of 100)
Is the service Effective?	Good		70 (out of 100)
Is the service caring?	Outstanding		90 (out of 100)
Is the service responsive?	Outstanding		89 (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 14th and 15th October 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, Deputy Manager, staff, and residents, a tour of the building and review of key documentation.

SUMMARY OF OUTCOME

1-4 Coppice Close is registered with CQC and provides accommodation for persons who require nursing or personal care. It's category of registration is a residential home in; Caring for adults over 65 years, caring for adults under 65 years, Learning disabilities, Physical disabilities, and Sensory impairments. The provider must not provide nursing care.

The service provides accommodation for up to 16 residents. At the time of this audit the home had 15 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 KLoE ratings as specified within each section of the report. Ratings are applied as per those conditions set out within the CQC KLoE Prompts and Ratings Scales.

Please note that this is the opinion of the reviewer carrying out each audit based on the evidence gained during the review visit and using this to evaluate compliance against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

KLOE	Applicable Regulations	Comments
Safe	<p>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 4</p> <p>Processes were in place to look at incidents and accidents and put actions in place to help mitigate risks in the future.</p> <p>Accidents and incidents were identified and recorded onto the RADAR system. These were then reviewed and, where needed investigated. There was enough information in the records to identify what had happened, and any follow up actions taken.</p> <p>A learning culture was promoted. The Registered Manager and staff reported how they had changed outcomes for one person. Through observations and reviews of daily care, adjustments had been made to how one person had been supported as staff had recognised their preferences, likes and dislikes. Changes had been made, and this had resulted in a reduction in behaviours. In addition, medication reviews had taken place which had resulted in a change to medication and contributed to a decrease in behaviours.</p> <p>Following a safeguarding incident, it had been recognised that some staff had lacked knowledge around individual medical needs. A new form of grab sheet had been introduced which included more detail about a person's medical history and how to support the person, so staff would be aware of the individual needs, without having to seek further advice.</p> <p>In addition, a presentation for how to use the SBARD tool had been implemented and shared with staff and the larger organisation.</p> <p>Staff reported that they were made aware of changes and felt there was a learning culture. Learning was shared through handovers, team meetings and supervisions.</p> <p>Safe systems, pathways and transitions: Score 3</p> <p>Staff at the service ensured they worked positively with external social and health care professionals. Referrals were made where needed.</p> <p>Good relationships had been developed with the local authority social services team. A recent visit from the local authority had been positive with feedback indicating that appropriate actions had been implemented, following a recent safeguarding.</p>

KLOE	Applicable Regulations	Comments
		<p>Internal support was provided from the positive behaviour support (PBS) team, who worked with staff at the service to carry out reviews of people's needs.</p> <p>External support was provided from the local learning disability team and the dietician team had been involved in training staff on how to prepare a PEG feed.</p> <p>Safeguarding: Score 3</p> <p>People demonstrated that they felt safe living at the service. Throughout the visit positive interactions were seen, where people were confident in relating to staff and were happy and relaxed when being supported by the staff team.</p> <p>People either said or indicated they felt safe living at the service.</p> <p>Staff were trained in safeguarding and knew how to report signs of abuse both internally and also to external bodies such as CQC or the local authority safeguarding team. The Registered Manager and staff team ensured safeguarding concerns were reported appropriately and followed any recommendations from the safeguarding team to help make things safer for people.</p> <p>Involving people to manage risks: Score 3</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> <p>On occasions the approach to maintaining support plans and risk assessments was not consistent. For example, one person had diabetes type two, and there was an individual support plan in place, but no risk assessment, whereas another person had a separate risk assessment for diabetes. (SR 1)</p>

KLOE	Applicable Regulations	Comments
		<p>Where people needed support with moving and handling equipment, information around managing risks were in place. It would be useful to any the colour of the straps required when using equipment. (SR 2)</p> <p>Where people had specific conditions which affected how they were supported, there was detailed guidance and risk management in place.</p> <p>PBS (positive behaviour support) plans were in place, where needed. These included an overview of the person, goals for the plan, behaviours of concern, triggers, active strategies, and reactive and crisis intervention. One member of staff described how they had been involved with developing this.</p> <p>Overall risk assessments identified the risk, and information was then included in the support plan (<i>see effective for additional comments</i>).</p> <p>Safe environments: Score 3</p> <p>People's rooms were set out safely, with space for people to move around in and navigate wheelchairs or walking equipment.</p> <p>Communal areas were clutter free so people could move around freely.</p> <p>There were regular maintenance and safety checks carried out.</p> <p>Health and safety checks were maintained on the QUOODA system and included daily checks with a walk around and fire check. Weekly checks monitored the fire alarm, fire doors, water, lighting, and windows, for example.</p> <p>Monthly checks included fire extinguisher checks, emergency lighting, fire doors, and grab bags.</p> <p>Regular healthy and safety checks were all up to date.</p> <p>Appliances such as hoists were serviced regularly and 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>Personal emergency evacuation plans (PEEPs) were in place, and these had recently been reviewed.</p> <p>It was noted that the first aid kit in the grab bag was out of date, this was addressed at the time.</p>

KLOE	Applicable Regulations	Comments
		<p>Safe and effective staffing: Score 3</p> <p>Staffing levels were appropriate to the service. Each house was staffed individually based in individual needs. Where needed one-to-one support was provided. At night there was member of staff who ‘floated’ between the houses to give support as and when needed.</p> <p>Observation of staff deployment confirmed there were sufficient experienced and competent staff available. Staff worked well as a team and had good communication. Staff clearly knew people well and the atmosphere was calm and relaxed, and staff were attentive and responsive to people.</p> <p>Recruitment procedures were checked to assess compliance with Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>Recruitment was managed by a central team from head office. They carried out all checks as required by regulation. Evidence of recruitment was kept electronically on the SharePoint system. Two recruitment records were reviewed.</p> <p>On records viewed, information was in place as required, which included:</p> <ul style="list-style-type: none"> ➤ A full employment history, with gaps identified and explanations recorded. ➤ An appropriate DBS (Disclosure and Barring Service) check. ➤ References, including those from the last employer and it was seen that these had been verified. ➤ Proof of identity and address. ➤ Proof of Right to Work. ➤ A health declaration. <p>New staff were supported with an induction and the updated induction booklet was in place. Staff were supported with an introduction to the organisation and the service. This included an overview and the organisational mission and values, alongside a robust induction training programme. Observations were completed during induction along with regular supervision to monitor progress.</p>

KLOE	Applicable Regulations	Comments
		<p>Staff were supported with an ongoing training programme. This was primarily online through the training provider Your-Hippo. Training included:</p> <p>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, learning disability, British sign language, theory and practical, COSHH, diabetes, Duty of Candour, Duty of Care, Epilepsy, Epilepsy and Buccal Midazolam, end-of-life, Mental Health, Nutrition, Oral Health, IDDSI, PEG care, and person-centred care, for example</p> <p>Staff training records showed that staff had completed the majority of their training and were at 97% compliance at the visit.</p> <p>Proact Scipr training, which taught staff positive and proactive strategies for supporting people in crisis was in place.</p> <p>Annual competencies took place for medication, which was at 95.7% and for administering Buccal Midazolam, which was at 100%.</p> <p>There had been previous slippage in supervision, although the registered manager reported that this had improved. Supervision was still at 91.5%, so I suggest that any outstanding supervisions are completed. (SR 3)</p> <p>Staff reported that they felt well supported. Staff said they had supervision with the manager, and there was an open-door policy. Staff confirmed that the management team were helpful and supportive.</p> <p>Infection prevention and control: Score 3</p> <p>There were safe systems to manage infection prevention and control, with 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>There were separate laundry areas in each house and a sample were seen to be clean and tidy, with appropriate colour coded equipment in place.</p>

KLOE	Applicable Regulations	Comments
		<p>Equipment was seen to be clean and free from dust and debris.</p> <p>Medicines optimisation: Score 3</p> <p>Medicines were kept in the individual houses in lockable cabinets adjacent to the staff office in each service. It is worth considering whether medicines could be kept in people's individual rooms. (SR 4)</p> <p>There were folders maintained in each house for the MAR charts and key information relating to medication. There was a signature sheet for staff who were able to administer medication which included their name, initials and a sample signature. This had not been updated since September 2024 and is probably worth a review. The Registered Manager showed a more up to date sheet, which they kept separate, as the ones in the folder kept going missing.</p> <p>Each person had an individual sheet which included their name, date of birth, allergies and how they preferred to take their medicines.</p> <p>Medication administration record (MAR) charts were in place. Not all MAR charts had been signed. In H1 on the first day of the visit, some of the morning medication for some people had not been signed. There was a dot to indicate that staff may have taken this from the package to administer, but there was no signature. (SR 5)</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.</p> <p>Some people went to stay with relatives at the weekends, and others went out for days to activities or on trips. There were systems for recording medication in and out of the home. Medicines leaving the home were also included on the countdown sheets and re-entered when they were returned, which was slightly confusing as there was no separate column for the number of medicines. (SR 6)</p> <p>Countdown sheets were in place, which monitored the number of medicines in stock. A spot check found that medicines were correct.</p> <p>Paraffin based risk assessments for emollients were in place.</p> <ul style="list-style-type: none"> This service scored 78 (out of 100) for this area.

KLOE	Applicable Regulations	Comments
		<p>Outcome: The service is considered safe</p> <p>'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>Although there had been no one move in recently. The management team were able to describe the process.</p> <p>This included carrying out an assessment, meeting and working with the current support team, which could be at their previous placement or a school, for example. The transition process was described, and it was evident that it was important for potential service users to visit the service and meet with people currently living there.</p> <p>Regular reviews of people's care needs were undertaken.</p> <p>Delivering evidence-based care and treatment: Score 2</p> <p>The STOMP (stopping the over-medication of people with a learning disability) was followed and reviews were undertaken.</p> <p>Some people were diagnosed with diabetes, either level one or two. Where people needed the support of the district nurse, they visited on a daily basis to administer insulin.</p> <p>Information about blood sugar levels were included in the risk assessment, for one person. However, there was no information in the support plan about the blood sugar levels, which did not promote consistency. (ER 1)</p> <p>Although there was some guidance in the risk assessment about actions to take should the blood sugar levels be outside of the person's known normal range, this lacked detail and was not always backed up by staff records. For example, staff did not always record what action they had taken should the blood sugar levels be too high or too. (ER 2)</p> <p>Information from the guidelines was not included in the support plan, including the level of food modification. The actual SaLT guidelines in the Blyssful system were password protected and could not be opened. There was no information in the support plan about the level of food modification for this person, although for another person, again the SaLT guidelines were included in the support plan. This should be consistently in place in individual support plans. (ER 3)</p>

KLOE	Regulations	Comments
		<p>Staff, however, were aware of different levels of food modification and what consisted of level four or a level seven, for example.</p> <p>Body maps were implemented where staff identified a mark, bruise or skin tear. In most cases staff took a photograph, recorded the concern and what actions they had taken on identifying the mark. It was noted that staff did not then record any updates or reviews to the body map in the majority of body maps reviewed. This meant that any improvement or deterioration would not be identified, which is a particular risk if people are vulnerable or taking a blood thinner, for example. The registered manager stated that staff should be using RADAR, but there was a reliance on Blyssful and not all the body maps seen on Blyssful were recorded on RADAR. (ER 4)</p> <p>How staff, teams and services work together: Score 3</p> <p>People were supported to attend and receive appointments. For example, an annual medication review, learning disability review, dentist, G.P., diabetes reviews, blood tests, eye tests, epilepsy nurse, for example.</p> <p>Where staff were concerned about individual health care needs, referrals were made to appropriate professionals.</p> <p>People had been supported to have the flu jab and a COVID 19 booster.</p> <p>People had a care/hospital passport in place. These included information about allergies and intolerances, communication, eating and drinking, pain, medical conditions, medication, and behaviours, for example. Things that were important to the person and likes and dislikes were also included in the hospital passports. A sample of three were viewed and these identified that the information within the hospital passports corresponded to the information within the support plans.</p> <p>Supporting people to live healthier lives: Score 3</p> <p>There were health support plans in place. These included information on how to support people to remain healthy and included guidance and information for staff.</p> <p>Information about different health conditions was included in support plans.</p>

KLOE	Regulations	Comments
		<p>Where people were at risk of constipation, a risk assessment was in place which included treatment and monitoring, information was also included in the support plan. The support plan for one person indicated that a bowel chart should be maintained in the care planning system. There was evidence that this was happening.</p> <p>Where people suffered with epilepsy. Support plans seen identified the type of seizure which the person may experience potential triggers and actions to take following a seizure. A sample of records identified that staff recorded seizures and took appropriate actions.</p> <p>Monitoring and improving outcomes: Score 3</p> <p>Dependent on individual needs, a range of monitoring records were in place. These included food and fluid charts, bowel charts, oral hygiene charts, and general observations. A review of these identified that staff were recording these.</p> <p>Monthly health checks took place, and these checked whether people were keeping well. This included a general check on skin conditions, oral care, nail care, any concerns in relation to bowels and that individual weights had been recorded with no concerns. Ones viewed evidenced that these were happening on a regular basis.</p> <p>Weights were taken and recorded, although this seemed to be a bit hit and miss at times and had not always been recorded consistently. An action in the action plan in September had identified that weights were not being monitored, this now appeared to have been addressed.</p> <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 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. The Mental Capacity Act (MCA) 2005 applies to everyone involved in the care, treatment and support of people aged 16 and over living in England and Wales who are unable to make all or some decisions for themselves.</p>

KLOE	Regulations	Comments
		<p>Where people did not have capacity to consent to specific decisions, MCA assessments were in place. These were seen to be decision specific and included areas such as: Domestic and daily living skills, Culture, Religion and End of Life Planning, Restrictive practice, Key worker and service user meetings, Consent, Activities, Support Plans and Risk Assessments, Personal Relationships, Behavioural support plan, Mobility, and medical interventions, for example.</p> <p>MCA assessments viewed identified that a staff member had sat with the person and discussed the specific decision and used, where possible, visual aids to help prompt the person. In addition, they would return a later time to further discuss the subject to assess whether the person could retain the information. An assessment as to whether the person had capacity was made and where people were assessed as not having capacity, a best interest decision was recorded, which identified the support needs.</p> <p>There was a support plan for matters around MCA and consent, this lacked detail. For example, where one person lacked capacity to make decisions in multiple areas, the MCA support plan stated, 'A mental capacity assessment has been completed and X has been assessed as lacking capacity. Therefore, decisions can be made in the best interest'. This did not state where they lacked capacity and the individual support plans also did not include the outcome and how the person was to be supported in their best interest. (ER 5)</p> <p>There was evidence that people gave consent and where they were represented by families or others in relation to legal requirements, proof was in place</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” “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 showed a relaxed atmosphere in the homes. Staff supported people in a timely manner and encouraged them to be independent and make choices around their day. For example, people could choose where they wanted to go and which shops they had chosen to visit on a day out.</p> <p>Without question, observations showed that staff supported people in a kind and compassionate way, taking notice of what they said and what they wanted to do.</p> <p>Staff understood how people may find it more difficult to understand some aspects of their support. They took their time when supporting people, explaining what they were doing to ensure people were happy and relaxed. Observations showed that people were very content and relaxed.</p> <p>Support plans included information about people and their likes, dislikes and preferences, including information about their life histories.</p> <p>Treating people as individuals: Score 4</p> <p>Personal relationships were promoted to enable people to make and maintain relationships with others. People were supported to visit their families and stay with them at weekends of holiday times.</p> <p>People living in the same house or in one of the other houses in the Close, often socialised and went out together.</p> <p>The care and support people received reflected their personal needs and wishes. Staff spoken with knew all about those they supported and what was important to them. This included people's individual preferences, any health and welfare issues and promoting their independence.</p> <p>People said or indicated that they felt well supported.</p> <p>Independence, choice and control: Score 4</p> <p>Without exception people were being supported to live their lives the way they chose to. They were supported to be fully in control of the support they had and made choices in every single aspect of their lives.</p>

KLOE	Regulations	Comments
		<p>Examples were seen of the activities people chose to take part in and how staff supported them to access these.</p> <p>Some people attended a community resource centre, where they took part in different activities.</p> <p>Staff spoke positively of how they supported people to make choices and live an independent life as possible. Staff were able to describe how they gave people choices and promoted their independence. For example, one person was supported on a daily basis to use their walking frame, rather than their wheelchair to help maintain their mobility.</p> <p>Records showed staff involved people in decisions about their activities, daily living tasks and care, with support from families or advocacy.</p> <p>Responding to people's immediate needs: Score 3</p> <p>People were listened to, and their opinions mattered. Observations showed that staff responded to any requests for assistance.</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>Reviews of incidents were undertaken to assess how these were managed to ensure that people were supported appropriately.</p> <p>Care records monitored ongoing individual needs, and these were reviewed by the management team, with actions identified, where needed.</p> <p>Workforce wellbeing and enablement: Score 4</p> <p>Staff provided positive feedback about working at 1-4 Coppice Close and felt they were supported in their job roles.</p> <p>Wellbeing was discussed at supervision and welfare checks were made when staff were on long-term sick or maternity leave.</p>

KLOE	Regulations	Comments
		<p>Staff felt the management team went above and beyond to support them. More than one member of staff said that they had been supported by the management team to adjust their working hours, due to appointments or personal reasons. Staff said they felt well supported and the management team were always available to give support or advice.</p> <p>The registered provider understood the importance of staff wellbeing and there were measures and processes in place to support staff.</p> <p>Recognition awards were given out on a monthly basis, where the staff member received a gift voucher. There was an employee assistance programme and staff had access to the blue light card, which gave staff discount in different stores. There was a life assurance programme.</p> <p>Liaise were committed to paying above the national minimum wage and staff could access the wage-stream app, which gave staff access to their pay as they earned it to support with the current cost of living crisis.</p> <ul style="list-style-type: none"> This service scored 90 (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 with dignity and respect and are involved as partners in their care”.</p> <p>SRG RATING: Outstanding</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 4</p> <p>People received care and support based on their individual needs, routines and preferences and received person centred support from a staff team who knew them well.</p> <p>Support was tailored to people in line with their preferences, likes and dislikes as well as their support needs.</p> <p>Observations showed that staff supported people in line with their support plans. Staff spoken with fully understood the principles of person-centred care and how to apply this in practice. They spoke confidently about how best to support people and knew what was important to people.</p> <p>People using the service demonstrated that they felt they received a person-centred approach. People were confident that they were given choices and could make decisions about how they wanted their care to be provided. People were also positive that they could take part in activities of their choice.</p> <p>Staff supported people to go out in the community as they chose. One member of staff said, 'We are led by people living here, its about their choices and preferences'.</p> <p>Staff engagement with people was good. Staff interactions with people reflected support plan guidance. Staff clearly knew people well, understanding and anticipating their individual needs effectively. Staff consistently promoted independence and choice making.</p> <p>Care provision, integration, and continuity: Score 3</p> <p>People received consistent care and support from a stable staff team that knew them well and understood their diverse needs. Feedback from people indicated that they felt well supported.</p> <p>Family involvement was supported and encouraged. The parent of one person had been strongly involved when the person had moved in, and staff had taken on board their contributions to the care and support for the person.</p> <p>Staff supported people to access services such as hospitals, dentists, and other health services. Staff ensured people's support needs were known to health professionals and advocated for them whilst at appointments.</p>

KLOE	Regulations	Comments
		<p>Listening to and involving people: Score 4</p> <p>Staff used effective communication tools to involve people through social stories, easy read information, Makaton and sign language, for example.</p> <p>People were involved in regular discussions with staff, however staff also listened to them on a day-to-day basis as they supported them with their daily living activities.</p> <p>During the visit it was observed that staff actively listened to people and took notice of what they said. They supported people to make their own decisions and ensured that any requests were acted on.</p> <p>Staff also observed how people were feeling throughout the day and used this as a guide to see if people were enjoying what was happening or not. They frequently checked that people were happy.</p> <p>People were supported to be actively involved. For example, on one day, people were helping to bake a cake and were looking forward to having this for their evening meal.</p> <p>People spoken all felt they were listened to, and staff took their opinions into account.</p> <p>Monthly key worker meetings were happening. These gave people opportunities to discuss how they were feeling, what they had enjoyed doing, anything that had gone well or could have gone better and if there was anything anyone wanted to achieve.</p> <p>Service user questionnaires had been completed. People had been supported to complete these using their preferred communication tools, such as pictures and symbols or sign language. Everyone living in the home felt listened to and included in decisions about service.</p> <p>Surveys were sent out to relatives. The feedback was seen to be positive. Feedback indicated that relatives felt they were kept up to date within information about their family member and felt involved. Relatives also felt that staff were kind and caring.</p> <p>Equity in access: Score 4</p> <p>The management and staff team understood the importance of people being a part of their local community. People were supported to access and be a part of the community on a daily basis to pursue their social interests and pastimes.</p>

KLOE	Regulations	Comments
		<p>People attended a local centre where they took part in a range of pastimes and activities. This included cooking classes, swimming, attending a gym, art and music sessions, for example.</p> <p>One person had achieved a medal for completing the length of a marathon through regular visits to the gym. They were very proud of their medal.</p> <p>People also helped out at the community centre farm based at the centre. Some people went horse riding, and one person had recently gone to a theme park.</p> <p>Some people worked at a graphic design company, which more than one person identified that they really enjoyed this. One person also volunteered at a local charity shop.</p> <p>As well as supporting people to access the community through jobs and activities, staff also considered achievements in the home. For example, they were supporting one person to build up their confidence and go for walks and visit people living in the other houses.</p> <p>In-house staff supported people to stay active through arts and crafts, games, and cooking.</p> <p>People felt they had good opportunities to take part in activities and pastimes, as well as being able to spend time on their own when they chose.</p> <p>Equity in experiences and outcomes: Score 4</p> <p>People were supported to maintain a quality of life and experience positive outcomes. There were examples of how people's quality of life had improved.</p> <p>One person had been diagnosed with diabetes, which had resulted in them feeling anxious about the diagnosis. The staff team had worked with the person, their mum and the G.P., to help them understand and manage their condition, and the person was now more actively involved in engaging with activities and other people.</p> <p>Where one person had struggled with food and drink and always been anxious about eating and drinking. Staff had supported them to become more engaged with the menu planning and food shopping and try new foods. This person had developed an improved relationship with food, which had also positively impacted on their health.</p>

KLOE	Regulations	Comments
		<p>One person had joined the influencer team, which was to represent people using Liaise services and advocate on their behalf. This involved meeting other influencers and actively advocating for people who used the service.</p> <p>People were supported to set and achieve realistic goals that met their needs and preferences. There was evidence seen that people were supported to achieve these, although staff did not always record updates. (RR 1)</p> <p>Planning for the future: Score 3</p> <p>There was no-one who was on end-of-life care. People using the service were younger, although some people had conditions, which put them at risk.</p> <p>End-of-life support plans were in place. These identified that either the person or a someone who was legally responsible for them had been asked if this was an area they would like to discuss. People or their relatives had declined to discuss this area, in the support plans viewed and everyone felt it would be something they would prefer to discuss nearer a time when it was needed. The management team had sent out information for people to review and complete, when they felt ready to do so.</p> <p>This had been included on the action plan, to ensure that this was monitored and reviewed on a regular basis.</p> <p>Providing information: Score 3</p> <p>People were supported in line with their communication needs. Staff were trained in communication methods such as using signs and objects and also knew how to communicate verbally with people in a way that supported them to understand what was being said to them.</p> <p>Observations showed that staff communicated with people in an easy and friendly manner, and they conversed with people in their preferred manner. For example, one person liked facial cues and sign language, and staff were seen to interact between these formats in an easy way.</p> <p>Information was available in a range of formats, including pictorial and easy read, where needed. Where needed people had planners, to help them organise or structure their time.</p>

KLOE	Regulations	Comments
		<p>The complaints procedure was on display, although it was noted that this was placed above the dado rail, which meant that it was not at eye level for people in wheelchairs. It might be worth considering the height of this information. (RR 1)</p> <ul style="list-style-type: none"> This service scored 89 (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: Outstanding</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>New staff were supported to learn about Liaises commitment to delivering high quality support through their induction. This included the mission, vision and values of the organisation to ensure that new staff understood the shared direction.</p> <p>Staff said that there was a positive culture in the service. They described how they supported people with their daily life choices and different activities they enjoyed, as described within this report. It was evident that staff put people using the service first and took into account their opinions.</p> <p>People received opportunities to share their experiences about the service they received via monthly keyworker meetings.</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>Both the registered manager and deputy manager had both worked in the service as support staff and had been supported to develop their skills and knowledge and progress onto the management team.</p> <p>Staff said that they felt that the management team did not expect them to carry out any tasks or duties that they would not undertake. Staff reported that they felt there was an inclusive team within the service, and they all worked together.</p> <p>The registered manager and deputy manager spoke positively and confidently about their expectations and were able to describe positive achievements which had been achieved by people.</p> <p>There was an area manager and a senior management team who supported the service. It was reported that this support was positive.</p> <p>Freedom to speak up: Score 3</p> <p>Staff confirmed they felt valued, respected and listened to. They said that they had supervision and attended team meetings. Staff reported that there was an open-door policy, and they had no hesitation in asking for support.</p>

KLOE	Regulations	Comments
		<p>General staff meetings and night staff meetings were happening on a regular basis. These discussed processes, safeguarding, policies, activities, service users, health and safety and general updates.</p> <p>The minutes of the meetings tended to be quite sparse and would benefit in some places with further detail, as a good practice suggestion. (WR 1)</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>Consideration was given to individual staff cultural and religious beliefs and flexible working was in place.</p> <p>Staff were positive that they were treated equally, and their well-being was considered and supported. Staff said that consideration was given to maintaining a balanced working life and that the registered manager supported them to attend appointments or make adjustments for family commitments.</p> <p>One member of staff said, 'It is an amazing place to work. Communication is excellent, we feel as staff we matter, and we are listened to'.</p> <p>Governance, management and sustainability: Score 3</p> <p>The registered manager and area management team completed audits to monitor the quality of the service.</p> <p>The most recent audits included:</p> <ul style="list-style-type: none"> ➤ Manager walkaround 1 October (91 %) ➤ Medication shift leader weekly: 2 October (86 %) ➤ Monthly operations manager visit: 11 September (73 %) ➤ Managers monthly medication audit 14 September (93 %) ➤ Out of Hours Visit Audit: 14 September (91 %) ➤ Monthly health and safety / infection control: 18 September (91 %) ➤ Monthly vehicle maintenance audit 13 October (not scored)

KLOE	Regulations	Comments
		<ul style="list-style-type: none"> ➤ Managers monthly finance audit: 10 October (100%) ➤ Operations manager Quarterly Medication Audit: 4 September (82%) ➤ Manager's Quarterly Support Plans and Risk Assessments Audit: 19 September (90%). <p>It was positive to see that audits were identifying areas of improvement. Actions from audits were then included onto an action plan, and evidence was seen of measures taken as a result of such actions.</p> <p>The quality assurance framework (QAF) and been replaced by a trends and monitoring information (Tami) framework. This helped to maintain oversight and the most recent score had been 86%. The registered manager reported that this had been a result of slippage in supervisions, which was being addressed.</p> <p>Monthly manager meetings happened, and regular team calls to discuss quality and risk which helped to share information.</p> <p>Partnerships and communities: Score 3</p> <p>The registered manager and staff team worked well with external partners to support people in the best way possible. External referrals were made in a timely manner when additional external support was required.</p> <p>Staff gave examples of how they worked with external professionals in supporting people to achieve positive outcomes. This included working with the dietitian to prepare PEG feeds, for example.</p> <p>Staff supported people to access resources that were important to them. For example, people regularly attended a local community resource centre where they took part in different activities of their choice.</p> <p>Learning, improving and innovation: Score 3</p> <p>Actions were developed from accidents, incidents, safeguarding and audits. These were maintained on the RADAR system with a record of the action, who was responsible, when the action was due for completion and whether it had been completed. Evidence was seen that actions were monitored and updated where these had been addressed.</p>

KLOE	Regulations	Comments
		<p>Staff confirmed that there were systems and processes in place that supported learning and improvements. This included having de-brief meetings following an incident to consider if there were any learning and actions required to reduce recurrence. In addition, learning from incidents or untoward events were actively shared with staff in the service.</p> <p>Staff confirmed communication was good and communication systems in place supported the sharing of information with staff.</p> <p>Environmental sustainability – sustainable development: Score 3</p> <p>Policies and procedures were in place to promote environmental sustainability.</p> <p>Paper records were limited to save on paper and waste paper was shredded to reduce waste. Digital systems helped to reduce the use of paper.</p> <p>Recycling was promoted.</p> <p>People had grown vegetables and salad produce, which they then used.</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>Implement a consistent approach to managing risks, in that where there is individual risk assessments ensure this is consistent.</i>						
SR2	<i>Include the colour of the straps in the moving and handling guidance.</i>						
SR3	<i>Complete any outstanding supervision.</i>						
SR4	<i>Consider whether it would be more appropriate to keep people's medicines in their own rooms.</i>						
SR5	<i>Ensure that medication is signed for when it is administered.</i>						
SR6	<i>Consider including an extra column to identify numbers of medicines leaving the service and being returned</i>						

CQC KLoE EFFECTIVE

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

Reference Point	Recommendation Made	Action to be taken	Who By	Date to Complete by	Evidence of Completion	RAG Status	Comment
ER1	<i>Include information in the support plan about blood sugar levels.</i>						
ER2	<i>Ensure that staff record actions taken when blood sugar levels are outside the normal range for the person.</i>						
ER3	<i>Include information from the SaLT team in care plans to guide staff on the exact level of food modification and support needed.</i>						
ER4	<i>A consistent approach should be for recording, and monitoring of any marks or wounds. Where body maps are used these should be updated on a regular basis to record progress.</i>						
ER5	<i>Further develop information around capacity in the support plans and how the person is to be supported in their best interest and include in the support plans</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>Ensure staff record how people are achieving their goals.</i>						
RR2	<i>Consider the height of the complaints procedure so it is at an eye level for people using the service.</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>Include more information in the staff meeting minutes.</i>						