



# AUDIT REPORT

**Service Name: Linnet House**

**Date of Visit: 1<sup>st</sup> and 2<sup>nd</sup> July 2024**

Private & Confidential  
SRG CARE CONSULTANCY LIMITED

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**Service Name:** Linnet House

**Provider:** Liaise (South) Limited

**Address of Service:** 168 Kempshott Lane, Basingstoke, RG22 5LA

**Date of Last CQC Inspection:** 19<sup>th</sup> April 2023

## Ratings

**CQC's Overall Rating for this Service:**

Good



**SRG Overall Rating for this Service:**

Good



KLoE Domain	Rating		Overall Score
Is the service safe?	Good		75 (out of 100)
Is the service Effective?	Good		75 (out of 100)
Is the service caring?	Good		75 (out of 100)
Is the service responsive?	Good		75 (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 three days on the 1<sup>st</sup> and 2<sup>nd</sup> July 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 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 clients who used the service. These included conversations with the Registered Manager, Deputy Manager, shift leader, support workers, and service users, and a tour of the home and review of key documentation.

### SUMMARY OF OUTCOME

Linnet House is a 'care home'. People in care homes receive accommodation and nursing or personal care. The service is registered to provide accommodation for persons who require nursing or personal care. It is registered for up to five people with learning disabilities and autistic spectrum disorder. At the time of our inspection there were five people living in the home. The home was a two-storey detached property which had a kitchen and dining area, and three bedrooms on the ground floor. On the first floor there were two further spacious en-suite bedrooms. There was a large garden area and a separate sensory room in the garden.

We read care plans for three people, we checked three staff recruitment files and records to confirm staff training, supervisions and competencies had occurred appropriately. We checked medicine records and the records pertaining to the operation of the service, including quality assurance audits, minutes of staff meetings, H&S and Fire related documentation.

Linnet House have migrated over to Blyssful Software from Aplyss for all service user information. Staff input daily occurrences via the tablet 'such as nutrition, personal care and support provided. Care Plans were seen on the software. Linnet House currently uses the homes documents Software for

staffing records, YourHippo for e-learning that staff complete, Radar is used for auditing, and polices etc. Quooda is used for compliance checks and Liaise Maintenance Service Portal is used for reporting any maintenance concerns/call outs and budget records.

## 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 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 conducting each audit based on the evidence gained during the review visit and using this to evaluate compliance against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.*

KLOE	Applicable Regulations	Comments
Safe	<p><b>Regulation 12 (f) and (g) Safe Care and Treatment</b></p> <p><b>Regulation 13: Safeguarding users from abuse and improper treatment</b></p> <p><b>Regulation 17: Good Governance</b></p> <p><b>Regulations 18 &amp; 19: Staffing - Fit and Proper persons employed.</b></p> <p><b>Regulation 20: Duty of Candour</b></p>	<p><b>Learning culture – Score 3</b>  Linnet House is a residential care home providing personal care to up to five people. The service provides support to people with a learning disability or autism. At the time of the audit there were five people using the service.</p> <p>Learning from safety incidents was embedded. Where there was an accident or an incident, care plans and risk assessments were updated with changes in need. Lessons learnt were routinely recorded following any investigations and a tracker was in place.</p> <p>The manager was seen meeting with the staff to discuss the incident (debrief) so they could look at why this took place, triggers, and ways to prevent any further incidents.</p> <p>The manager advised Team meetings were conducted monthly, where lessons learnt was discussed, there was also an action plan in place. This was also uploaded to Radar. Minutes of the meeting were in place.</p> <p><b>Safe systems, pathways, and transitions – Score 3</b>  The provider had systems and processes in place to ensure people were appropriately protected from the risks of coming to avoidable harm or suffering abuse.</p> <p>Accidents and incidents were logged and learning outcomes in place, these were then discussed in the team meetings of any areas of improvements.</p> <p>People were aware of what constitutes an accident and incident.</p> <p>The service had migrated to Bylssful and were in the process of updating and completing all the current data.</p>

KLOE	Applicable Regulations	Comments
		<p>The manager had also implemented a paper copy file for each client, with a copy of the current documentation, whilst the digital care planning system was being updated.</p> <ul style="list-style-type: none"> <li>• Signature staff list to evidence care plans had been read.</li> <li>• Personal details</li> <li>• Communication passport (however this was dated October 2022) and it does say to be updated yearly <b>(SR1)</b></li> <li>• Support plans.</li> <li>• Risk assessments.</li> <li>• Pain Profile</li> <li>• Positive behaviour Plan</li> </ul> <p><b>Safeguarding – Score 3</b></p> <p>People were protected from avoidable harm as staff understood how to recognise signs of abuse and the actions needed if abuse was suspected. There were enough staff to provide safe care and recruitment checks had ensured they were suitable to work with vulnerable adults.</p> <p>There was one open safeguarding which involved a service user who managed to leave the home unsupervised who was receiving 1-1 support.</p> <ul style="list-style-type: none"> <li>• The service had taken the following actions:</li> <li>• Reported to safeguarding</li> <li>• CQC notification</li> <li>• Family was updated</li> <li>• The service is in the process of investigating the incident and taking measures to ensure this is prevented from happening again</li> </ul> <p>Safeguarding training was showing as over 90% compliant.</p>

KLOE	Applicable Regulations	Comments
		<p><b>Involving people to manage risks – Score 3</b>  There were set risk assessments incorporated into the care planning system. These included, MCA/DoLs, Epilepsy, Nutrition, and various others.</p> <p>Due to the migration of the system, the manager was still in progress of reviewing these and updating.</p> <p>People’s risk assessments covered activities, trips in the community, seizures, and physical interventions.</p> <p>People were weighed weekly, and vital signs were checked and recorded.</p> <p><b>Safe environments – Score 3</b>  The living environment was clean and tidy, and free from any mal odours.</p> <p>There was plenty of space for the service users to access.</p> <p>The service users’ rooms were large, and person centred, and could decorate their room how they liked to.</p> <p>There was a large garden area, which had a small swimming pool, swing, and trampoline for the people to use, it was well maintained.</p> <p>Service users were seen using the garden, and helping to water the plants and were growing vegetables.</p> <p>There was a separate outbuilding in the garden that was being used as a sensory room, this was a nice quiet space for the service users to access.</p> <p>There were regular checks and an effective maintenance system to make sure the home remained a safe place to live. These included an independent legionella and water safety risk assessment. There</p>



KLOE	Applicable Regulations	Comments
		<p>were regular checks on appliances and equipment and regular checks on safety items such as window restrictors.</p> <p>The home would use Liaise Maintenance Service Portal to log and report any maintenance concerns within in the home.</p> <p>Recent reports were seen on the 2<sup>nd</sup> of July were the manager reported a service user's tap in his room was loose.</p> <p><b>Safe and effective staffing – Score 3</b>  The home had a stable staff team and was fully recruited and at present twenty-six staff were employed at the service. The home had used agency staff for over 18 months.</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>Employment checks included obtaining a full employment history, proof of identify and address, references and checks with the Disclosure and Barring Service (DBS).</p> <p>The DBS helps employers make safer recruitment decisions and help prevent unsuitable people from working in care services and was renewed every three years.</p> <p>Staff training was reviewed which covered a range of courses which included, Autism, LD, Safeguarding, MCA/DOLS, Fire and Medications. There was a training matrix in place to monitor compliance.  In the staff quality surveys over 90% of staff said they had received the training they needed to do their job.</p>

KLOE	Applicable Regulations	Comments
		<p>Staff told us staffing levels were sufficient to meet people's needs and provide people with the support they required. Staff felt supported in their roles and received one-to-one sessions of supervision and regular training.</p> <p>Staff spoken too said they enjoyed working at the home and had been there for many years and felt supported. One staff member said it felt like home, and she enjoys supporting the people who live here.</p> <p><b>Infection prevention and control – Score 3</b>        Infection control training was over 90% complaint.</p> <p>The laundry area was clean and tidy.</p> <p>Staff were seen to using PPE.</p> <p><b>Medicines optimisation – Score 3</b>        Medication systems were reviewed, and findings as follows:</p> <ul style="list-style-type: none"> <li>• Medication checked for three service users.</li> <li>• Medication was seen to be locked away securely.</li> <li>• Room temperature and fridge checks were conducted daily and recorded.</li> <li>• There was useful information in place supporting the administration of PRN medication.</li> <li>• Some Service users had lockable cabinets in their rooms with their prescribed medication.</li> <li>• Creams, eye drops and liquids had open dates.</li> </ul> <p>Medicine competencies are completed annually.</p> <ul style="list-style-type: none"> <li>• This service scored 75 (out of 100) for this area.</li> </ul>

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

KLOE	Regulations	Comments
Effective	<p><b>Regulation 9: Person Centred Care</b></p> <p><b>Regulation 11: The need for Consent</b></p> <p><b>Regulation 12: Providing Safe Care and Treatment</b></p> <p><b>Regulation 14: Meeting Nutrition and Hydration Needs</b></p> <p><b>Regulation 15: Premises and Equipment.</b></p> <p><b>Regulation 17: Good Governance</b></p> <p><b>Regulation 19: Staffing</b></p>	<p><b>Assessing needs – Score 3</b> People were assessed before moving into the service to ensure the service could meet their needs.</p> <p>They worked closely with the external agencies on sharing information.</p> <p>People had risk assessments in place, and these were reviewed.</p> <p>The home had keyworkers in place and would have monthly key worker meetings.</p> <p><b>Delivering evidence-based care and treatment – Score 3</b> One service user presents with ritualistic behaviours that ranges from touching, putting his hands in people's pockets and touching their faces.</p> <p>There was a detailed support plan in place to support people to manage these behaviours and this was also incorporated into his communication passport.</p> <p>The communication passport was last reviewed 14/02/2023 and noted it should be updated yearly, I discussed with the manager, this had been updated on Blyssful but had not been printed to replace the paper version. <b>(Refer to SR1)</b></p> <p><b>How staff, teams and services work together – Score 3</b> The service collaborated with other professionals. There was evidence that assessments were obtained from other professionals when people started using the service.</p> <p>It was less clear how the service shared information with other provides/professionals.</p> <p>On the day of the audit a PBS colleague for the service was at the home visiting a service user, speaking to staff about the person, and looking at ways to best support both him, and reviewing recent behaviours so his PSB plan could be updated and reflected his current needs.</p> <p>One service user was receiving a massage from a therapist.</p>

KLOE	Regulations	Comments
		<p><b>Supporting people to live healthier lives - Score 3</b></p> <p>Service users had access to a GP, they would be supported to contact the GP as required and go to the surgery with staff, those service users who were unable to the GP would visit the service.</p> <p>Service users had access to the dentist they would be supported to attend, or the dentist would visit the home along with the chiropodist and optitions.</p> <p>The kitchen area was clean and tidy.</p> <p>Fridge temperature checks were completed.</p> <p>Open and close checks were in place.</p> <p>Food items that were open were dated.</p> <p>The kitchen window seal requires attention as paint was flaking off, the manager had noted this. (ER1)</p> <p>People were weighed weekly or as required.</p> <p>One service user was being supported to lose weight, and the service had supported her to set a goal to reach a certain weight, which she was successfully meeting.</p> <p>They put the following in place:</p> <ul style="list-style-type: none"> <li>• Healthy meal plan</li> <li>• Weight loss chart</li> <li>• Making it fun, so she would be encouraged to work towards and keep her engaged</li> <li>• Activity/exercise regime</li> </ul> <p>One other service user had been successfully supported to lose weight since he moved into Linnet House and had lost 34kg.</p> <p>The food was home cooked, and service users had a choice at mealtimes.</p>

KLOE	Regulations	Comments
		<p>The was a menu planner in place.</p> <p><b>Monitoring and improving outcomes – Score 3</b></p> <p>The staff use iPads to log the daily records.</p> <p>Daily records were in place on how people spent their day.</p> <p><b>Consent to care and treatment – Score 3</b></p> <p>The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as people make their own decisions and are helped to do so when needed. When they lack mental capacity to take decisions, any made on their behalf must be in their best interests and as least restrictive as possible.</p> <p>People at Linnet House were living with a learning disability or autism, which affected their ability to make some decisions about their care and support. Staff showed a good understanding of the Mental Capacity Act 2005 (MCA) and their role in supporting people's rights to make their own decisions. During the inspection, we observed staff putting their training into practice by offering people choices and respecting their decisions. Staff told us how they supported people to make decisions about their care and support.</p> <p>All five service users had a DoLs referral made, four were approved, and one was pending, there was evidence seen that the manager had followed this up.</p> <p>Where conditions and recommendations were made, there was an action plan in place to monitor compliance.</p> <ul style="list-style-type: none"> <li>This service scored 75 (out of 100) for this area.</li> </ul>
<p><b>Outcome:</b> The service is considered as Effective. 'Effective' is defined by the CQC as meaning “<b>people’s care, treatment and support, achieves good outcomes, promotes a good quality of life and based on the best available evidence.</b>”</p>		

KLOE	Regulations	Comments
SRG RATING: <b>Good</b>		

KLOE	Regulations	Comments
Caring	<p><b>Regulation 9: Person-centred care</b></p> <p><b>Regulation 10: Dignity and respect</b></p>	<p><b>Kindness, compassion, and dignity – Score 3</b></p> <p>People were at the centre of their care and support. We saw that staff respected people and their own private space.</p> <p>People's freedoms were respected, and they had opportunities for privacy by choosing to spend time in their room alone.</p> <p>People received care and support from staff who respected their privacy, dignity, and independence. Staff had received training in promoting privacy and dignity.</p> <p>Support plans included how people communicate and how they express their feelings.</p> <p>People were supported by kind and caring staff. There was a relaxed atmosphere and I observed people and staff had positive interactions, both verbal and non-verbal, through sitting with people and doing activities they enjoyed. There was a person-centred culture, people and staff were treated with respect and as individuals.</p> <p>Staff were seen engaging with service users and supporting them with day-to-day task, and encouraging them to be involved, e.g. cleaning up after themselves, making a drink, making their breakfast, and helping to tidy the kitchen.</p> <p>Family surveys from June 2024 were positive, with feedback such as:</p> <ul style="list-style-type: none"> <li>• “All the staff are helpful, compassionate, and professional, they have a good understanding of my son’s challenging behaviours and cope well with the situation.”</li> <li>• “Very happy with the care my son is receiving he is happy and well.”</li> <li>• “Staff at Liaise are polite and welcoming. All relevant information about my son is shared with me, and I am kept updated between visits, he is well cared for.”</li> </ul> <p>Client surveys from February 2024 were reviewed, and were all positive with comments as follows:</p> <ul style="list-style-type: none"> <li>• ‘I love going for a walk and drive in the minibus.’</li> <li>• ‘I like my home, staff and the sensory room.’</li> </ul>



KLOE	Regulations	Comments
		<p><b>Treating people as individuals – Score 3</b>            Care plans contained information about respecting and promoting people's dignity. Staff described how they supported people to maintain their privacy.</p> <p>Staff used appropriate communication methods to enable people to be involved in planning and reviewing their care.</p> <p>People had in place consents and mental capacity assessments and there was evidence that people were asked for consent and encouraged to make their own choices and decisions daily.</p> <p>The service had no open complaints.</p> <p>There was an easy read complaints procedure displayed in the communal area for people to access.</p> <p>The service had received positive feedback from families and clients on the quality surveys.</p> <p>Each client has a key worker with the key worker provision this will support person-centred care and enhancing staff's knowledge.</p> <p><b>Independence, choice, and control – Score 3</b>            Independence is encouraged with the clients where possible, in line with their support plans and risk assessments.</p> <p>People were supported to make choices about their care. Consideration was given to preferred times, gender, and culture of staff.</p> <p>People engaged in making decisions about their care.</p> <p>People were enabled to make choices for themselves by staff who ensured they had the information they needed. Staff supported people to express their views and were given time to listen, process information and respond.</p>

KLOE	Regulations	Comments
		<p>Service users contributed to the meal planning and helped with food shopping.</p> <p>Picture menus were used to help support people to make meal choices.</p> <p>People accessed the community; on the day of the audit a service user was supported into town to go shopping and buy some new clothes and bedding.</p> <p><b>Responding to people's immediate needs – Score 3</b>  There is access/referral to the appropriate agencies/external healthcare providers where required to support with any outstanding needs provision.</p> <p>I spoke to one staff member who was supporting a service user, who was unsettled, he explained when he is unsettled, the staff take turns to support him, as sometimes he may respond better to a certain staff member. The staff were seen engaging with him and trying ways to distract him.</p> <p>The staff remained calm and relaxed and knew the person needs and triggers.</p> <p><b>Workforce wellbeing and enablement – Score 3</b>  Staff surveys were reviewed November 2023, there was a positive response, and feedback as follows:</p> <ul style="list-style-type: none"> <li>• Over 90% of staff said they felt the home supported people to meet their goals.</li> <li>• Over 90% of staff said they felt people they supported were treated with kindness and compassion.</li> </ul> <p>Where there were some negative comments and feedback, the manager had raised an action plan, which included, regular team meetings, and encouraged an open-door policy to address these concerns, he also implemented and displayed a 'You said we did.'</p> <p>The provider had appropriate systems in place to protect people's confidential information, whilst ensuring this was readily available to those authorised to view it.</p> <p>The service had a Newsletter, which was sent out by the home manager monthly.</p>

KLOE	Regulations	Comments
		<p>This kept people informed with any changes in the home, as well as celebrations and key achievements from the people who lived in the home. This was shared with staff, clients, and families.</p> <p>On the day of the audit two staff members at Linnet House had received a Thankyou card, for being nominated for the Above and Beyond award, and was gifted with a voucher.</p> <p>Staff supervisions were conducted, and Appraisals were carried out yearly.</p> <p>Staff competencies covered, Infection Control, Medication, MCA/DoLs and safeguarding.</p> <ul style="list-style-type: none"> <li>This service scored 75 (out of 100) for this area.</li> </ul>
<p><b>Outcome:</b> The service is considered as Caring. 'Caring' is defined by the CQC as meaning <b>“that the service involves and treats people with compassion, kindness, dignity and respect.”</b></p> <p><b>“Characteristics of services the CQC would rate as ‘Good’ in this area are those displaying evidence that people are supported and treated with dignity and respect and are involved as partners in their care.”</b></p> <p><b>SRG RATING: Good</b></p>		

KLOE	Regulations	Comments
<b>Responsive</b>	<p><b>Regulation 9: Person Centred Care</b></p> <p><b>Regulation 12: Providing Safe Care and Treatment</b></p> <p><b>Regulation 16: Receiving and Acting on Complaints</b></p>	<p><b>Person-centred care – Score 3</b> Care plans were person centred and detailed and had goals and outcomes to support people's independence.</p> <p>People and relatives were fully involved in the planning of people's care and support where possible.</p> <p>The home had a remarkable success story with a service user who had moved into the service in November 2023. The service user had been through many broken placements and had been very unsettled, the home supported him through careful care planning and support to help him to settle into the home.</p> <p>He has now built trust and relationship with the staff and appears to be happy and settled.</p> <p>His father commented 'he had never seen him so relaxed in over five years'. Which is a great reflection on the home and support given to him.</p> <p>Picture cards were used to identify things like food, activities etc. and pictures were on kitchen cupboards so the service users could access items independently.</p> <p>There was a photo album in place, this had photos of all the trips out and activities that the service users had been involved in.</p> <p>Trips out included, shopping, swimming, out for lunch, service users helping to wash the minibus and water the garden, as well as cycling activities and massage therapy.</p> <p>Service users were supported to access the community daily.</p> <p>There was exercise bikes and equipment in the communal lounge, these could be used by the service users and there was evidence seen that they were used and were enjoyed.</p>

KLOE	Regulations	Comments
		<p>The home supported people to go on holiday and were in the process of booking a week stay at a holiday park in a log cabin, which the service users thoroughly enjoyed.</p> <p>One service user had just returned home from a week's holiday at Exmoor with staff.</p> <p><b>Care provision, integration, and continuity – Score 3</b> Staff collaborated with other professionals such as the specialist epilepsy nurse and the local authority care managers.</p> <p>People had access to the Advocacy service if required.</p> <p><b>Listening to and involving people – Score 3</b> Quality assurance surveys were given out to family, staff, and service users, yearly.</p> <p>All feedback reviewed was positive.</p> <p>People were encouraged and motivated by staff to reach their goals and aspirations and supported to participate in their chosen social and leisure interests on a regular basis.</p> <p>One service user had purchased a sun lounger which was in the garden area outside her room.</p> <p><b>Equity in access – Score 3</b> Referrals to external professionals are in place and followed up where required.</p> <p>People's cultural needs were considered when providing care and support.</p> <p><b>Equity in experiences and outcomes – Score 3</b> Care and support were provided in diverse and multi-cultural areas. People's cultural needs were considered when providing care and support.</p> <p>One service user preferred male support worker to support them, which the service provided.</p>

KLOE	Regulations	Comments
		<p><b>Planning for the future – Score 3</b> Care plans included a section for people’s advance care planning, which was person centred.</p> <p>No people were receiving end of life care at the time of audit.</p> <p><b>Providing information – Score 3</b> The service is aware of the accessible information standards. Ensure all staff are equally aware and if documentation needs to be provided in an alternative format this is recognised and provided. UK GDPR requirements are being met.</p> <p>Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers get information in a way they can understand it. It also says that people should get the support they need in relation to communication.</p> <p>Staff had access to the key policies, these were kept in a folder, and they would sign to say they had read and understood these, the staff also had access via the App to access.</p> <p>There was a service user information folder in place, with easy read materials on CQC and how to make a complaint which was also displayed in the foyer.</p> <p>The service had the CQC rating displayed and easy read report. The service had the food hygiene rating displayed five stars.</p> <ul style="list-style-type: none"> <li>This service scored 75 (out of 100) for this area.</li> </ul>
<p><b>Outcome:</b> The service is considered as Responsive. Responsive is defined by the CQC as meaning “that the service meets people's needs.” “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><b>SRG RATING: Good</b></p>		

KLOE	Regulations	Comments
Well led	<p><b>Regulation 12: Providing Safe Care and Treatment</b></p> <p><b>Regulation 17: Good governance / Record Keeping</b></p> <p><b>Regulation 19 - Fit and Proper persons employed.</b></p>	<p><b>Shared direction and culture – Score 3</b> The manager and deputy manager were visible and seen supporting the staff and service users.</p> <p>People who lived in the home, looked happy and relaxed and there was a warm and inviting atmosphere, and were all interacting well with the staff and seemed content.</p> <p>The provider sends out a Company Newsletter where good practice and success stories can be shared within the homes.</p> <p>The manager stated that they have one to one supervision with their line manager and felt supported.</p> <p>They attend a weekly managers call every Friday and every two weeks a Regional Managers call.</p> <p>The manager was seen on the day of the audit looking at purchasing fidget toys for a service user, who uses his hands to communicate and touch and feel others, this could be a good distraction technique.</p> <p>The manager was supporting the deputy manager arrange a holiday for the service users.</p> <p><b>Capable, compassionate, and inclusive leaders – Score 3</b> The leadership within the home was good, the manager was very organised in his approach, and the service promoted a positive culture, which is person centred, open, inclusive, and empowering, which achieves good outcomes for people.</p> <p>The Registered Manager had good knowledge of the service user's needs and was seen interacting with them throughout the visit.</p>

KLOE	Regulations	Comments
		<p>The deputy manager has a coffee and interacts with a service user daily; this is a routine that has been established and which the person enjoys.</p> <p><b>Freedom to speak up – Score 3</b>  The whistleblowing policy was available for staff to access through the Radar App.</p> <p>Staff surveys are sent out to give the staff the opportunity to share their views.</p> <p>The home has an open-door policy, and staff were seen coming into the office and speaking to the manager/deputy.</p> <p><b>Workforce equality, diversity, and inclusion – Score 3</b>  Policies and Procedures are in place to support with equality and diversity. Ensure these are referred to not only during the Induction period but in reference to ongoing practice and quality of care expected and knowledge testing and application.</p> <p><b>Governance, management, and sustainability – Score 3</b>  There was good auditing in place, which was conducted weekly, monthly and every quarter.</p> <p>The audits covered areas such as managers walk around, weekly medication, monthly finance audit.</p> <p>Audits had action plans in place.</p> <p>The monthly Audits was completed on Radar, and covered H&amp;S, IPC, Support Plans, Finance, and Medication, actions were then put in place to work through any shortfalls.</p>



KLOE	Regulations	Comments
		<p>The registered manager and staff understood their responsibilities under the duty of candour. They were open with people when incidents happened, gave honest information, and applied the duty of candour where appropriate.</p> <p><b>Partnerships and communities – Score 3</b>  There was evidence of working in partnership with other organisations.</p> <p>The service worked with other healthcare professionals and stakeholders to ensure they shared best practice, gained up to date knowledge of new innovations and learned from others. We saw evidence of effective, collaborative working with a broad cross section of health and social care professionals throughout the audit.</p> <p>The service makes referrals to other agencies as required Information is shared when necessary, and this information is shared in line with UK GDPR requirements. The service is clear about what needs it can meet and consults with other providers and agencies for the benefit of the person using services.</p> <p><b>Learning, improving and innovation – Score 3</b>  There were robust measures to monitor quality, safety, and the experience of people within the service. Quality assurance was embedded within the culture and running of the service.</p> <p>The monthly Audits was completed on Radar, and covered H&amp;S, IPC, Support Plans, Finance, and Medication, actions were then put in place to work through any shortfalls.</p> <p>There was a Fire folder in place that had the following documents:</p> <ul style="list-style-type: none"> <li>• Business Continuity plan</li> <li>• Fire safety policy</li> <li>• Emergency response plan</li> </ul>

KLOE	Regulations	Comments
		<ul style="list-style-type: none"> <li>• Service user emergency information</li> <li>• Emergency contact numbers</li> <li>• Individual PEEPS</li> </ul> <p><b>Environmental sustainability – sustainable development – Score 3</b>            There was a recycling system in the home.</p> <p>The services used a digital recording system which saved on paper wastage.</p> <ul style="list-style-type: none"> <li>• This service scored 75 (out of 100) for this area.</li> </ul>
<p><b>Outcome:</b> This service is considered as well led.</p> <p>Well, led is defined by the CQC as meaning “<b>that the leadership, management and governance of the organisation assures the delivery of high-quality and person-centred care, supports learning and innovation, and promotes an open and fair culture.</b>”</p> <p>Characteristics of services the CQC would rate as Good, are those where “<b>the service is consistently well- managed and led. The leadership, governance and culture promote the delivery of high-quality, person-centered care, and the service has clear, consistent, and effective governance, management, and accountability arrangements.</b>”</p> <p><b>SRG RATING: Good</b></p>		

## ACTION PLAN: Linnet House

### 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	Communication passport (however this was dated October 2022) and it does say to be updated yearly	To print out and file the updated version					

## CQC Kloe EFFECTIVE

By effective, we mean that people's care, treatment, and support achieve 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	Window seal kitchen paint flaking	To address					

## 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
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## 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
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## 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
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