



# AUDIT REPORT

## Willow Tree Lodge

**Date of Visit:** 7<sup>th</sup> & 8<sup>th</sup> of April 2025

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**Service Name:** Willow Tree Lodge

**Provider:** Liaise (South) Limited

**Address of Service:** 189 Kempshott Lane, Basingstoke, Hampshire, RG22 5NA

**Date of Last CQC Inspection:** 11<sup>th</sup> September 2017

## Ratings

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






Good



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

Good



Key Questions	Rating	Overall Score
<b>Safe</b>	Good 	69 (out of 100)
<b>Effective</b>	Good 	75 (out of 100)
<b>Caring</b>	Good 	85 (out of 100)
<b>Responsive</b>	Good 	71 (out of 100)
<b>Well-led</b>	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:

- 38% or lower = Inadequate
- 39 to 62% = Requires improvement
- 63 to 87% = Good
- 88 to 100% = Outstanding

## Overall Service Commentary

### INTRODUCTION

An audit based on the CQC Key Questions and Quality Statements, aligned with the Single Assessment Framework, was conducted by an SRG Consultant over two days on 7<sup>th</sup> & 8<sup>th</sup> April 2025. 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.

### TYPE OF INSPECTION

Comprehensive inspections take an in-depth and holistic view across the whole service. Inspectors look at all five key questions and the quality statements 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

To gain an understanding of the experiences of people using the service, a variety of methods were employed. These included observing interactions between people and staff, speaking with the Manager, Deputy Manager, and holding discussions with staff and people. A tour of the building was conducted, along with a review of key documentation. For people with communication difficulties and/or cognitive impairments, observations were made to ensure they appeared comfortable and content with the support they were receiving. Additionally, four care plans were reviewed, four staff recruitment files were checked, and records were examined to confirm that staff training and supervision had been conducted appropriately. Medication records and operational documents, such as quality assurance audits, staff meeting minutes, and health and safety and fire-related documentation, were also assessed.

### OUR VIEW OF THE SERVICE

The service is a residential care home providing support for people with Learning Disabilities/Autism and/or associated health needs, who may experience behaviours that challenge staff. At the time of inspection four people were living at the home. Staff demonstrated a clear understanding of managing risks effectively. Managers investigated incidents thoroughly, taking appropriate actions to mitigate future risks. The home was generally clean. Equipment was well-maintained and met the needs of the people living in the home.

The home had adequate staffing levels, with staff receiving regular training and supervision. Medicines were managed effectively by staff. People and their families were actively involved in the assessment of their needs, which staff regularly reviewed. People had sufficient food and drink, and staff closely monitored their health, working collaboratively with medical professionals. Consent was sought before providing support, and families were involved in decisions made in the best interests of individuals who lacked capacity.

People were treated with kindness and compassion, with staff respecting their privacy and dignity. Staff recognised people as individuals and supported them in making choices about their care. Staff responded promptly to people's needs, and both people and their families felt involved in care decisions. Families knew how to provide feedback or raise concerns, and any issues raised were addressed promptly. People's preferences for end-of-life care were also explored.

Governance systems were in place, and identified actions were completed. The management team was visible and approachable, and staff reported enjoying their roles and feeling supported to provide feedback. Feedback from external partners about the service was positive.

### PEOPLE'S EXPERIENCE OF THIS SERVICE

People and their relatives expressed positivity about the quality of care provided. They felt safe and actively involved in planning their care. Individuals were supported to make their own choices and were encouraged to maintain their independence wherever possible. One relative commented, *"I am very happy with the home, the staff are excellent it's a very good team"*.

Both people and their relatives noted that the staff were kind, respectful, and upheld their dignity. One person shared, *"They understand him and treat him with kindness and respect"*. Another relative stated *"the Management are very good, efficient and truly compassionate"*

People and their relatives felt comfortable raising concerns and confident that any issues would be addressed promptly. One relative mentioned, *"we are very pleased with the home and its culture of openness, staff are on the ball and we felt listened too"*.

For people unable to directly share their experiences, observations during the assessment were used to evaluate the quality of care. Staff sought consent before providing support, staff were fully interacting with people during support and ensuring they were happy with the care provided.

Both people and their relatives described the staff as caring and attentive. One person stated, *"They always inform me what's going on they are excellent."* Visiting professionals also shared positive feedback about the staff team and the support they delivered. People were familiar with staff and leadership. A relative added, *"Bridgit and John are efficient, compassionate and their hearts are in it."*

### 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

Our audit reports include an overall rating as well as a rating for each of the Key Questions.

There are 4 possible ratings that we can give to a care service;

**Outstanding** – The service is performing exceptionally well.

**Good** – The service is performing well and meeting regulatory expectations.

**Requires Improvement** – The service is not performing as well as it should, and we have advised the service how it must improve.

**Inadequate** – The service is performing badly and if awarded this rating by CQC, action would be taken against the person or organisation that runs the service.

*Please be advised that this represents the professional opinion of the reviewer conducting the audit, based on the evidence gathered during the review visit. This evaluation considers compliance with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and is aligned with the CQC's current assessment framework.*

Key Question	Applicable Regulations	Quality Statements and Comments
<p><b>Safe</b></p>	<p><b>Regulation 12: Safe Care and Treatment</b></p> <p><b>Regulation 13: Safeguarding Service Users from Abuse and Improper Treatment</b></p> <p><b>Regulation 17: Good Governance</b></p> <p><b>Regulation 18: Staffing</b></p> <p><b>Regulation 19: Fit and Proper persons employed</b></p> <p><b>Regulation 20: Duty of Candour</b></p> <p><b>Regulation 15: Premises and Equipment</b></p>	<p><b>Learning culture – Score 3</b></p> <p>Incidents that affect the health, safety and welfare of people using services were reported internally and logged on the RADAR system, incidents were reported to external safeguarding teams and CQC where required.</p> <p>Incidents were investigated, staff were debriefed and learning outcomes were identified which were evidenced as shared within team meetings minutes to prevent further occurrences and make sure that improvements are made as a result.</p> <p><b>Safe systems, pathways and transitions – Score 3</b></p> <p>Initial assessments are undertaken and recorded on the Blyssfull system. The assessment details the individuals needs and a support plan is then created from the assessment information and supporting risk assessments. Regular reviews were recorded on the electronic system.</p> <p>Evidence of liaison with all relevant health professionals to support transitions are recorded on the individual's electronic record. Evidence was recorded of ongoing reviews and communication with relevant professionals and longer transition periods where required to support individuals with complex needs.</p> <p>Capacity assessments, DoLS applications and decisions are logged on individual records. Health passports and PEEPs are in place for emergency use, which also include decisions on CPR and end of life discussion information.</p> <p>Health and safety audits take place within the service and are recorded along with any actions on the electronic system.</p> <p>All individuals records are accessible by the staff team through tablets.</p> <p><b>Safeguarding – Score 3</b></p>

Key Question	Applicable Regulations	Quality Statements and Comments
		<p>All staff are trained in safeguarding adults. Staff spoken to during the inspection were knowledgeable about safeguarding and how to act on concerns, including escalating above direct line management and externally whistleblowing if required. Staff advised of where to find the safeguarding flow chart to refer to, which was located on a notice board downstairs.</p> <p>Staff received training in equality and diversity as well as control, restraint and restrictive practice. Staff spoken to were knowledgeable of the Mental Capacity Act, the 5 principles and DoLS.</p> <p>As mentioned previously safeguarding referrals were made to relevant local authorities as required.</p> <p><b>Involving people to manage risks – Score 3</b> Electronic records evidenced liaison with health care professionals and working with other teams to ensure risks are managed. One individual in the home has a lengthy transition ongoing due to specific needs and ensuring all health professionals are regularly liaised with for staff team support and guidance as well as best interest information for the individual are required. Evidence of fortnightly reviews with the LD Transition Team which includes Surrey and Hampshire Psychiatrist, Psychologist, PBS Lead, were recorded. 111 and hospital support is evidenced as sought as required.</p> <p>Policies and procedures were in place for anyone to raise concerns about their own care and treatment or the care and treatment of people they care for or represent. Information was displayed on notice boards of how to report quickly and easily.</p> <p>Quality assurance and auditing processes by the Quality Team and Senior Management were in place to assess, monitor and drive improvement in the quality and safety of the services provided.</p> <p><b>Safe environments – Score 3</b></p>



Key Question	Applicable Regulations	Quality Statements and Comments
		<p>Equipment was suitable for its purpose, properly maintained and used correctly and safely. Risks/damage were identified and managed, repair requirements were reported through a maintenance request system.</p> <p>Firefighting equipment was stored safely and checked. The fire system was checked regularly. An annual register of co-worker fire drills was kept on the Manager notice board to keep track of drills taking place.</p> <p>Door keypads, window restrictors and radiator covers were in place throughout the home.</p> <p>The home had some general wear and tear decoration and repair requirements, all of which had already been requested through the online system and on day two of the inspection the maintenance manager was reviewing/actioning these.</p> <p>The home was visibly clean, and free from odours that are unpleasant. A cleaning schedule as in place, domestic, clinical and hazardous waste and materials must be managed in line with current legislation and guidance.</p> <p><b>Safe and effective staffing – Score 2</b>  Staff are trained, records were evidenced on the my hippo system, of the four staff records looked at during the inspection, one staff members training in fire safety, GDPR and Health and Safety were out of date. <b>(SR1)</b></p> <p>Training had been identified for the staff team to support with a new individual being supported, the management team are seeking the training for staff.</p> <p>Safe levels of staff are in place to support individuals, due to the current pressure level of the staff team supporting a transition, additional support from other Liaise homes is being given to ensure sufficient breaks and rest time are given to the existing team.</p>

Key Question	Applicable Regulations	Quality Statements and Comments
		<p>Supervision, team meetings and appraisal evidenced as regularly taking place. The Registered Manager had a supervision and appraisal date planner on the wall to keep track of dates.</p> <p>Staff are supported to obtain further qualifications such as QCF's.</p> <p>All records checked showed safe recruitment practice with checks in place of work history, references, right to work and DBS.</p> <p><b>Infection prevention and control – Score 2</b> Staff are trained in infection control, and PPE was available for use within the home.</p> <p>On the walk round with Registered Manager it was found that the COSHH cupboard within the laundry room had been left unlocked, the external door to access the laundry room was locked. <b>(SR2)</b></p> <p>Schedules are in place for regular cleaning of shared and individual areas. All were completed with deep cleaning checklists in place with a section noted when completed and noted when individual refused. The home was generally clean with the exception of plug sockets in the worktop areas of the shared kitchen. <b>(SR3)</b></p> <p>Fridge and freezer temperatures were checked and recoded. Fridge and freezer were clean. Open jars in the fridges were labelled and dated appropriately, there were some dishes of food and containers of food in the fridge with not labels to identify what were in them or the date put there. <b>(SR4)</b></p> <p><b>Medicines optimisation – Score 3</b> Safe administration of medication was observed during the inspection. Medication photos and profiles are in place on individual cupboards, medication being given was checked against records and mars sheet marked, once administered the sheet is then signed. Medication was stored securely locked away,</p>

Key Question	Applicable Regulations	Quality Statements and Comments
		<p>these cupboards were also then within a locked medication room. There was a fridge available for use within the medication room however this currently was not used.</p> <p>PRN Meds had protocols in place and the deputies were knowledgeable on medication ordering processes.</p> <p>Staff when questioned were able to advise of the appropriate steps to take should medication be missed or too many taken.</p> <ul style="list-style-type: none"> <li>• This service scored 69 (out of 100) for this area.</li> </ul>
<p><b>SRG RATING: GOOD</b> – This service maximised the effectiveness of people’s care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.</p> <p><b>“Characteristics of services the CQC would rate as ‘Good’ Safety is a priority for everyone and leaders embed a culture of openness and collaboration. People are always safe and protected from bullying, harassment, avoidable harm, neglect, abuse and discrimination. Their liberty is protected where this is in their best interests and in line with legislation”.</b></p>		

Key Question	Regulations	Quality Statements and Comments
<b>Effective</b>	<p><b>Regulation 9: Person Centred Care</b></p> <p><b>Regulation 11: Need for Consent</b></p> <p><b>Regulation 14: Meeting Nutrition and Hydration Needs</b></p> <p><b>Regulation 18: Staffing</b></p>	<p><b>Assessing needs – Score 3</b></p> <p>An initial assessment is completed to gather the detail required to create a detailed support plan. Support plans reviewed during the inspection were person centred and detailed, and included personalised information of who the person is, their history and preferences, what may upset or worry the individual, what is important to them and how to communicate and what they want from the service as support.</p> <p>Dietary and allergy requirements are gathered and recorded on the individuals' electronic records and included in use of medication provision information and nutrition requirements.</p> <p>Individuals capacity is taken into account, consent is recorded and applications made for best interest decisions and capacity assessments are logged on the electronic system. Family members are heavily involved in the assessment and planning information.</p> <p>Reviews are scheduled to ensure the information remains up-to-date.</p> <p><b>Delivering evidence-based care and treatment – Score 3</b></p> <p>The support provided by the staff team is entered onto the electronic system via tablets to document care provision provided at the time or just after taking place. The Registered Manager and Deputy check the system to identify any concerns or errors to address daily.</p> <p>Risk assessments and reviews are in place with evidence of review dates. Goals and outcomes are recorded such as using more communication aids to reduce anxiety and start using public transport as specific goals, detail is not recorded on the electronic system, however folders of photos and dates of when achievements take place were available during the inspection. The Registered Manager advised the recording of outcomes and the breaking down of steps to achieve goals is being revisited in the service to make use of the settings in the Blyful system and also ensure that parents and family members are involved in the goal setting as there may be goals of things they have not attempted for many years but used to enjoy in earlier years that are worth retrying. <b>(ER1)</b></p> <p>For one individual, examples were seen of goal setting each week to achieve small outcomes in communication in a way the individual is comfortable with whilst getting used to the staff team, an idea of creating a 'post box' for the individual to write down any thoughts/feelings/suggestions and the</p>

Key Question	Regulations	Quality Statements and Comments
		<p>Manager and team review them each day to then agree any changes for the next day with the individual, reducing anxiety and improving communication to build trust.</p> <p>Hourly night checks, food and fluid intake and bowel records were all evidenced on electronic system.</p> <p><b>How staff, teams and services work together – Score 3</b>          Staff teams have a 15 minute in person handover time during changeover of shifts and also record handover information on the electronic system.</p> <p>Checklists are in place and daily planners for each staff member to know their individuals' responsibilities each shift.</p> <p>The management team actively support as and when required throughout the day. As mentioned previously support from other Liaise homes is also in place via a whatsapp communication group of managers.</p> <p>The team also receives support from the ISS team over a weekend.</p> <p>Kitchens were always accessible and staff had good knowledge of the food preferences of individuals. Records evidenced liaison with hospital dieticians, GP and SALT team for dietary advice and food and drink programmes should they be required when mental health symptoms are more prominent and affect appetite.</p> <p><b>Supporting people to live healthier lives – Score 3</b>          Electronic records evidenced liaison with GP and other health professionals. Annual health checks, medication reviews take place.</p> <p>Evidence was seen of one individuals antipsychotic medication being reviewed and successfully reduced by prompting from the Deputy Manager using the principles of STOMP to ask Health staff to review the individuals behaviour pattern and reduce medication.</p>

Key Question	Regulations	Quality Statements and Comments
		<p>Nutrition and hydration, fluid intake, food intake and bowel recording is in place and recorded on individuals' electronic records.</p> <p>Monthly weight checks take place, with the exception of records showing November weights were missed for all individuals.</p> <p>Kitchen areas overall were clean, cleaning schedules and sockets mentioned above.</p> <p><b>Monitoring and improving outcomes – Score 3</b>          As mentioned earlier in report electronic recording of outcomes being set and measured effectively to evidence currently however this has been identified by the service and work is ongoing.</p> <p><b>Consent to care and treatment – Score 3</b>          Evidence of consent was on the electronic system, during the inspection consent was seen to be gained from individuals to enter their private rooms and observations during the two days demonstrated staff clarifying choices such as when drink was wanted, activity was wanted, and that interactions given were ok by verbal or behavioural response.</p> <p>Staff are familiar with all behaviour indications of each individual for preference, two staff on site from other locations were partnered with staff members who knew the individuals well.</p> <ul style="list-style-type: none"> <li>• This service scored 75 (out of 100) for this area.</li> </ul>
<p><b>SRG RATING: GOOD</b> - This service maximises the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.</p> <p><b>“Characteristics of services the CQC would rate as 'Good' People and communities have the best possible outcomes because their needs are assessed. Their care, support and treatment reflects these needs and any protected equality characteristics. Services work in harmony, with people at the centre of their care. Leaders instil a culture of improvement, where understanding current outcomes and exploring best practice is part of everyday work”</b></p>		

Key Question	Regulations	Quality Statements and Comments
<b>Caring</b>	<b>Regulation 9: Person-centred Care</b>  <b>Regulation 10: Dignity and Respect</b>	<p><b>Kindness, compassion and dignity – Score 3</b>          People were treated with kindness, compassion and dignity. Observations seen throughout the inspection demonstrated in high pressure times the team and managers remaining calm, caring, and reassuring in their responses and support to individuals.</p> <p><b>Treating people as individuals – Score 3</b>          People were treated as individuals and staff made sure their care, support and treatment met their needs and preferences. Background information is gathered from wherever possible to gain an understanding of each individuals' life, fears and preferences. Support is tailored for each individual to ensure activities and support is relevant and the staff team had ideas of how to improve the home and activities to suit of each individual.</p> <p>All staff in the service expressed the importance of individuals differing needs and types of activities to ensure the best for everyone.</p> <p><b>Independence, choice and control – Score 4</b>          People were unable to express fully their choices, the service has communication aids in place to be able to support with choice and make decisions about their care, treatment and wellbeing as much as possible.</p> <p>Processes are in place for best interest meetings and capacity assessments to take place to ensure these are well rounded, relevant decision making that is of best interest where choice cannot be expressed in decisions made on the individuals' behalf.</p> <p>The team were committed to trying different ways to ensure the individuals were able to make choices themselves, examples mentioned earlier of the post box idea and different ways were seen to keep communication going when distressed for the individual to be able to still have choice and control.</p> <p><b>Responding to people's immediate needs – Score 4</b>          Observations during the inspection saw staff responding to individuals' behaviours and communications for support and taking part in activities, individuals observed presented as content and happy whilst</p>

Key Question	Regulations	Quality Statements and Comments
		<p>being supported or engaged in activity. Also during distress, the individuals displayed trust in the staff member immediately responding to them.</p> <p>Support workers and managers knew the individuals and their needs and preferences well to provide person centred care and responding quickly to any change in behaviour to provide reassurance and/or ensure safety of the individual and other residents.</p> <p><b>Workforce wellbeing and enablement – Score 3</b> All staff were confident in approaching any level of management for support and felt assured it would always be given.</p> <p>All staff spoke of how challenging the role can be and different personal stresses that arise from work. They all felt the team they work within have their best interest at heart and are all supportive of each other throughout the shifts to ensure the pressure is shared and rest time is able to be taken.</p> <p>There is an employee assistance programme in place to support staff and managers also do staff surveys to feedback to them so they can action wherever they can. Evidence of staff surveys taking place regularly to check on staff well-being were seen during inspection.</p> <p>The Deputy and Registered Manager felt well supported by their Senior Management team and comfortable to raise concerns.</p> <ul style="list-style-type: none"> <li>This service scored 85 (out of 100) for this area.</li> </ul>
<p><b>SRG RATING: GOOD-</b> This service maximises the effectiveness of people’s care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.</p> <p><b>“Characteristics of services the CQC would rate as ‘Good’ People are always treated with kindness, empathy and compassion. They understand that they matter and that their experience of how they are treated and supported matters. Their privacy and dignity is respected. Every effort is made to take their wishes into account and respect their choices, to achieve the best possible outcomes for them. This includes supporting people to live as independently as possible.”</b></p>		



Key Question	Regulations	Quality Statements and Comments
<b>Responsive</b>	<p><b>Regulation 9: Person Centred Care</b></p> <p><b>Regulation 17: Good Governance</b></p> <p><b>Regulation 16: Receiving and Acting on Complaints</b></p>	<p><b>Person-centred Care – Score 3</b>  Some records seen during the inspection were not detailed or were missing information such as two records on one individual on the 1<sup>st</sup> and 7<sup>th</sup> April stating the answer ‘yes’ where the question asks to record what temperature the bath was. On 7<sup>th</sup> April another records breakfast as bread banana and cheese however the information states cheese on toast was offered and everything consumed, no mention of banana being offered, chosen or eaten. In others snacks and fluids are recorded but not what options are offered, and which choice was made. In some records the details were recorded thoroughly however this was not consistent across the whole staff team. <b>(RR1)</b></p> <p>Observations during the inspection saw staff responding to individuals’ behaviours and communications for support and taking part in activities. Individuals observed presented as content and happy whilst being supported or engaged in activity. Individuals in distress were responded to as detailed in their support plans and staff responded immediately to any change in behaviour to provide reassurance.</p> <p><b>Care provision, integration, and continuity – Score 3</b>  Rotas were in place that provided the consistency within the team. Due to having to change teams around to respond appropriately to manage an individual’s behaviour recently, assistance has been sought from the wider company management group to ensure staffing remains consistent whilst also enabling staff and individual well-being to be managed.</p> <p>A wealth of evidence was available of the liaison with different health and social care professionals and family members to ensure consistency of information and continuity of care provision is provided.</p> <p><b>Providing information – Score 3</b>  Easy read formats were seen around the property, photos of food and meal pictures to support communication choice with individuals and activities.</p> <p>Information about the home, ratings, company safety procedures and how to raise concerns were available on notice boards.</p> <p><b>Listening to and involving people – Score 2</b></p>

Key Question	Regulations	Quality Statements and Comments
		<p>No evidence was seen of annual surveys sought from relatives for feedback. <b>(RR2)</b></p> <p>Compliments and complaints were logged received from external health professionals and families. No complaints had been received in the service since January 2024 which evidenced it was acknowledged, investigated, responded to and resolved and a lesson learnt to amend an internal procedure. Compliments were evidenced from external professionals and families.</p> <p>As mentioned earlier in report feedback from staff was regularly sought by the Deputy Manager.</p> <p><b>Equity in access – Score 3</b>          The service is currently at capacity however the route to service is standardised for any future individuals using the same assessment toolkit.</p> <p>People within the service can access care, treatment and support when they need to and in a way that works for them, where visits to health professionals are not appropriate processes are in place for individuals to be seen within the home instead.</p> <p><b>Equity in experiences and outcomes – Score 3</b>          People’s care, treatment and support promotes equality, removes barriers or delays and protects their rights. People supported in the service are not able to verbally communicate their feelings on empowerment and views.</p> <p>Staff are trained in equality and diversity and advocate on behalf of individuals proactively seeking ways to address barriers.</p> <p><b>Planning for the future – Score 3</b>          Hospital passports, inclusive of DNA CPR decisions and end of life discussions with families are in place within the service individual electronic records.</p> <ul style="list-style-type: none"> <li>• This service scored 71 (out of 100) for this area.</li> </ul>

Key Question	Regulations	Quality Statements and Comments
		<p><b>SRG RATING: GOOD</b> - This service maximises the effectiveness of people’s care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.</p> <p><b>“Characteristics of services the CQC would rate as ‘Good’ People and communities are always at the centre of how care is planned and delivered. The health and care needs of people and communities are understood and they are actively involved in planning care that meets these needs. Care, support and treatment is easily accessible, including physical access. People can access care in ways that meet their personal circumstances and protected equality characteristics”.</b></p>

Key Question	Regulations	Quality Statements and Comments
Well led	<p><b>Regulation 17: Good Governance</b></p> <p><b>Regulation 5: Fit and Proper Persons Employed - Directors</b></p> <p><b>Regulation 7: Requirements Relating to Registered Managers</b></p> <p><b>Regulation 18: Staffing</b></p> <p><b>Regulation 20A: Requirement as to Display of Performance Assessments</b></p>	<p><b>Shared direction and culture – Score 3</b> The Registered Manager and Deputy Manager shared the same vision for culture within the service and the company values were covered within staff supervisions.</p> <p>Registered Manager has regular meetings and visits from Regional Manager and Operations Managers.</p> <p>Staff at all levels displayed the same culture of care and openness throughout inspection.</p> <p><b>Capable, compassionate and inclusive leaders – Score 4</b> The Registered Manager and Deputy Manager were knowledgeable about the service and the company overall. Both were familiar with processes and able to explain the reason why processes were in place.</p> <p>The Registered Manager and Deputies were actively involved in the team throughout the inspection and evidently knew team members and individuals being supported very well.</p> <p>The management team all spoke passionately about the service and with pride of the successes they have seen with individuals. Relatives spoken to during the inspection expressed how compassionate and caring the Manager and Deputy were.</p> <p><b>Freedom to speak up – Score 3</b> All staff spoken to were happy to speak to Managers and knew how to raise concerns around their direct line management.</p> <p>Posters were displayed on notice boards of how to speak up, the management team were approachable in observation during inspection and responded quickly to requests for support.</p> <p><b>Workforce equality, diversity and inclusion – Score 3</b></p>

Key Question	Regulations	Quality Statements and Comments
		<p>There is a diverse workforce in place, all staff are offered the same opportunities for work life balance, personal progression and qualifications. The team are given training in equality, diversity and inclusion.</p> <p><b>Governance, management and sustainability – Score 3</b>            Manager walk rounds were evidenced as taking place by the Registered Manager or Deputy Manager, Senior Managers had oversight of the service with regular audits taking place.</p> <p><b>Partnerships and communities – Score 3</b>            Staff and leaders are open and transparent, and they collaborate with all relevant external stakeholders and agencies, sending annual feedback questionnaires. Staff and leaders work in partnership with key organisations to support care provision, service development and joined-up care. Staff and leaders engage with people, communities and partners to share learning with each other that results in continuous improvements to the service.</p> <p>The Registered Manager uses the network of other managers with Liaise to communicate and share ideas with to improve service outcomes.</p> <p><b>Learning, improving and innovation – Score 3</b>            Staff and leaders have a good understanding of how to make improvement happen. Actions are recorded on the electronic system of improvements taking place.</p> <p>Staff and leaders ensure that people using the service, their families and carers are involved in developing and evaluating improvement and innovation initiatives. As mentioned earlier there are processes to ensure that learning happens when things go wrong throughout the team and annual surveys from relatives are required for feedback.</p> <p><b>Environmental sustainability – sustainable development – Score 3</b>            Where possible electronic systems are in place to reduce paper throughout the service.</p>

Key Question	Regulations	Quality Statements and Comments
		<p>The Manager and Deputy advised of ensuring staff are prompted on small actions such as ensuring lights are being switched off when not in use. TVs turned off when no one is watching them and minimising printing where possible.</p> <p>They spoke of Green Plans to ensure there are more flowers, plants and herbs are planted within the gardens to give better health and wellbeing. Using public transport rather than driving and using the green energy electric buses.</p> <ul style="list-style-type: none"> <li>This service scored 78 (out of 100) for this area.</li> </ul>
<p><b>SRG RATING: GOOD</b> This service maximises the effectiveness of people’s care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.</p> <p><b>“Characteristics of services the CQC would rate as ‘Good’ There is an inclusive and positive culture of continuous learning and improvement. This is based on meeting the needs of people who use services and wider communities, and all leaders and staff share this. Leaders proactively support staff and collaborate with partners to deliver care that is safe, integrated, person-centred and sustainable, and to reduce inequalities”.</b></p>		

## ACTION PLAN:

### CQC Key Question - 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	Staff training						
SR2	COSHH Cupboard lock						
SR3	Leaning to include sockets.						
SR4	Food labelling						

## CQC Key Question – 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	Goal/outcome recording						



## CQC Key Question - 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	NO RECCOMENDATIONS MADE						

## CQC Key Question – RESPONSIVE

By responsive, we mean that services are organized so that they 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	PCC recording						
RR2	Relative surveys						

## CQC Key Question - 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	NO RECCOMENDATIONS MADE						