



AUDIT REPORT

Ashwood House

Date of Visit: 18th & 19th of June 2025

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Service Name: Ashwood House

Provider: Liaise (East Anglia) Limited

Address of Service: Church Corner, Coltishall Road, Buxton, Norwich, NR10 5HB

Date of Last CQC Inspection: 5th January 2023

Ratings

CQC's Overall Rating for this Service:






Good



SRG's Overall Rating for this Service:

Good



Key Questions	Rating	Overall Score
Safe	Good 	75 (out of 100)
Effective	Good 	75 (out of 100)
Caring	Good 	75 (out of 100)
Responsive	Good 	78 (out of 100)
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:

- 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 18th & 19th of June 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 registered manager, support staff and relatives.

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, three care plans were reviewed, two 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 younger adults. There were six people living in the home.

Staff protected people from harm, and where concerns were identified, an appropriate safeguarding would be raised. Accidents and incidents were recorded appropriately. There was evidence of follow up actions. Debriefs were not routinely in place.

Risks were well managed, and risk assessments identified how to support people. There were enough staff to meet the needs of people using the service.

Recruitment was managed safely, and appropriate checks were made. It was noted that where prospective staff provided a C.V., reasons for leaving previous employment were not always recorded. Staff were supported with training and new staff were completing the full induction programme.

Supervisions were happening on a regular basis and staff said they felt well-supported.

Medicines were managed safely. Staff were proactive at ensuring people's individual health care needs were met and made referrals in an appropriate and timely manner. People were supported to attend appointments.

There were systems and processes in place to monitor care provided and outcomes, some improvements were noted, as staff were not consistently recording outcomes in line with assessed care needs.

MCA assessments are in place and of those viewed, they were seen to be decision specific.

The service is well-led. Feedback about the management team was positive.

There was positive feedback from two health care professionals who said the service was well run and was focussed on the needs of people using the service.

PEOPLE'S EXPERIENCE OF THIS SERVICE

People were given ample opportunities to take part in a range of activities of their choice.

People were supported to achieve and maintain independence.

People were being supported to identify goals and work towards achieving these.

People were actively involved in the running of the home and met weekly to discuss menus, activities and general aspects of the service.

Staff were kind and caring.

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
Safe	<p>Regulation 12: Safe Care and Treatment</p> <p>Regulation 13: Safeguarding Service Users from Abuse and Improper Treatment</p> <p>Regulation 17: Good Governance</p> <p>Regulation 18: Staffing</p> <p>Regulation 19: Fit and Proper persons employed</p> <p>Regulation 20: Duty of Candour</p> <p>Regulation 15: Premises and Equipment</p>	<p>Learning culture – Score 3</p> <p>Accidents and incidents were recorded using the RADAR system. A sample viewed showed that staff were completing the incident report appropriately.</p> <p>Incidents of a moderate or a more severe nature, were escalated and actions taken were identified. These included possible triggers, the behaviours and actions taken.</p> <p>Incidents of behaviours of concern including self-harm and episodes of challenging behaviours had decreased over recent months, which was positive.</p> <p>Debriefs were not routinely completed and saved to the system. Where one recorded a debrief had been held, there was no record of the actual debrief. (SR 1)</p> <p>Staff knew how to report accidents and incidents, which were discussed in team meetings where learning was shared, and improvements were identified.</p> <p>Safe systems, pathways and transitions – Score 3</p> <p>Staff knew and understood their roles and responsibilities. There was a daily allocation sheet in place and staff were assigned their duties for the day. Observations showed that staff completed their duties efficiently and effectively, to support the smooth running of the home.</p> <p>There was evidence that referrals were made appropriately where there were concerns about any individual needs.</p> <p>Safeguarding – Score 3</p> <p>Staff protected people from harm, and where concerns were identified, an appropriate safeguarding would be raised. For example, concerns were identified in relation to family management of one person's money and a safeguarding referral was made.</p>

Key Question	Applicable Regulations	Quality Statements and Comments
		<p>Staff spoken with knew who to report any concerns to and how to escalate them, if they felt they were not acted on. Staff spoken with, however, were confident that any concerns were acted on.</p> <p>Staff received training in safeguarding, and knowledge was checked through internal audits and supervisions.</p> <p>People living in the home said they felt safe. A relative also reported that they felt their family member was safe.</p> <p>Involving people to manage risks – Score 3</p> <p>People's risks were managed and mitigated to keep them safe. Care plans and risk assessments contained guidance on how to support people safely while emphasising on respecting people's choices and wishes.</p> <p>Risk assessments included personal support, support with decision making, medical and health care, support with free and structured time, positive behaviour support and any additional risks specific to the person.</p> <p>Risk assessments were person-centred, proportionate, and regularly reviewed with the individual, where possible. Staff assessed with people risks to their health, support and well-being and implemented plans to mitigate these.</p> <p>PBS (positive behaviour support) plans were in place. These included an overview of the person, behaviours of concern, triggers, active strategies, and reactive and crisis intervention. Staff were able to explain how they supported people if they became upset or distressed.</p> <p>One person was at risk of frequent falls and staff had supported the person with a range of different actions help reduce these including changing times of medication, and a sensor mat. There was information in the medical care plan and risk assessment in relation to falls, and in addition, there was a separate falls risk</p>

Key Question	Applicable Regulations	Quality Statements and Comments
		<p>management plan. However, there was a lack of detail about how to support the person, including that they may place themselves on the floor deliberately. (SR 2)</p> <p>Safe environments – Score 3</p> <p>People lived in a safe environment appropriate to meet their needs.</p> <p>Fire safety was managed. Daily fire checks were completed to ensure that the service was free from clutter and fire exits were clear and accessible. Monthly fire drills were completed, with a record of who had participated. It was noted that one person would often refuse to join in fire drills, as they said they were not real. This information was included in their PEEPs, and checks had been made with the person that they would know what to do in the event of a real fire. Fire extinguishers were checked on a monthly basis, as were internal and external lighting.</p> <p>The grab bag was available at the main fire exit at the front door. This contained copies of the PEEPs, emollient risk assessments, torches, Hi-Viz jackets, and a first aid kit, for example. This was checked on a monthly basis.</p> <p>Regular health and safety checks included carbon monoxide, water temperature checks, plug checks, emergency lighting, fire alarm tests, fire doors and a weekly water flush. These were all seen to be up to date.</p> <p>Appliances and utilities were checked and/or serviced in line with health and safety schedules. These included risk assessments around health and safety, legionella and fire and checks on gas and electrical safety.</p> <p>Generic risk assessments were in place to help protect the smooth running of the service. These included areas such as gas safety, behaviours of concern, flammable creams, ligature and heatwave, for example. Those viewed were up to date, except for the heatwave risk assessment, which referred to a heatwave in</p>

Key Question	Applicable Regulations	Quality Statements and Comments
		<p>July 2022, I suggest this is reviewed again and references to dates are removed and links included are up to date and appropriate as one was an interim guide to COVID-19 management during extreme heat. (SR 3)</p> <p>Safe and effective staffing – Score 3</p> <p>There were enough qualified, skilled and experienced staff, who received effective support, supervision and development.</p> <p>Checks were made to assess whether staff were being recruited in line with Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>Two staff files were scrutinised for robustness of checks to ensure that they met with the requirements of regulation. Recruitment records showed that safe recruitment procedures were in place.</p> <ul style="list-style-type: none"> ➤ Full employment histories were requested, and where there were gaps, a request was made for an explanation. These were now through e-mail, where there was evidence that the staff member had provided the information and more detail was included. <p>It was noted that staff did not always record a reason why they had left previous employment in care, especially if they only provided a C.V. (SR 4)</p> <ul style="list-style-type: none"> ➤ References were in place. ➤ Disclosure and Barring Service (DBS) checks were in place. ➤ Right to work checks were in place and these were verified by the accessing share codes through the government website. ➤ Proof of identity was obtained. ➤ Medical health declarations were in place.

Key Question	Applicable Regulations	Quality Statements and Comments
		<p>New staff were supported with an induction. The induction included an introduction to the organisation and the service. This included an overview and the organisational mission and values, alongside a robust induction training programme, which followed the care certificate standards and the Liaise training programme. Observations were completed during induction along with regular supervision to monitor progress.</p> <p>Staff were supported with an ongoing training programme. This was primarily online through the training provider Your-Hippo. Training consisted of:</p> <p>Staff training was in place. Training was mainly online through Your-Hippo. Training included:</p> <p>Mandatory: Autism, Equality & Diversity, Fire Safety, Food Safety GDPR & Data Protection, Health and Safety, Infection Control, Learning Disability, Mental Capacity Act and Deprivation of Liberty Safeguards, Manual Handling, Meds Awareness, Privacy and Dignity, Safeguarding</p> <p>Required: British sign language, CoSHH, diabetes, duty of candour, mental health, oral health, Person Centred Care, Medication Administration, Nutrition, PBS Your Role and Personal Development.</p> <p>Staff training as primarily up to date. Where there was slippage staff had been reminded to complete their training. However, there were some gaps in PROACT scipr and buccal midazolam, and I suggest that this is promoted. (SR 5)</p> <p>Staff received supervision and assessed for their competency in relation to medication.</p> <p>Infection prevention and control – Score 3</p> <p>People were kept free from the risk of infection through the hygiene practices.</p> <p>There were safe systems to manage the cleaning of the kitchen and the environment. Opening and closing checks were completed in the kitchen.</p> <p>Observations of the environment showed it was clean.</p>

Key Question	Applicable Regulations	Quality Statements and Comments
		<p>Where needed staff used personal protective equipment (PPE) effectively and safely.</p> <p>Medicines optimisation – Score 3</p> <p>Medicines were safely managed.</p> <p>Medicines were stored either in locked cupboard in a dedicated area, or in a locked cupboard in people's rooms. This was dependent on individual choice. One person did not like their medication to be kept in a cupboard in their room as they did not like spending time in there.</p> <p>Each person had an individual medication folder which included appropriate information in relation to the needs of the individual person. Information included how people liked to take their medicines, easy read information about individual medicines, their individual hospital passport, any Respect or DNACPR form, mental capacity assessments for medication, emollient risk assessments, PRN protocols, Medicine Administration Records (MAR) charts, topical cream charts, and medication stock count/countdown sheets.</p> <p>The PRN operating policy and procedure was also included in at least one of the files viewed, although it was noted that this was dated November 2023. (SR 6)</p> <p>MAR charts viewed were seen to be completed appropriately with no gaps.</p> <p>PRN protocols were in place to provide staff with specific guidance on how to recognise when people required these medicines. PRN is medication required for people as and when needed. Staff recorded the dosage of PRN medication administered, and the reasons why this was administered.</p> <p>Staff were trained in the administration of medicines, and competency assessments were carried out.</p> <ul style="list-style-type: none"> • This service scored 75 (out of 100) for this area.

Key Question	Applicable Regulations	Quality Statements and Comments
		<p>SRG RATING: Good</p> <p>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>“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”.</p>

Key Question	Regulations	Quality Statements and Comments
Effective	<p>Regulation 9: Person Centred Care</p> <p>Regulation 11: Need for Consent</p> <p>Regulation 14: Meeting Nutrition and Hydration Needs</p> <p>Regulation 18: Staffing</p>	<p>Assessing needs – Score 3</p> <p>No one new had moved into the home.</p> <p>Regular reviews were carried out for people who living in the home. Evidence was seen that care plans and risk assessments were reviewed and updated following any accidents and incidents.</p> <p>Delivering evidence-based care and treatment – Score 3</p> <p>Where people were diagnosed with conditions or syndromes there was some information in the support plans. Although some areas still lacked detail and would benefit from further development. (ER 1)</p> <p>Where one person had epilepsy there were regular reviews in place, and an epilepsy care plan and a procedure for administering Buccal was in place prepared by the epilepsy adult epilepsy specialist nurse. In addition, there was a detailed support plan within the Blyssful system. Staf received training in epilepsy.</p> <p>Recognised training was in place in the form of PBS and PROACT-Scipr, to help support people appropriately with any behaviours that may challenge.</p> <p>Medical and healthcare support plans identified individual needs in relation to their health care support.</p> <p>How staff, teams and services work together – Score 3</p> <p>The service was aware of STOMP (Stopping over medication of people with a learning disability and autistic people guidelines). Where medicines were no longer being administered, reviews were requested to ensure that people were only being supplied with the medicines they needed.</p> <p>The service worked with social and health care professionals in the community. These included the district nurses, G.P.'s, community mental health team, O.T.'s, and the local authority. Records showed that referrals were made when needed.</p> <p>In addition, people were supported to access the optician, dentist and chiropodist.</p>

Key Question	Regulations	Quality Statements and Comments
		<p>Each person had a hospital passport, which is a document that helps to share information between services. A sample were viewed which identified the support need, communication, preferences and any conditions which may affect people.</p> <p>Supporting people to live healthier lives – Score 3</p> <p>People’s nutrition and hydration needs were met in line with current guidance. There was a varied menu reflecting individual choices of the people sharing the home. People met on a weekly basis to discuss menus and plan the shopping list.</p> <p>People were supported to access health care appointments and professionals within the community. Staff arranged for people to book and attend medical appointments.</p> <p>Monthly health checks were in place, although they were not conducted for everyone on a regular basis. (ER 2)</p> <p>Monitoring and improving outcomes – Score 3</p> <p>Systems were in place to monitor the support people needed through food and fluid charts, activities, bowel charts, sensor mats, monthly health checks, for example.</p> <p>Generally, charts were being completed, although it was noted that there were occasional gaps, for example checks on sensor equipment. (ER 3)</p> <p>Records showed that people were weighed on a regular basis to monitor and ensure people remained at a healthy weight.</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</p>

Key Question	Regulations	Quality Statements and Comments
		<p>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> <p>MCA assessments were in place where needed. These included medication, personal care, finances, and use of any restrictive practices such as a sensor or lap-belt, for example.</p> <p>MCA assessments viewed were seen to be decision specific and there was evidence that detailed conversations were held with people to help them understand the decision to be discussed. Best interest records were in place, which recorded why the decision was in the person's best interest.</p> <p>More recent MCA assessments contained more detail, and it would be useful to update older style assessments. (ER 4)</p> <p>Support plans identified where people lacked capacity, but also what they could or would like to be involved in. For example, one plan identified that the person lacked capacity to make specific decisions related to medication, and finances, for example, but they wanted to be included in reviews.</p> <p>Support plans also identified that people were to be supported to be involved in making decisions about their day-to-day support such as what people wanted to wear and how they wanted to spend their time.</p> <p>People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).</p> <p>Applications had been appropriately. One person was not subject to DoLS and went out and about in the community as they chose.</p> <p>There were no restrictions placed on the environment.</p>

Key Question	Regulations	Quality Statements and Comments
		<ul style="list-style-type: none"> This service scored 75 (out of 100) for this area.
<p>SRG RATING: Good</p> <p>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>“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 reflect 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”.</p>		

Key Question	Regulations	Quality Statements and 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>People’s privacy and dignity was respected and upheld. Consideration was given to ensure that people’s dignity was respected, and people were given choices. For example, when the chiropodist visited people preferred to sit in the quieter area of the lounge but could choose to use their bedrooms if they preferred.</p> <p>People were supported to maintain relationships which were important to them. A relative was complimentary about the support provided by staff.</p> <p>People said that staff treated them with dignity and respect.</p> <p>A health care professional said, ‘<i>Staff know and understand the people living here. They really understand individual needs. Everyone is treated with dignity and respect.</i>’</p> <p>Treating people as individuals – Score 3</p> <p>Staff treated people as individuals. Staff understood people’s individual needs, their likes and dislikes, food preferences and routines.</p> <p>Support plans included information about the individual person including their routines and how they liked to spend their day, preferred pastimes, places they liked to go and favourite meals and drinks. They promoted a person-centred approach.</p> <p>Independence, choice and control – Score 3</p> <p>Observations showed that staff took the time to involve people in decisions about what they wanted to do and listened to what they had to say.</p> <p>People were supported by staff who knew them well, offered choices and supported them with their independence.</p>

Key Question	Regulations	Quality Statements and Comments
		<p>People spoken with said that they were able to make choices and choose how they spent their time.</p> <p>One person said, <i>'I am really independent, and I can go out on my own'</i>. Another person said, <i>'I can choose what I want to do.'</i></p> <p>Support plans included information about what people could manage for themselves.</p> <p>Responding to people's immediate needs – Score 3</p> <p>Staff were key workers for people which meant they took responsibility for supporting people to review goals and identify individual support needs.</p> <p>Observations showed that staff listened to people and were available at all times during the visit.</p> <p>Accidents and incidents were reported, and actions were taken as needed.</p> <p>Workforce wellbeing and enablement – Score 3</p> <p>Staff said they felt well supported by the Registered Manager and Deputy Manager, and that that they were available for support when needed. Staff said there was an open-door policy, and they were able to 'pop in the office' when they had any questions.</p> <p>Staff said that consideration was given to a home and work life balance and adjustments were made if staff needed to attend appointments or had caring responsibilities. One staff member said, <i>'they are very supportive my partner works full time, and they help arrange my shifts, which means I can work as well.'</i></p> <p>There were support systems in place to provide staff with benefits. There was a 24-hour counselling and advice support service available for staff. Additionally, staff received a blue light card, granting them access to discounts at various shops. There was also a pension scheme.</p> <p>There was a colleague recognition program which allowed staff to nominate peers who exceeded expectations.</p>

Key Question	Regulations	Quality Statements and Comments
		<ul style="list-style-type: none"> This service scored 75 (out of 100) for this area.
<p>SRG RATING: SRG RATING: Good</p> <p>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>“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 are 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.”</p>		

Key Question	Regulations	Quality Statements and Comments
Responsive	Regulation 9: Person Centred Care Regulation 17: Good Governance Regulation 16: Receiving and Acting on Complaints	<p>Person-centred Care – Score 3</p> <p>Staff in the service adopted a positive, person-centred approach by listening to and understanding people's individual likes, dislikes, and preferences.</p> <p>The staff demonstrated a thorough understanding of people, providing detailed accounts of what people liked to do and the support they needed. They were familiar with each person's daily routines and preferences for how they spent their time.</p> <p>Staff knew people's individual needs, what was important to them and their likes and dislikes. Staff discussed people's needs with them and included them when planning and making decisions about their care. This approach ensured people were at the centre of their care.</p> <p>Support plans covered a range of areas, including communication, nutrition and hydration, mobility, personal care, medicines, activities, capacity, and any individual condition/behaviour people had, such as hoarding.</p> <p>A review of a section of support plans noted that people's support needs were documented in a comprehensive and personalised way.</p> <p>Care provision, integration, and continuity – Score 3</p> <p>A relative reported that they felt their family member had good opportunities to be involved and they felt that staff ensured they were fully integrated into the service.</p> <p>Referrals were made promptly, and recommendations were acted on.</p> <p>Providing information – Score 3</p> <p>People were supplied with different information about the service, should they want it. Staff used a communication tools, easy read documentation to promote effective communication, and share information between people and staff.</p>

Key Question	Regulations	Quality Statements and Comments
		<p>Regular house meetings ensured that people were told be different things which were happening.</p> <p>Communication care plans were in place. Staff described how they communicated with people.</p> <p>Listening to and involving people – Score 3</p> <p>People had opportunities to attend weekly house meetings. This gave everyone the chance to discuss matters relating to the service and home, activities people planned, any particular topics people wanted to discuss whether anyone had done anything special they wanted to share. Checks were also made to see if everyone was happy and if they wanted to raise any concerns. People also discussed and planned communal menus for the following week and planned the shopping list. It was seen that people could join in as they wished and were able to positively contribute their thoughts and ideas.</p> <p>The Registered Manager actively involved service users in a debrief following an incident, if they chose. This gave people the opportunity to discuss the event, and their feelings.</p> <p>One person was part of the influencer network and had met with other members of the network in London to discuss how the influencers could be involved. They had worked together to help choose different promotions for the provider throughout the different of homes.</p> <p>The influencer was arranging to visit other homes in the locality to talk about their experiences and share feedback.</p> <p>They were also attending a staff champion meeting, where they would be sharing experiences with the staff champions to help them understand some of the challenges people using the service faced.</p> <p>Complaints and concerns were taken seriously, and evidence was seen of actions taken following a complaint.</p> <p>Equity in access – Score 3</p> <p>Staff advocated for people and supported them to access facilities and external services when needed.</p>

Key Question	Regulations	Quality Statements and Comments
		<p>A relative was complimentary about how the manager had supported one person to have extra one-to-one hours, which enabled them to go out and about more.</p> <p>Key worker meetings were in place and people were able to take part in these on a monthly basis. However, where people refused, this was not always recorded. (RR 1)</p> <p>Equity in experiences and outcomes – Score 4</p> <p>The manager and staff spoke positively about successes people had accomplished. One person was beginning to say additional words, which was an achievement for them and another person had been supported to have their own space where they could keep their belongings.</p> <p>Staff spoke positively about how they supported people with individual goals. One staff member described how one person wanted some new shoes, and they detailed the support they were providing to help the person buy these.</p> <p>One person, who had moved into the home last year, had not been out in the community for a number of years. Staff had worked with the person, and they had taken a trip around the village. A healthcare professional complimented the staff on supporting the person to access the community. They said, ‘<i>X hasn’t been outside for years not even in the home they lived in before</i>, which was something that they had not done for many years.</p> <p>One person explained how they had been supported to go out in the community on their own. They said that staff had worked with them to help them gain confidence and now they went out regularly to attend clubs or meet with friends and felt confident to use public transport.</p> <p>One visiting health care professional complimented the home and staff on the difference they had made to one service user. They had been visiting the same person for 16 years, the majority of which were prior to living in Ashwood House. The health care professional said that since they had moved into Ashwood House,</p>

Key Question	Regulations	Quality Statements and Comments
		<p>they were a different person. They were now more engaged and actively involved with people and they felt that both their health and wellbeing had improved.</p> <p>Another health care professional said, ‘the level of care here is second to none. There is real consideration that everyone is an individual’.</p> <p>Activities were reviewed with people and people were fully involved in making decisions. For example, some people used to go sailing every week, but staff noticed that they were getting ‘fed up’. They discussed whether they would like to change their activities and now people were doing different activities each week, which helped keep them occupied.</p> <p>Planning for the future – Score 3</p> <p>Matters around end-of-life had been discussed with some people. People had completed an end-of-life plan which included important people in their lives, how they would like to be cared for if they became ill, what they would like to happen to their possessions, and funeral arrangements.</p> <p>Records were maintained of whether people had a DNACPR or Respect form in place.</p> <ul style="list-style-type: none"> • This service scored 78 (out of 100) for this area.
<p>SRG RATING: Good</p> <p>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>“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 are easily accessible, including physical access. People can access care in ways that meet their personal circumstances and protected equality characteristics”.</p>		

Key Question	Regulations	Quality Statements and Comments
Well-Led	<p>Regulation 17: Good Governance</p> <p>Regulation 5: Fit and Proper Persons Employed - Directors</p> <p>Regulation 7: Requirements Relating to Registered Managers</p> <p>Regulation 18: Staffing</p> <p>Regulation 20A: Requirement as to Display of Performance Assessments</p>	<p>Shared direction and culture – Score 3</p> <p>People received care and support from a staff team that was trained and supported by the management team and provider.</p> <p>The management team supported staff by setting clear expectations and encouraging regular discussions around best practice. Recent staff meeting minutes showed conversations were held on different topics, and staff were supported to contribute.</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>Teamwork was promoted. Staff spoken with all said they felt part of a team. They said that they felt they worked together well and felt the focus was to ensure that people living in the home were supported to achieve their goals and ambitions.</p> <p>Staff were aware of the provider’s visions and values and knew why they were supporting people.</p> <p>Capable, compassionate and inclusive leaders – Score 3</p> <p>Staff said the management team were supportive and visible. Staff also said that the management team were actively involved in the support provided to people using the service and were often seen in the home supporting people alongside the care staff.</p> <p>A relative and two health care professionals all reported that the home was well-led and that the manager was always available and actively involved in the service. One health care professional said, <i>‘the manager has her finger on the pulse and really understands the needs of the people.’</i></p>

Key Question	Regulations	Quality Statements and Comments
		<p>The registered manager felt supported by the provider's senior management team and felt they were available when needed.</p> <p>Freedom to speak up – Score 3</p> <p>Staff said they were able to have a say. All staff spoken with said they had supervision and regular meetings, along with an open Dood policy to the office.</p> <p>Staff meetings were arranged monthly. These were used to share changes and updates to practices, support and changes to individual care needs, along with lessons learnt and reflection in relation to accidents or incidents. Actions at meetings were identified and progress followed up at the next meeting.</p> <p>There was a staff champion who represented staff at provider staff meetings.</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. A culture of inclusion was promoted by involving staff.</p> <p>Staff felt that there was an inclusive culture. They said they felt part of a team, and that consideration was given to their work life balance.</p> <p>Governance, management and sustainability – Score 3</p> <p>The provider used a system known as the TaMI (Trends and Monitoring Information). This reviewed data generated from RADAR, Blyssful, the training department and the quality team, for example. This was used to identify any areas of improvement or slippage in meeting objectives.</p> <p>Audits and checks were carried out in line with the provider procedures. Evidence was seen that audits were carried out on a regular basis and there was evidence of actions needed, or compliance achieved.</p> <ul style="list-style-type: none"> Manager Walk Around Audit: 17/06/25 100%

Key Question	Regulations	Quality Statements and Comments		
		<ul style="list-style-type: none"> Weekly Medication Shift Leader Audit Managers Monthly Medication Health and Safety Monthly Out of Hours Finance Audit Manager's Quarterly Support Plans and Risk Assessments Vehicle Maintenance Audit Operations managers visit Operations manager quarterly medication audit When an inspector calls 	18/06/25 14/06/25 18/05/25 16/06/25 10/06/25 19/03/25 13/06/25 14/03/25 07/04/25 17/06/25	100% 92% 100% 100% 100% 96% 88% 79% 79% Not scored
		<p>This is new audit, which had been designed to support staff to be confident in answering questions that may be posed by inspectors. This is positive as it will support staff to become familiar with the inspection process. It would be useful to record the name of the staff carrying out the audit and the member of staff involved in the answering. (WR 1)</p> <p>It was noted that from some of the answers provided so far, some needed further development, and the manager was planning to do next two or three audits to help clarify how they should be conducted.</p> <p>Partnerships and communities – Score 3</p> <p>Evidence was seen of partnership working with health and social care professionals and people were supported to contribute to these reviews.</p>		

Key Question	Regulations	Quality Statements and Comments
		<p>People were supported to access the wider community and were actively involved with events in the local village.</p> <p>Learning, improving and innovation – Score 3</p> <p>Monthly manager meetings were used to share learning between the different services.</p> <p>The provider’s senior team shared wider learning through quality and risk meetings.</p> <p>As identified elsewhere staff meetings supported a learning platform by sharing incidents where lessons were learnt. In addition, at these meetings, serious incidents which occurred in other services was also shared to help maintain learning and promote good practice.</p> <p>Actions from audits, incidents, internal and external inspections were added to RADAR and monitored for progress.</p> <p>Environmental sustainability – sustainable development – Score 3</p> <p>The Deputy Manager was part of the larger organisation sustainability group. This focussed on promoting a positive approach to maintaining the environment.</p> <p>Current initiatives included managing waste such as household, recycling and garden waste. For example, recycling was promoted through local authority procedures and gardening waste was composted to help support the allotment area maintained by one of the service users.</p> <p>Vegetables and fruits which were grown were used by people in the home.</p> <p>There was a wildlife garden which promoted visits by butterflies and bees.</p> <p>Electronic systems were promoted to reduce the use of paper.</p> <ul style="list-style-type: none"> • This service scored 75 (out of 100) for this area.

Key Question	Regulations	Quality Statements and Comments
		<p>SRG RATING: Good</p> <p>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>“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”.</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	Ensure that debriefs are recorded and added to RADAR						
SR2	Include some more information in the management of falls for the person who was at risk of frequent falls.						
SR3	Review the heatwave risk assessment						
SR4	Ensure that staff record reasons for leaving previous employment in care.						
SR5	Ensure staff are booked to complete training in the key areas of PROACT scipr and buccal midazolam						
SR6	Check that PRN protocols in individual files are the most current.						

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	<i>Further develop information in relation to individual conditions and syndromes, where these areas lack detail.</i>						
ER2	<i>Ensure that people are supported with a regular monthly health check</i>						
ER3	<i>All checks to be carried out in line with guidance</i>						
ER4	<i>When reviewing older style MCA assessments, update with more information</i>						

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 organised 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	<i>If people do not want to take part in monthly key worker meetings, ensure this is recorded.</i>						

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-centered 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	Ensure staff record who is involved in the 'when an inspector calls' check						