



AUDIT REPORT

Karibu Place

Date of Visit: 4th & 5th of August 2025

SRG Care Consultancy Limited

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Service Name: Karibu House

Provider: Liaise (South) Limited

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

Date of Last CQC Inspection: 15th November 2021

Ratings

CQC's Overall Rating for this Service:





Good



SRG's Overall Rating for this Service:

Good



Key Questions	Rating	Overall Score
Safe	Good 	71 (out of 100)
Effective	Good 	70 (out of 100)
Caring	Good 	75 (out of 100)
Responsive	Good 	78 (out of 100)
Well-ed	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 4th & 5th August 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 adults over 65, adults under 65, Learning Disabilities, Autism, Sensory Impairment older people living with dementia. The service provides accommodation for up to seven residents. At the time of this audit the home had seven people using the service. People expressed feeling safe, and 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 throughout. Equipment was well-maintained and met the needs of the people living in the home.

The home had adequate staffing levels, with 3 current vacancies being covered by the team and experienced in house bank staff. Staff receiving regular training and supervision. Medicines were managed effectively by staff in general however an error was picked up during inspection that the service responded to act on investigating immediately. 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. A variety of opportunities for activities were accessed. 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

Relatives expressed positivity about the quality of care provided. They felt their relatives were 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 feel he (son) is very safe, in good hands it is good care there."*

Both people and their relatives noted that the staff were kind, respectful, and upheld their dignity. One person shared, *"I trust the staff there, Carl especially, they all treat him with respect and dignity."* People are supported to take part in activities they choose to in their own home or out in the community, with one relative compliment stating, *"Whenever I see the team around him, I am greatly reassured he is cared for and everyone is doing whatever is in his best interest."*

Relatives felt comfortable raising concerns and confident that any issues would be addressed promptly. One relative mentioned, *"All are approachable, I wouldn't hesitate to raise an issue with anyone here if I had any."*

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 and were fully interacting with people during support, holding conversations, and ensuring they were happy with the care provided.

Relatives described the staff as caring and attentive. One relative stated, *"They are all kind here"* another stating *"He (son) loves living there, I am very pleased with Carl and Liaise I only have good things to say"*. The service also kept records of compliments and feedback from visiting professionals and local community businesses.

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>Safe</p>	<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>There was a positive approach and open culture with incidents evident within the service. The Registered and Deputy Manager said that all incidents are learning opportunities and the culture developed since the Registered Manager came into post in the home is for staff to be supported to identify what happened and why, to learn lessons to improve and take action not to blame. This was echoed by staff spoken to who advised they felt confident to report and raise any incidents with Managers where previously they were not confident.</p> <p>Evidence was seen of accidents and incidents records with lessons learnt, and the sharing of lesson learned and reminders of accident/incident process within team meetings and supervisions. Handovers and communications books were also used to pass on information after incidents, so all team were aware of any change to process or practice with individuals.</p> <p>Staff were proactive at recording accidents and incidents on the RADAR system using tablets.</p> <p>Where necessary, there were times that staff needed to use physical interventions due to the behaviours of people using the service. The Registered Manager advised a recent new resident moving in being a recent challenge for the team of increased incidents whilst the individual settled in their new home and the staff team got to know the individual. All incidents were recorded and MDT meetings with family, Social Worker and in house PBS Lead worked together to identify triggers and put plans in place.</p> <p>Staff had received training in PROACT-SCIPr, which is an approach to crisis intervention and prevention for people with behaviours of distress. Where physical interventions were used, a report was completed to identify the intervention and monitoring checks were maintained for a 24-hour period to make sure the person was unduly affected or harmed. Any incidents of physical interventions were reported to the Learning Disability team. De-briefs took place after most incidents, unless it was of a low-level concern. Staff stated they were fully supported following any incidents.</p>

Key Question	Applicable Regulations	Quality Statements and Comments
		<p>Safe systems, pathways and transitions – Score 3</p> <p>Initial assessments took place prior to individuals being accepted into service. The provider worked with people and healthcare partners to establish and maintain safe systems of care, in which safety was managed or monitored. They made sure there was continuity of care, including when people moved between different services. Hospital passports and PEEPs were in place on records.</p> <p>Ordinarily a transition plan would be created and agreed prior to moving in to prepare for the move and manage it safely, however in some emergency/urgent circumstances for moves this is not always possible, families and all relevant professionals are involved throughout.</p> <p>A support plan is created from assessment information and Liaise has a review process of annual review of support plans, the Registered Manager advised that the local process in the service is to review every 6 months.</p> <p>Continuity of care for people was maintained through ensuring staff support teams had access to all appropriate information about people's needs. All resident information was held on electronic records accessed by all workers on mobile devices.</p> <p>Staff had good knowledgeable of individuals' health conditions and knew how to monitor, evidence of referrals and involvement of external health and social care professionals for support requests were on records.</p> <p>Safeguarding – Score 3</p> <p>The service understood the principles of the Mental Capacity Act 2005. Mental capacity assessments and applications of DoLS and ongoing updates tracker were evidenced on the RADAR system.</p> <p>A safeguarding log and tracker were in place and noted 1 current open safeguarding of which all requested actions had been undertaken.</p>

Key Question	Applicable Regulations	Quality Statements and Comments
		<p>Notifications to appropriate safeguarding teams and CQC were evidenced on electronic system.</p> <p>A hard copy file of safeguarding referrals and note of most up to date information such as submitted/closed responses is kept in the office in case of the staff team requiring information if Managers are not on site.</p> <p>All staff were allocated training in safeguarding, MCA and DoLS.</p> <p>Staff when asked questioned answered knowledgeably about MCA/DoLS, safeguarding and whistleblowing and their responsibilities within their role.</p> <p>Safeguarding flow charts were visible on notice boards for staff to follow.</p> <p>Observations of people and staff showed that individuals were at ease with staff members and staff actively engaged with people they were supporting.</p> <p>Involving people to manage risks – Score 3</p> <p>People and staff are encouraged and supported to raise concerns. Staff and relatives spoken to feel confident that they will be treated with compassion and understanding, and won't be blamed, or treated negatively if they do so and action taken quickly. Some staff commented on the change in culture since the Registered Manager has been in post commenting "now there is confidence in the team that when risks are raised actions will take place to support the staff team and the people we support, there wasn't action taken before".</p> <p>There was an open culture during the Inspection, with staff members approaching the Registered Manager and Deputy Manager with any concerns and for support where required.</p>

Key Question	Applicable Regulations	Quality Statements and Comments
		<p>Evidence was seen of risk assessments being in place on individuals' records, covering all aspects of daily life. The provider assessed risks well to ensure people were safe. Risks in relation to people's health and wellbeing were assessed and measures put in place to reduce any risk of harm. This included risks with specific medical conditions, mobility and falls, skin integrity, nutrition and hydration and choking.</p> <p>Although risks were identified and documented in one record seen areas were left blank such as mental wellbeing, this was advised by the Registered Manager that there was no confirmation of a condition received as yet from health professionals where family had stated a diagnosis was in place. (SR1)</p> <p>The provider worked well with people to fully understand and manage risks by thinking holistically. Records evidenced partnership working with other healthcare professionals such as GPs, Social Workers, Occupational Therapists, and Dieticians to reduce their level of risk and regain greater independence. Complementary therapies to support wellbeing such as aromatherapy and music sessions were explored as well as health and medical care.</p> <p>Relatives were involved in discussions where relevant and are able to visit the home whenever they want to. One relative stated "we have never been prevented from visiting, we email first to let staff know we are coming but that can be this morning to say we will be over mid-morning there's no issues there" individuals are encouraged to contact family independently via phone or video calls if they want to and MDT meeting/discussions were noted on records.</p> <p>Evidence was seen of monthly meetings with the in-house PBS lead to review any additional support needs or removal of restrictions no longer required.</p> <p>Safe environments – Score 3</p> <p>All environmental health and safety were logged and monitored electronically, all safety checks/certifications were evidenced of the fire safety system, emergency lighting, records of regular fire</p>

Key Question	Applicable Regulations	Quality Statements and Comments
		<p>drills, break glass tests, fire wardens being in place and emergency plans were evidenced and a drill took place during inspection that showed this was a regular activity for staff, residents and visitors. Gas, electric, water, infection control, LOLER checks/certifications were all evidenced.</p> <p>PEEPs were in place for residents.</p> <p>Kitchen cleanliness and safety checks took place and were noted morning and evening. The service had a staff member responsible for cooking and cleaning in the home, however cleaning duties were shared through the team and night staff cleaning checklists were in place. Open dates labels were applied to all food and drinks containers. The COSHH cupboard was locked, and sharp knives were locked away. The kitchen, home in general and peoples' bathrooms seen were clean throughout the Inspection.</p> <p>Fridge and freezers were clean, tidy and not in need of defrosting.</p> <p>Safe and effective staffing – Score 3 There were enough staff to meet people's needs. There are currently 3 vacancies being recruited to however these are covered by staff overtime or in house bank staff. There are two teams, each with a Team Lead in post who work on a rolling rota and staffing levels were adjusted depending on people's activities for the day.</p> <p>A thorough induction process was in place for new starters and refresher training personal development plans once probation has been passed. Each Monday the Registered Manager and Deputy Manager review the matrix and email staff for any refreshers due and feedback to the Learning and Development Department for any new training that needs to be added to staff systems.</p> <p>The training matrix on your Hippo showed 99% compliance, the Registered Manager advised their target was 90%.</p>

Key Question	Applicable Regulations	Quality Statements and Comments
		<p>The care certificate was in place, the Registered Manager had undertaken a review of all information in the home and where certificate evidence could not be provided for previous staff, they were enrolled onto complete the care certificate, 8 existing staff and 1 new starter are currently working through it.</p> <p>Staff files checked during the Inspection evidenced safe recruitment taking place, with employment gaps explored, references and right to work documentation and DBS checks in place.</p> <p>Staff received regular supervision and were assessed for competencies in relation to medication.</p> <p>Regular team meetings were evidenced and were confident to ask Managers for support/guidance when needed.</p> <p>The Registered Manager was knowledgeable of which staff were being chased for outstanding training in the bank staff team or staff sickness/leave that had delayed supervisions taking place.</p> <p>Infection prevention and control – Score 3 Staff received training in infection, prevention and control.</p> <p>Open and closing checks in the kitchen, cleaning schedules in place, PPE and hand soaps are available for use throughout the home.</p> <p>Medicines optimisation – Score 2 The medication was stored safely in individual locked cabinets within peoples own flats, only trained staff members were able to administer medication. Medication competency was assessed annually.</p> <p>Each individual has their own medication folder</p>

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		<p>The Registered Manager advised of a two-person process for medication administration being in place however medication administration observed was administered by only one staff member. Safe practice was demonstrated and staff member knowledgeable of the medication process. Temperatures were recorded and staff advised of what action to take if temperature was too high. (SR2)</p> <p>Although staff answered confidently what to do if a medication count was incorrect or error was made by person before them on MAR, one of the records checked during the Inspection showed a blank space on the MAR that had not been noticed or flagged up to management by the staff continuing to administer in the days following. The Registered Manager acted immediately to investigate error. (SR3)</p> <p>PRN protocols were in place and these included information about the directions, reasons for use, signs and symptoms and a separate recording form available to use. Protocols evidenced review dates.</p> <p>Covert medication was in place for one individual, best interest meeting with the GP, Family, individual and Registered Manager was evidenced and was reviewed annually.</p> <p>There were safe systems for the ordering, returning and disposal of medicines.</p> <p>Medications are regularly reviewed with GP's/Health professionals and dosage looked at to reduced or where required increase medication. Evidence was seen on records of successful reduction and in some stopping constipation medication.</p> <ul style="list-style-type: none"> This service scored 71 (out of 100) for this area.

Key Question	Applicable Regulations	Quality Statements and Comments
		<p>SRG RATING: GOOD – 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	Regulation 9: Person Centred Care Regulation 11: Need for Consent Regulation 14: Meeting Nutrition and Hydration Needs Regulation 18: Staffing	<p>Assessing needs – Score 3</p> <p>Peoples needs and outcomes are assessed on entering the service. We saw evidence of assessment of their health, care, wellbeing and communication needs. All residents have a care plan on the electronic system, which includes, care needs, risks to be aware of, what is important to feel safe, people who are important, health and wellness, detailing past and present relevant information. For the first weeks in service the needs are reviewed weekly.</p> <p>There are no palliative or end of life people in the service currently. Treatment and end of life plans are discussed with residents and appropriate relatives when required. Records highlight any DNAR information.</p> <p>All care plans created from assessments are reviewed, initially weekly reviews and an overall 6-8-week review take place. A new system Blyssfull has been implemented to hold this information the Registered Manager advised a ‘scattered entry’ approach was used to ensure effective planning of reviews; they were entered onto the system at different points so that all review dates did not appear as due at the same time which would overload the time.</p> <p>Delivering evidence-based care and treatment – Score 3</p> <p>Each have 3 key workers so there is always one on each shift that know them well.</p> <p>Where possible, people were involved in making decisions about their care. The service followed statutory guidance such as Right Support, Right Care, Right Culture (RSRCRC), encouraging people to make decisions and exploring all options to assist with communication of these decisions.</p> <p>The Management and staff were seen asking people for consent prior to commencing a task. We saw in care records that people’s relatives were involved in the decision-making to meet care needs. All the relevant external Health Care Professionals were contacted throughout for support with Best Interest or simply being kept up to date.</p>

Key Question	Regulations	Quality Statements and Comments
		<p>Care records included information on people's treatment and care. This included goals, medical conditions and guidance from relevant Health Care Professionals.</p> <p>How staff, teams and services work together – Score 3 Evidence was seen of regular communication within the team through communication books and handovers, and communication with external partners.</p> <p>Evidence was seen of compliments and good feedback being received from external professionals such as Health professionals and Social Workers.</p> <p>During the Inspection there was good communication throughout the team taking place, and updates were being made via phone or in person. Staff told us they worked well together to achieve the best outcomes for people.</p> <p>People's care and governance records showed they were referred to other services when required. Information was discussed and shared with internal and external Health Care Professionals in advance to make it a smooth process for individuals to attend appointments or health treatment.</p> <p>Supporting people to live healthier lives – Score 3 Evidence was seen of the service supporting people to manage their health and wellbeing so they can maximise their independence, choice and control. Support is given in ways to enable them to live healthier lives and where possible, reduce their future needs for care and support. Regular activities were in place for each individual to spend time outside, in the community or with staff one to one at home promoting improved mental health alongside physical exercise requirements</p> <p>We found that people were being offered cooked meals throughout the day and were provided with a varied diet, sufficient food and access to snacks. Communication aids were in place to support breakfast, lunch, dinner and menus are visible on wall boards. Other choices were available to eat out or off menu</p>

Key Question	Regulations	Quality Statements and Comments
		<p>options. People were supported to help prepare meals together in the main kitchen or one to one in their own kitchens.</p> <p>Peoples health was monitored and evidence seen of monthly weight records and input from relevant professionals for diet and nutrition.</p> <p>Annual health checks were in place.</p> <p>Monitoring and improving outcomes – Score 2</p> <p>The Blyssfull system was implemented in May 2024, the Registered Manager advised all are now using the system ok, however the goals module previously was not user friendly, this has been reviewed and there is a training session booked in next week to demonstrate to all the team how to implement progresses, as previously staff adding into the notes tab did not link to map progress to the goal, there is a way of clicking on the goals tab separately that will list the progress that next week’s training will cover. (ER1)</p> <p>Individual examples of outcomes being progressed or achieved are being gathered by the Managers into scrap books to show photographs and information for each individual.</p> <p>The Registered Manager advised of a recent outcome achieved of a plan put in place around mobile phone use for one individual to achieve structured time to use the phone to prevent escalation of behaviours that affected relatives and others. A relative spoken to during the Inspection also advised of the same plan being “a real success”, and that previous services had advised the family it could not be done, the change for the relatives was a reduction of continual phone calls day and night for the last four years being reduced to 2 planned calls per day. (ER2)</p> <p>A suggestion box were in place for feedback to be posted to management. ‘You said We did’ information was on the wall in relation to previous feedback given to the service and actions taken.</p>

Key Question	Regulations	Quality Statements and Comments
		<p>Consent to care and treatment – Score 3</p> <p>Evidence was seen that people were encouraged to make their own decisions where possible and when they were unable to do so, it was evident that the principles of the MCA would be followed. Records were seen of individuals having Mental Capacity Assessments and Best Interest decisions, as recorded earlier in report regarding the Management logs.</p> <p>Consent to be at the service and receiving support was missing from the most recent individual to move in and receive support since May. (ER3)</p> <p>Staff were seen asking people for consent before supporting them and were involving them on how they wanted to spend their day.</p> <p>All staff spoken to were able to give confident explanations of what MCA and DoLS were and responsibility within their role.</p> <ul style="list-style-type: none"> This service scored 70 (out of 100) for this area.
<p>SRG RATING: GOOD - 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>“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”.</p>		

Key Question	Regulations	Quality Statements and Comments
Caring	Regulation 9: Person-centred Care Regulation 10: Dignity and Respect	<p>Kindness, compassion and dignity – Score 3</p> <p>Staff and Management interactions were observed with individuals during the Inspection, and it was evident that staff treat people in a caring and compassionate way. Individuals were happy for support to take place and some actively approached team members and engaged with them.</p> <p>Dignity was maintained throughout any support, and consent was always sought. Choices were checked to confirm, all available communication aids were used, and engagement took place throughout support.</p> <p>All of staff were friendly, kind and welcoming to the Inspector, and were happy to communicate openly. Staff all advised they enjoyed their roles with one staff stated the best part of their role was “everything, the people we support are like a family and the teamwork everyone helps each other”.</p> <p>All relatives spoken to stated they felt the staff were kind and caring.</p> <p>Treating people as individuals – Score 3</p> <p>Individual care plans and risk assessments were in place. Specific information is completed to ensure all information captured is relevant to the individual only.</p> <p>The Registered Manager, Deputy and staff team are familiar of the support details and communication, behaviours of each individual in detail from the length of time working with them day to day in the service.</p> <p>Files included strategies to support engagement and information about the individuals’ life before living in the service and what is important to them.</p> <p>People’s personal rooms were personalised to their own taste and needs. Cultural, social and religious needs are identified and understood. Individuals are supported to practice or explore any these areas further.</p>

Key Question	Regulations	Quality Statements and Comments
		<p>Independence, choice and control – Score 3 Independence is encouraged with the individuals supported where possible, in line with their support plans and risk assessments. They have choice as to how their care is to be provided.</p> <p>Staff were seen supporting people to be independent at mealtimes. Activities being attended were the individuals' choice in a subject or activity they were interested in or made them happy taking part in. People were supported to independently take part in the community and chose if and when to take part in activities or respected if choosing not to socialise.</p> <p>Small details were included in preferences gathered such as using an electric or manual toothbrush or razor and staff talked of personal preferences in detail, such as programmes being watched and how they linked to where the individual used to live, and it prompts happy memories for them.</p> <p>Choices being offered and made were not always documented well on the system. The Registered Manager & Deputy Manager were aware and had started to address activity details and outcomes recording/follow ups this was evidenced as highlighted within team meetings records. (CR1)</p> <p>Responding to people's immediate needs – Score 3 If needs change then these are reflected in care plans and risk assessments. Health concerns were responded to immediately. Staff and Managers were responsive to people's needs in the moment and were seen to minimise any discomfort, concern or distress throughout the Inspection.</p> <p>Activities varied daily. Each morning individuals were supported to choose how they wanted to spend their day and previously chosen activities may change dependent on daily circumstances. Staff spoken to were happy to change round their day tasks to support colleagues to ensure the individual was able to be supported in the best way possible and felt the whole team worked together well.</p>

Key Question	Regulations	Quality Statements and Comments
		<p>The cook is trained in care support and familiar with all people support, so able to cover breaks of staff and support if needed or in case of emergency.</p> <p>Workforce wellbeing and enablement – Score 3 A separate staff room was available for staff to use as a break room.</p> <p>All staff spoke positively of the service, their colleagues and management. One staff member stated, “I have a good work life balance, they are very flexible when needed to be for me, for supporting my own child with disability”.</p> <p>Blue light card and employee free phone support lines are in place. Colleagues can nominate anyone in the team to receive an above and beyond award which also gives a £10 voucher.</p> <p>If going to training offsite, the travel and training time is paid for.</p> <p>Regular one to one supervisions and team meetings were in place for staff to be able to discuss individual ideas and wellbeing needs.</p> <ul style="list-style-type: none"> • This service scored 75 (out of 100) for this area.
<p>SRG RATING: GOOD - 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>“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.”</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>The service records were detailed, which enabled the team to respond promptly. The plans, risk assessment and methods in place were specifically tailored to each individual to ensure person centred care.</p> <p>Communication detail documented was thorough to ensure people could communicate and anyone involved understood how to communicate, and the level of understanding and interpretation of any specific communication or behaviour in response.</p> <p>All staff could access the same information held in the electronic system which can be accessed via handheld mobile devices.</p> <p>Staff were familiar with individuals likes, dislikes and preferences such as in the kitchen knowing which colour plate residents preferred as it was their favourite colour. Whether to give one to one support in their own kitchen with cooking/baking or in the main kitchen supporting with meal prep or not all depending on behaviours shown.</p> <p>Pictorial communication aids were used for day-to-day objects and activities for foods/drinks, feelings, and activities, as mentioned previously in report, these were available to use around the home where necessary.</p> <p>People were encouraged to be part of the community doing the things they enjoyed and as independently as possible. Relatives spoken to advised of their relative trying new experiences such as train travel and it now being a preferred way of travel.</p> <p>Individual detail was in place to support each person ensuring the environment or activities were in place to impact positively and reduce negative triggers. These extended in communication with relatives to</p>

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		<p>identify any family stress or triggers from people or environments. Also, with external health professionals to ensure visits and any treatments were pre-planned and expected.</p> <p>Observations during the Inspection saw staff responding to individuals' behaviours and communications for support and taking part in activities. The individuals observed presented as content and happy whilst being supported or engaged in activity. There were not any Individuals presenting in distress during the Inspection however detailed in their support plans were information for staff to use to respond immediately to any change in behaviour and/or provide reassurance.</p> <p>Care provision, integration, and continuity – Score 3 There was a range of community involvement. Individuals were supported to be part of the local community and maintain relationships as they chose too. The staff team were established and consistent in providing support required inside or outside the home. Staff were able to detail achievements from their time working with individuals and how they have independence in tasks previously they did not. Preferred staff were documented on the rota as allocated.</p> <p>Within the home there were activities that individuals enjoyed themselves or with support from the staff members.</p> <p>Family and friends are able to attend the home for visits and any events in the home or garden, however residents are supported in going out to meet friends and family also. A recent event was a cultural festival all other families and homes are invited, there are foods from around the world and live music. Staff bring food from their own cultures.</p> <p>Providing information – Score 3 Information on the service's CQC registration and previous inspections were displayed.</p>

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		<p>A company website is available with service information on. Easy read guides of information were seen in the service records and alternative formats are available for documentation.</p> <p>Compliments and complaints procedure information was available for all to use and is displayed in the service. The service has had 2 formal complaints in the last 12 months and were investigation and responded to. As mentioned earlier in report there is analysis and sharing evidence required for feedback/compliments or concerns to identify learning and sharing information.</p> <p>Listening to and involving people – Score 3 The Managers and staff team promote open communication. Different methods were documented as attempted to gather feedback from people in the service.</p> <p>Keyworkers have recently been reviewed due to leavers/joiners and each person has 3 keyworkers so there is always someone on shift to support and gather feedback, keyworker meetings are in place and the Registered Manager advised gathering details, monitoring goals and outcomes is being developed and being embedded. (RR1)</p> <p>Compliments received by email from families are shared with the team. The Regional Managers advised the Registered Manager last week that the service has the highest number of compliments in the company.</p> <p>A current staff survey is in progress to gather feedback.</p> <p>Not all feedback given verbally is recorded on the system as the new system is not confidential, the Registered Manager advised this has been raised with Regional Managers.</p> <p>Equity in access – Score 3 Everyone who uses the service had the same access through the same initial assessment process.</p>

Key Question	Regulations	Quality Statements and Comments
		<p>The service was responsive to each individual persons needs and delivers the service flexibly to support choice and continuity of care.</p> <p>People had access to all external teams to support their health and wellbeing needs. Where required, if individuals could not attend appointments, alternatives were organised and where possible, appointments were arranged to take place at the home.</p> <p>Equity in experiences and outcomes – Score 4 All individuals receive equal experiences from start of service to completion that will be reflected in outcomes and evaluations of care plans.</p> <p>As mentioned earlier in report, the service is transferring to use electronic records to identify outcomes and record activity towards achieving desired goals and evidence person centred care with training taking place next week, along with documenting individual journeys with photographs of steps to achievements in scrap books.</p> <p>A person-centred approach is used in identifying the experiences and outcomes (goals) that were noted. The Registered Manager documented a variety of experiences in daily living tasks being identified and achieved, such as one person having a medication review a person-centred approach for best interest, it was decided by the medical professional that her antipsychotic medication would slowly be reduced and is now 10 months on at almost half the dose. The outcome from this experience for the person is improvement in her interactions with staff, both night and day staff reporting are able to express her needs better, showing more confidence and trust towards others in behaviours and expressing her wants and needs. Including being able to be supported out of usual environment whilst building work takes place currently on the bathroom. In another area increasing her use of public transport after a previous incident where she chose to stop using public transport completely. Support and encouragement from her preferred staff, was able to complete smaller journeys on public transport, then progressing further</p>

Key Question	Regulations	Quality Statements and Comments
		<p>to using the bus with other staff members and having a meal out and communicating that she enjoys having meals out with her staff.</p> <p>An individual noted earlier in report, being able to use trains to travel to different places, then progressing on to visit mum in London using trains, buses and a taxi.</p> <p>An individual on arriving at service had limited daily living skills, staff worked with him to encourage him to complete tasks for himself, such as making a cup of coffee, making his bed and also completing his laundry and is now able to complete each day and also show his new skills to his family members. Relatives have commented to the service that they have not seen him this independent before and has even made them a cup of coffee.</p> <p>An individual walking daily around Karibu at times not requiring the use of her physical intervention, this is showing that trust is forming with her support team. Started by walking independently in her flat by walking from her room to her lounge. Using her objects of references, preferred topics and encouragement to build her confidence. Is now able to stand and walk unsupported on occasions when she is out in the local area, some photographs of this have been taken.</p> <p>Planning for the future – Score 3 Information has previously been sent out to relatives for future planning to be discussed. This has been noted on records and a plan for it to be revisited at a later point.</p> <ul style="list-style-type: none"> • This service scored 78 (out of 100) for this area.
<p>SRG RATING: GOOD – 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>“Characteristics of services the CQC would rate as ‘Good’ People and communities are always at the centre of how care is planned and delivered.</p>		

Key Question	Regulations	Quality Statements and Comments
		<p>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”.</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>The culture of care was evident throughout the Inspection. The Registered Manager was well liked and highly spoken of throughout the staff team. With staff comments such as “Staff are respected now, they wasn’t before, we are treated fairly and he is very approachable, there was a blame culture before now it’s a working together culture”.</p> <p>The company values were shared at every opportunity within documentation, displays and throughout the recruitment process from interview through induction. All spoken to during the Inspection were aware of what the service is aiming to achieve and felt they were all working towards this as one team.</p> <p>The Registered Manager had regular meetings with his Senior Managers and felt well supported in his role. A Service Improvement Plan was in place with actions notes share between the Registered and Senior Managers.</p> <p>Capable, compassionate and inclusive leaders – Score 3</p> <p>Registration certificate displayed in service.</p> <p>The Registered Manager was knowledgeable of the registered role and responsibilities of CQC requirements. The Deputy Manager stated she has and is still learning a lot in her role and is well supported to learn and get more confident in the Management responsibilities.</p> <p>The Registered Manager has previous experience of managing care services and was observed throughout the Inspection of being directly involved with residents and knowing them well. The Deputy Manager has worked within the service in different positions for a number of years and was observed throughout the Inspection of being directly involved with residents and knowing them and the staff team well.</p>

Key Question	Regulations	Quality Statements and Comments
		<p>Throughout the Inspection staff were seen approaching the Managers for support or guidance where required. The service was transparent; the Registered Manager was comfortable in other team members being involved in the inspection process and leading conversations.</p> <p>Freedom to speak up – Score 3 All staff spoken to felt they were able to voice opinions and suggestions. One staff member stating, the Registered Manager “Listens, help to change if there’s a problem, much more responsive now when staff raise concerns”.</p> <p>All staff spoken to were comfortable speaking to management with concerns or support requests and felt confident to go to senior managers if required. Not all staff felt Senior Managers were present at the service and other than in the immediate event of safety of an individual would not approach directly, this was discussed with Deputy and Registered Manager, and the individual has raised this with Managers directly also.</p> <p>Staff meetings and supervisions were in place, suggestion boxes were available to use.</p> <p>Workforce equality, diversity and inclusion – Score 3 The home has a diverse workforce, all staff are offered the same opportunities for work life balance, personal progression and qualifications. Staff members are given opportunities of being enrolled on funded care qualifications, personal progression is encouraged within the home.</p> <p>Equality diversity and inclusion training is undertaken by all.</p> <p>Staff advised of celebration days throughout the home for all to celebrate together the different days in different cultures and created activities in relation to events. Residents were asked to give suggestions of their favourite meals to go on as menu choices and noted earlier in report a world culture day celebration takes place annually.</p>

Key Question	Regulations	Quality Statements and Comments
		<p>Governance, management and sustainability – Score 3 The service has clear responsibilities, roles, systems of accountability and good governance. There are clear and effective governance, management and accountability arrangements in place with the Registered and Senior Managers having good oversight of all areas.</p> <p>Staff understand their role and responsibilities. Quality and health and safety audits take place regularly by Teams Leads, Deputy Manager and Registered Manager such as medication, infection control, Overall environmental, buildings and equipment health and safety, finance, support plans.</p> <p>Audit and Trend monitoring reports also completed by the senior management team feed into an overall service improvement action plan.</p> <p>Evidence was seen of an action plan of actions completed from the various internal audits being completed each month by the Managers.</p> <p>The systems to manage current and future performance and risks to the quality of the service take a proportionate approach to managing risk that allows new and innovative ideas to be tested within the service.</p> <p>Partnerships and communities – Score 3 Staff and leaders are open and transparent, and they collaborate with all relevant external stakeholders and agencies.</p> <p>Staff and leaders work in partnership with key organisations to support care provision, service development and joined-up care. Evidence was seen of communications with health professionals, social workers and local authority support teams.</p>

Key Question	Regulations	Quality Statements and Comments
		<p>Staff when asked how they receive updates and relevant news advised they get updates from Managers and in team meeting.</p> <p>There service has no specific community partnerships, however individuals are encouraged and supported to go out into the local community for activities and events.</p> <p>Learning, improving and innovation – Score 3 Staff and leaders ensure that people using the service, their families and carers are involved in developing and evaluating improvement and innovation initiatives. Feedback is sought through discussions as noted earlier in report.</p> <p>Processes are embedded to ensure that learning happens when things go wrong, and records show examples of good practice. Evidence was seen of incident debriefing after incidents and lessons learnt forms.</p> <p>Team handovers are attended by management who invest time to listen and engage by showing that staff are consistently encouraged to speak up with their views of resident care, ideas for improvement and innovation and contribute to improvement initiatives. Staff spoken to advised that they are encouraged to continue developing in their roles becoming leads in specific areas of such as COSHH if they do not want to progress to a more senior role.</p> <p>Environmental sustainability – sustainable development – Score 3 The company has an environmental policy which encourages staff to use public transport in getting to work and in being out with service users and any vehicles used looked to be eco-friendly.</p> <p>The service is working to move everything to online documents to reduce/remove paper use in the service. (WL1)</p>

Key Question	Regulations	Quality Statements and Comments
		<p>Evergreen project is used which looks at ways to save energy in ways such as changing suppliers, installing meters. Cleaning products used have been received and more ecofriendly products now used where bottles are refillable instead of throwing away.</p> <p>Recycling bins are used in the kitchen and food waste is controlled by meal and shopping planning to ensure produce are used up not wasted and only what is needed is bought. Online deliveries are used for shopping, and the options of least CO2 use are shown to choose from when ordering.</p> <p>Staff use public transport or car share to come to shifts, the Registered Manager and Deputy Manager car share when going to management meetings.</p> <p>Part of staff induction covers waste management and recycling in the service, advising staff to be aware of turning lights off when not in use, using food bins from Hampshire council and the recent change over to new pharmacy has given an additional benefit of medication trays that are now recyclable where previous ones were not.</p> <ul style="list-style-type: none"> This service scored 75 (out of 100) for this area.
<p>SRG RATING: GOOD - 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>“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	Consider including information for staff to be aware of any presumed support needs from family and update once confirmation received from Health professional rather than leaving blank.						
SR2	Staff cover process for medication administration double.						
SR3	Investigation follow up action.						

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	Outcome monitoring						
ER2	Recording impacts of outcomes on individual/relatives.						
ER3	Consent record						

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	Expand to include daily routine, meals, drinks etc choices offered and 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	Develop keyworker meetings						

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	Timescale/action plan for transition						