



AUDIT REPORT

Somerford Court

Date of Visit: 11th & 12th of August 2025

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Service Name: Somerford Court

Provider: Liaise (London) Limited

Address of Service: 71 St. Pauls Road, London, N17 0ND

Date of Last CQC Inspection: Registered on 14th January 2025

Ratings

CQC's Overall Rating for this Service:






Not yet inspected



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 	75 (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 11th & 12th 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 Registered Manager, quality officer, lead nurse, and holding discussions with support staff and some people using the service.

A tour of the building was conducted, along with a review of key documentation. This included 4 support plans, 1 staff recruitment files, and records pertaining to staff training and supervision. Medication records and operational documents, such as quality assurance audits, staff meeting minutes, service users' meetings, activities and health and safety and fire-related documentation, were also assessed.

OUR VIEW OF THE SERVICE

The service is registered with CQC for personal care. The service has specialisms for caring for adults over 65 years, caring for adults under 65 years, learning disabilities, physical disabilities and sensory impairments. The service provides support for up to 5 people; there were 4 people living in the home at the time of the visit

People were supported safely to manage risks. Incidents of behaviour were recorded at different levels depending on the incident. There was information about actions taken in the incident records. Debriefs were taking place. Lessons were learnt and shared through the staff team. Safeguarding was understood and people were kept safe from the risk of harm.

There was evidence that people were getting their one-to-one or two-to-one support. Staff received training and supervision. Staff competencies have been carried out for the PEG feed, but checks need to be made to ensure that this follows policy. Recruitment was safely managed.

Medicines were safely managed. However, there needs to be clearer information as to why PRN Lorazepam is administered. Appropriate health care referrals were made both internally and externally.

Mental capacity assessments were in place where needed, and these were seen to be decision specific.

The service was well-led. The management team was visible and approachable, and staff feedback about support was positive.

PEOPLE'S EXPERIENCE OF THIS SERVICE

Staff understood the importance of supporting people to make choices and gaining individual consent. People were treated with kindness and compassion, with staff respecting their privacy and dignity. Staff know people well and are able to describe the support they provided. Observations showed a relaxed atmosphere in the homes. Staff supported people in a timely manner and encouraged them to be independent and make choices around their day. Staff recognised people as individuals.

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>Staff recorded incidents onto the reporting system (RADAR). Incidents of behaviour were recorded at different levels depending on the incident. Some incidents were recorded on an ABC/Start form, which recorded the details of the incidents, any triggers, any behaviours of concern, actions taken by staff, if there were any injuries or a PRN was used.</p> <p>Incidents of a more serious nature were further reviewed by the Operations Manager with additional investigation and a record of any learning.</p> <p>One person had a pattern of behaviours, there was a PBS plan in place, which identified these different behaviours with guidance for staff to follow which included active strategies, which could be used to identify when behaviours may manifest and actions to take to help deescalate potential situations. Reactive strategies guided staff on the management if incidents of concern.</p> <p>It was noted within the incident records that for one person it had been identified that some behaviours were associated with they felt unwell or were in a low mood, and they would want to go to hospital rather than telling staff that they were not feeling well. This was associated with their mental health care needs and was included in their care plan with guidance for staff to follow to help the person deescalate.</p> <p>Debriefs took place. These gave staff the opportunities to review the individual incident, reflect on what had happened and if there were any better strategies could have been adopted. Debriefs viewed were detailed, although it was noted that staff tended to record that that in relation to learning, there were usually non. It might be worth educating staff to consider this area in more detail. (SR 1)</p> <p>Learning from incidents was in place, for example learning to recognise that behaviours could indicate pain or a low mood, and that the person could not understand how to verbalise how they felt, which then resulted in a change in behaviour.</p>

Key Question	Applicable Regulations	Quality Statements and Comments
		<p>In addition, the Speech and Language Therapist (SALT) had identified learning from choking incidents and provided reflective learning for staff in these instances and had introduced a ‘non-talking’ placemat to help the person focus on their meal and reduce the risk of choking.</p> <p>Safe systems, pathways and transitions – Score 3</p> <p>The Registered Manager liaised with other agencies to help ensure continuity of care. Hospital passports contained essential information to inform other services on how best to support people if they needed to be admitted to hospital.</p> <p>Care reviews were undertaken with social workers, the mental health team, and families. These were carried out on a regular basis.</p> <p>Safeguarding – Score 3</p> <p>The service had a safeguarding policy in place and staff were aware of their own roles and responsibilities in order to safeguard people from abuse. Staff received training in safeguarding protocols and understood procedures for reporting concerns both within the organisation and to external agencies such as the CQC or local authority safeguarding teams.</p> <p>The Registered Manager raised any safeguarding concerns where they were identified and worked within the local authority procedures.</p> <p>People expressed, either verbally or through their actions, that they felt safe residing at the service. Observations showed that people were comfortable in the presence of staff.</p> <p>Involving people to manage risks – Score 3</p> <p>There were risk assessments in place in relation to different areas of support. Any risks were identified and recorded with guidance for staff on how to manage risks. When restrictions were necessary to keep people,</p>

Key Question	Applicable Regulations	Quality Statements and Comments
		<p>safe these were proportionate and the least restrictive option. Risk assessments identified the support people needed.</p> <p>Observations showed that people moved freely around the service and spent their time as they wished. Staff were aware of where people were and remained present and available in case people required their assistance.</p> <p>Safe environments – Score 3</p> <p>Staff were responsible for carrying out the health and safety checks on a regular basis. Team leaders completed these checks in line with the provider’s schedule. Health and safety checks included:</p> <p>Daily fire patrols were happening, with staff ensuring that corridors were free from clutter and fire exits were accessible. Fire checks included weekly emergency lighting, fire door checks and the fire alarm test. The last three had been completed on 21 and 28 July, and 4 August and was found compliant. The grab checks took place monthly and had been completed on 2 June, 7 July and 4 August, along with the monthly fire extinguisher checks. Monthly fire drills were completed, and staff recorded the outcome. It was noted that occasionally some people using the service refused to respond to the fire drill. This was included in the PEEPs.</p> <p>Monthly internal and external lighting were completed with the last three check being carried out on 2 June, 7 July and 4 August. All checks found the service to be compliant in this area.</p> <p>Water safety was managed with weekly temperatures and flushing of outlets completed with the last three taking place on 21 and 28 July, and 4 August and were compliant.</p> <p>Carbon monoxide checks, plug safety and window restrictor checks happened weekly, again the last three taking place on 21 and 28 July, and 4 August and were compliant.</p>

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		<p>Quarterly checks on the extract fan and garden equipment had last been completed on 7 July and passed all checks.</p> <p>Records were completed in the kitchen to monitor temperatures of equipment, and general kitchen safety, these were all up to date.</p> <p>Generic risk assessments were in place for different areas. These risk assessments are aimed at ensuring that the service is safely managed. Risk assessments included lone working, electrical, flammable creams, challenging behaviour, infection control, and emergency procedures, for example.</p> <p>Service risk assessments for health and safety, fire and water had been completed.</p> <p>Servicing of appliances and utilities were undertaken by external organisations. These included, an asbestos management survey, certificate of emergency lighting system testing, certificate of servicing portable fire appliances, fire alarm service, gas safety, PAT testing, and shower descaling. These were all up to date.</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. They worked together well to provide safe care that met people’s individual needs.</p> <p>People were supported either on a one-to-one or two-to-one basis. Some people shared hours. Staffing levels were considered appropriate and reflective of the assessed support needs of each person.</p> <p>A check was 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>New staff were recruited safely, and a check on the recruitment processes, found that they were sound. Information on file included Most of the information required by regulation was in place. This included:</p> <ul style="list-style-type: none"> ➤ Full employment histories

Key Question	Applicable Regulations	Quality Statements and Comments
		<ul style="list-style-type: none"> ➤ References ➤ Proof of DBS (Disclosure and Barring Service) checks. ➤ Proof of address and identify. ➤ Right to work checks. ➤ Health declarations. <p>There was a full induction programme, which was completed by new members of staff. This induction comprised of an introduction to both the organisation and its services, including an overview of organisational mission and values. As part of the induction staff completed training aligned with care certificate standards and the Liaise training framework, with regular supervisory and observational assessments being completed.</p> <p>Staff were supported with an ongoing training programme. This was primarily online through the training provider Your-Hippo. Training included:</p> <p>Safeguarding, medication awareness, Mental Capacity and Deprivation of Liberty Safeguards, health and safety, food safety, autism, equality and diversity, privacy and dignity, fire safety, GDPR, infection control, manual handling, learning disability, British sign language, theory and practical, COSHH, Duty of Candour, Duty of Care, Nutrition, Oral Health, IDDSI, and person-centred care, for example. Staff training was primarily up to date.</p> <p>Staff received supervision. Staff told us they were happy with the support they received from the Registered Manager. Staff said they worked as a team and felt that the focus was on the people using the service.</p> <p>Competency assessments were in place for PEG administration and medication. All staff had completed their competencies, and the service was 100% compliant in both areas. Staff competencies for the PEG feed were signed off by the Deputy Manager rather than the 'qualified health care professional' as identified</p>

Key Question	Applicable Regulations	Quality Statements and Comments
		<p>in the policy. The management team were having difficulty accessing external support for this, but this needs to be checked to ensure that staff are competent to assess, and that the assessments are completed in line with policy. (SR 2)</p> <p>Infection prevention and control – Score 3</p> <p>There were systems in place to prevent and control infection. This included a monthly health and safety audit which monitored infection control and cleaning procedures.</p> <p>Cleaning schedules were in place. PPE was available as required.</p> <p>A CoSHH register was in place, which identified the produce, whether there was a safety data sheet in place, and review date. CoSHH assessments identified any risks associated with the individual products.</p> <p>Medicines optimisation – Score 3</p> <p>Each person had their own medication folder which contained information pertaining to their medication support. Each folder included a medication profile, temperature records, staff signature list, medication administration record (MAR) charts, stock countdown records, topical medicines applications, a pain profile, an easy read guide, stool chart guide, PRN protocols and the MCA and consent forms.</p> <p>Each person also had an easy read medication profile which identified the medicine, a picture of the medicines, why the person needed to take it, any side effects and when to take it.</p> <p>Medicines were well managed, MAR charts viewed were completed appropriately. Temperatures were taken, and staff spoken with able to describe the support needed.</p> <p>People had their medication cabinets in their rooms, where their medicines were usually stored. Currently due to the ongoing heatwaves and hot weather, medicines were temporarily being stored in the old clinical room, which was air-conditioned. This reduced the risk of medicines being stored inappropriately and helped to maintain a constant temperature.</p>

Key Question	Applicable Regulations	Quality Statements and Comments
		<p>One person was prescribed PRN Lorazepam for agitation, and for administration if they had not slept for three days in a row. Lorazepam had been administered for 0.5 mg at 09.00 on Monday 4 August, which was recorded on the MAR charts as being for agitation / sleeplessness. The daily notes did not record any administration of PRN, but the handover at the end of the day stated that PRN Lorazepam had been administered, but not why. Care needs to be taken to ensure that where Lorazepam is administered that there is a clear record of why this had been administered as there had been an incident earlier in the day.</p> <p>(SR 3)</p> <p>One person had all their medicines administered via a PEG due swallowing. All medicines were either dispensed in a liquid or dispersible tablet format. There was clear guidance on the administration of medicines through the PEG, and staff spoken with were knowledgeable and able to describe the procedures in detail.</p> <p>PRN medication profiles were in place. These included any special instructions, why it was required and what to try before offering PRN, results and possible side effects.</p> <p>There were systems in place for collecting, recording and disposal of medicines.</p> <p>Temperatures were taken and maintained.</p> <ul style="list-style-type: none"> • This service scored 75 (out of 100) for this area.
SRG RATING: Good		

Key Question	Applicable Regulations	Quality Statements and Comments
		<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	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>There was currently one vacancy at the service. Assessments had been completed on potential people who could move in, this was a robust process to ensure that the right person would be able to move in. Assessments were either identifying that the service would not be able to accommodate people, or the funding could not be agreed.</p> <p>Discussions were held around the process, and it was reported that a transition period would be arranged so anyone new moving in would be able to come and visit the service and spend time getting to know people and staff.</p> <p>People had access to both internal and external teams to support their health and wellbeing needs and where required if not able to get to appointments access to these were arranged to take place at the home.</p> <p>Delivering evidence-based care and treatment – Score 3</p> <p>People’s care and support was planned and delivered in line with their individual needs. People were happy with the care and support they received because it was in line with their wishes and preferences.</p> <p>Assessments and support plans contained information about how to support people in relation to any health care conditions.</p> <p>Currently the internal PBS support was carrying out weekly reviews for one person in relation to their support at night. The purchasing authority wanted to remove their one-to-one support at night. However, the staff team were concerned about this as they felt this would not meet the person’s needs. They had behaviours of concern and if left alone during the night these behaviours would escalate. The PBS was supporting to assess the person and ensure that either a suitable alternative to one-to-one night care could be sourced or the one-to-one support needed to remain. This was helping to ensure that people would be assessed appropriately prior to any changes in care.</p>

Key Question	Regulations	Quality Statements and Comments
		<p>Where one person had been identified as being at risk of choking, the internal Speech and Language Therapist had been involved, they had reviewed individual support needs and implemented new procedures to help keep the person safe. This included the introduction of ‘non-talking placemat’, to encourage the person to concentrate on their meals and reduce the risk of choking. The SALT assessment in line with the IDDSI guidelines were available, and this gave detailed information on the support needs.</p> <p>There were nutritional assessments in the Blyssful system. Although, it was noted that these were only in place for one person using the service, this may be because they had swallowing difficulties, but there was also another person who had some swallowing concerns, and they did not have this assessment. (ER 1)</p> <p>Where people were at risk of choking this was identified within the risk assessment and care plan.</p> <p>People were supported with SALT team input for communication with passports in place to help promote equity. The SALT assessor had also sourced a social Zoom group which one person could join in every week.</p> <p>How staff, teams and services work together – Score 3</p> <p>Processes were in place to review people’s health and access healthcare services when needed. This included supporting people to regularly see their GP and other community healthcare services, as well as more specialist services when required.</p> <p>There was evidence that people were supported to be involved in their care reviews.</p> <p>There were internal specialist practitioners who supported the service. This included the Positive Behavioural Specialist (PBS) practitioner, and speech, and language therapist (SALT).</p> <p>One person had a full review by an Occupational Therapist. They made several recommendations including to continue to use the helmet to protect them from injury through the risk of falls, regular exercise, with clear guidance about what these exercises were, daily massages and a specific activity schedule.</p> <p>Supporting people to live healthier lives – Score 3</p>

Key Question	Regulations	Quality Statements and Comments
		<p>People were supported to stay healthy and well. They were assisted to attend their scheduled appointments with healthcare professionals to meet their healthcare needs. People were supported to eat and drink enough to meet their needs.</p> <p>Pain profiles were in place, and the sample viewed identified how people communicated their pain.</p> <p>Monthly health checks took place, and these checked whether people were keeping well. This included a general check on skin conditions, oral care, nail care, any concerns in relation to bowels and that individual weights had been recorded with no concerns. These were happening on a regular basis.</p> <p>Monitoring and improving outcomes – Score 3</p> <p>Staff monitored individual health, and social care needs to ensure that people’s needs would be met.</p> <p>Weights were monitored and it was seen that people were weighed on a regular basis.</p> <p>Care records were maintained for bowel, oral, food, fluids and night care, for example. Staff were aware of their responsibilities in relation to maintaining these records, and the Registered Manager had worked with staff to improve these.</p> <p>Wound care records were in place. When staff identified a bruise or a mark, they took a photograph and completed a body map. It was positive to see that these were then reviewed regularly with ongoing photographs, where needed. It would be useful to include in the review the most recent information of progress, such as bruise healing for example. (ER 2)</p> <p>Staff also considered how the individual bruises or marks may have occurred.</p> <p>Where the PBS lead was visiting the service on a weekly basis, this was not being recorded in the medical records, which would help evidence any additional specialist support. Similarly, the SALT assessor also visited to reassess or follow up on choking incidents, and again this was not recorded. (ER 3)</p> <p>Consent to care and treatment – Score 3</p>

Key Question	Regulations	Quality Statements and Comments
		<p>Mental capacity assessments were in place where needed, and these were seen to be decision specific. Assessments included finances, medication, understanding dysphagia, road safety, personal hygiene, positive behaviour support, the use of lap straps, wearing a helmet and diet and nutrition, for example.</p> <p>At the beginning of each assessment viewed, there was a record of how the information had been presented to the person. For example, for finances staff had used real money and scenarios, and for wheelchair safety, staff had used videos and demonstrated safety with the actual wheelchair. There was a bit of a tendency to record conversations with people as a yes or a no answer, rather than more detail of the actual conversation, which would be useful to do. (ER 4)</p> <p>Best interest decisions were mainly recorded, although it was noted in one record for finances, this section had not been completed. (ER 5)</p> <p>There was an understanding around any Deprivation of Liberty Safeguard applications, which were in progress under the appropriate authorities.</p> <p>There was also an understanding from staff in relation to how they supported people. Staff explained how and what and how they supported people to make decisions. Staff were able to explain how they gave people options and choices.</p> <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>		

Key Question	Regulations	Quality Statements and Comments
		<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	Regulation 9: Person-centred Care Regulation 10: Dignity and Respect	<p>Kindness, compassion and dignity – Score 3</p> <p>Observations showed that people and staff were relaxed and at ease with each other. Over the two days of the visit, both were classed as an ‘amber’ heat wave warning. This meant that it was generally very hot, but staff had organised for people to choose how they wanted to spend their day. This included staying in areas which were cooler and less stressful for them.</p> <p>People were choosing to stay in their rooms, but staff were constantly monitoring and allowing them to make their own choices.</p> <p>There were positive interactions between people who were being supported and staff. All people who were being supported appeared to be comfortable in the presence of staff.</p> <p>Observations showed that staff spoke to people in a respectful manner.</p> <p>Dignity was included in support plans.</p> <p>There was a positive rapport between people, staff and management.</p> <p>People were supported to maintain contact with family and friends and maintain relationships with others.</p> <p>Treating people as individuals – Score 3</p> <p>Support plans identified individuality. This meant that people using the service were treated as individuals. Support plans detailed people's preferred routines and how they liked their care and support to be delivered. Staff focused on what was important to people and knew how to meet their needs and preferences.</p> <p>People were supported to choose how they wanted to spend their day, and staff listened to their preferences and choices.</p>

Key Question	Regulations	Quality Statements and Comments
		<p>Independence, choice and control – Score 3</p> <p>Care records identified how people spent their day, the support provided, what they could manage for themselves and what they wanted to be involved in.</p> <p>Staff encouraged people to express their views and make choices about their care. Throughout the visit staff were seen to involve people in making decisions, such as asking how they wanted to spend their time and what they would like to eat.</p> <p>People's choices and preferences were included in their care plans. Key workers regularly met with people to discuss their care needs and wishes.</p> <p>Responding to people's immediate needs – Score 3</p> <p>One person needed constant support and reassurance, observations showed that staff reacted and understood the needs of this person. Staff explained how they needed constant reassurance, and staff were seen to do this without making escalating any behaviours, staff accepted the behaviours and supported the person in a way that met their needs.</p> <p>Staff were vigilant and responsive to people's needs. They knew and understood when people were becoming restless or bored and made arrangements for different activities to happen, including going out or taking part in an activity in the home.</p> <p>Behaviours of concern records showed how staff responded and supported people during such incidents.</p> <p>Referrals were made to external health or social care professionals if concerns about their welfare were identified.</p> <p>Workforce wellbeing and enablement – Score 3</p> <p>Staff well-being was considered. It was evident that the manager appreciated the staff team and the support they provided to people using the service.</p>

Key Question	Regulations	Quality Statements and Comments
		<p>Staff were supported with debriefs following any incidents. Through supervision, staff well-being was monitored.</p> <p>There was an open-door policy, and the manager was available for support.</p> <p>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.</p> <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 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	<p>Regulation 9: Person Centred Care</p> <p>Regulation 17: Good Governance</p> <p>Regulation 16: Receiving and Acting on Complaints</p>	<p>Person-centred Care – Score 3</p> <p>Individualised care plans were in place in relation personal care, medication, activities, continence, behaviour support and communication, for example. Information was in place in the support plans in relation to individual likes and dislikes, such as favourite foods, interests, and preferred routines.</p> <p>Information about communication needs were included in the care plans, and communication passports had been developed.</p> <p>Staff engaged well with people by listening to them and taking notice of what they said. Throughout the time spent in the service, it was seen that people were supported with their choices and decisions.</p> <p>People were supported as individuals, in line with their needs and preferences. Staff supported people with promoting positive outcomes and people's support plans were regularly monitored and reviewed.</p> <p>Staff knew people well and observations showed they communicated well with people and listened to what people had to say.</p> <p>Care provision, integration, and continuity – Score 3</p> <p>The Registered Manager had worked to foster positive relationships with health and social care professionals when they established the company. Processes were in place to support a range of healthcare professionals to be involved in people's care.</p> <p>Providing information – Score 3</p> <p>The complaints procedure was available for people, and this was in different formats. It was available and on display for people to access.</p> <p>Staff provided information to people both verbally and through documentation.</p> <p>Listening to and involving people – Score 3</p>

Key Question	Regulations	Quality Statements and Comments
		<p>Monthly meetings were held which gave people opportunities to discuss what was happening in the home. Communication aids were used to help people understand the information and make choices. House meetings included any updates, any concerns, any ideas for change, meals and activities. People could join in as they wished.</p> <p>People using the service had opportunities to take part in an annual survey and contribute their thoughts. Where less positive responses had been provided, most of which were around choices where some people wanted to be able to make more choices about the living environment such as the colour of their rooms. These were listened to.</p> <p>Ket worker meetings were happening, which again supported people to be involved in their care and support.</p> <p>Equity in access – Score 3</p> <p>It was positive to see the Registered Manager standing up for individual rights. The Local Authority was trying to change parameters, and funding and, although this was an ongoing challenge, the Registered Manager continued to advocate for the rights of people using the service</p> <p>Equity in experiences and outcomes – Score 3</p> <p>People were being supported to plan and achieve different goals. These goals were implemented into Blyssful and there was evidence of these being reviewed and progress monitored, with people at various stages of progress.</p> <p>For one person it was community access and physical wellbeing with achievable goals such as going to the park once a week and going for a walk every day. For another person it was managing their laundry and going out for lunch once a week. For the third person it was to engage in seated activities (as per O.T. plan) and manage their bedroom housekeeping. For the final person it was to improve their life skills management by completing weekly baking, which staff confirmed was happening.</p>

Key Question	Regulations	Quality Statements and Comments
		<p>Planning for the future – Score 3</p> <p>No-one in the home was receiving end of life care at the time of the visit.</p> <p>Planning for the future had been considered. Information was included in care records about individual preferences about end-of-life matters, where people wanted to discuss this. One person did not have an end-of-life plan uploaded, which stated that this was pending.</p> <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 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>Staff spoke positively of how they supported people and their aims for promoting a person-centred culture. One member of staff explained how they worked with the specialist teams to ensure that people’s needs were reassessed and monitored. Staff said they felt their opinions mattered.</p> <p>The Registered Manager and staff knew people very well and understood the challenges they faced. Support was tailored to meet individual needs. The atmosphere in the service was relaxed and people approached staff for support when needed.</p> <p>Somerford Court had utilised the staff questionnaire, ‘When an Inspector Calls’. This checked if staff understood matters around safeguarding and the Mental Capacity Act, how to raise a concern, training, supervision, and individual service user goals. This helped to monitor staff understanding of the culture of the service. The most recent had been completed on 17 June 2025.</p> <p>There was a commitment to promoting more independence and develop more skills especially daily living for people using the service and to include and involve people in the community.</p> <p>Capable, compassionate and inclusive leaders – Score 3</p> <p>The Registered Manager had been in post for approximately eight months and gained their registration three weeks prior to the visit. They understood the support needs for the service.</p> <p>The manager was visible and worked actively with staff and people using the service. They were supported by a senior team who knew and understood the needs of the people living at the service.</p> <p>Freedom to speak up – Score 3</p>

Key Question	Regulations	Quality Statements and Comments
		<p>Staff said they had opportunities to speak up and were confident they were listened to. Staff were supported with regular supervision and staff meetings and were also able to approach the registered manager at any time for support.</p> <p>Supervisions were in place. The supervision format supported staff to discuss their performance in their role, and whether there was a good work/home life balance, experiences with people using the service, risks, relationships, learning and development requirements. Actions were to be set and to be reviewed at the next supervision. Not all supervisions viewed had set actions for staff to complete, although some areas were discussed during supervision. (WR 1)</p> <p>During the inspection the office door was open throughout the day. The Registered Manager explained our presence to staff and encouraged them to speak with us if they wanted to.</p> <p>Workforce equality, diversity and inclusion – Score 3</p> <p>Staff’s religious beliefs and traditions were respected and the Registered Manager worked with individual members of staff, so they were able to practice their religion faithfully. For example, staff were supported to take prayer breaks.</p> <p>Staff said they felt they were all treated equally and had the same opportunities.</p> <p>Governance, management and sustainability – Score 3</p> <p>There was a complete programme of audits to review aspects of the service. The Registered Manager completed internal checks and audits in line with the provider’s schedule.</p> <p>Manager Walk Around Audit: The managers walkaround audit was completed weekly, with the last three identifying no concerns, with a compliance score of 100%</p> <p>Weekly Medication Shift Leader Audit: The weekly medication audit identified when there was an error and recorded the steps which had been taken. Weekly audits had taken place.</p>

Key Question	Regulations	Quality Statements and Comments
		<p>Managers Monthly Medication: The monthly manager's medication audit had been completed on the 14th of each month for the last three months and found practices to be compliant.</p> <p>Health and Safety Monthly: These had been completed on the 18th of each month, with a compliance rate of 95% on average, where actions were needed these were identified.</p> <p>Out of Hours: Monthly out of hour checks were completed, and this ensured that the service operated safely at night. The last three checks took place on the 18th of each month and found the service compliant.</p> <p>Finance Audit: The financial audit for one person identified that their card had been cloned and unauthorised payments had left the person's account. The local authority who was responsible for placing money onto the card, were contacted and they cancelled the card and issued a new one. Investigations were underway by the bank's fraud department. Although the audit found these discrepancies, I do suggest that an incident should have been recorded which could have tracked the response by the bank and also provided assurances about any internal investigation. (WR 2)</p> <p>Manager's Quarterly Support Plans and Risk Assessments: This had last been completed in June 2025, with a compliance rate of 73%. Actions were set and a sample were reviewed, which evidenced that they had been completed.</p> <p>Operations managers visit: The Operation Manager audits were not regularly in place. There were no audits and checks in place since 1 May for an Operation Manager visit or a quarterly medication Operation Manager audit. (WR 3)</p> <p>Partnerships and communities – Score 3</p> <p>The service worked proactively with health and social care professionals in the community as identified within this report.</p>

Key Question	Regulations	Quality Statements and Comments
		<p>Internal and external referrals were made to appropriate professionals, and good evidence was seen that this advice was acted on.</p> <p>Learning, improving and innovation – Score 3</p> <p>Systems were in place to maintain a continuous learning and development culture within the service. Learning was shared by the provider to help maintain ongoing improvement.</p> <p>There was an action plan which was developed from and accidents, incidents and audits, a sample viewed showed that these were completed.</p> <p>The registered provider supported Registered Managers with additional learning and quality meetings to help embed a learning culture.</p> <p>Environmental sustainability – sustainable development – Score 3</p> <p>Paper records were limited to save on paper and wastepaper was shredded to reduce waste.</p> <p>Digital systems helped to reduce the use of paper.</p> <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’ 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	<i>Encourage staff to review practice in more detail and identify where some learning could be made</i>						
SR2	<i>Ensure PEG competency assessments are completed in line with policy.</i>						
SR3	<i>Ensure that there is more detail of reasons for administering PRN lorazepam</i>						

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	Ensure that people are supported with a nutritional assessment						
ER2	Include an update in the wound care records of progress						
ER3	Record support provided by internal specialists such as the PBS and SALT team and identify the support being provided to help evidence reviews of people's care needs.						
ER4	Include more detail in relation to conversations had with people to gain an understanding of individual capacity						
ER5	Ensure that best interest decisions are completed						

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 RECOMMENDATIONS 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	NO RECOMMENDATIONS MADE						

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	<i>Include actions needed in supervision or identify that there are no actions needed.</i>						
WR2	<i>Record an action to track the progress of the investigation into the cloning of one person's bank card.</i>						
WR3	<i>Implement operation manager checks</i>						