



AUDIT REPORT

Willow Court

Date of Visit: 23rd & 24th July 2025

SRG Care Consultancy Limited

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
Service Name: Willow Court


Provider: Liaise (London) Limited






Address of Service: 23a Highbridge Street, Waltham Abbey, Essex, EN9 1BZ

Date of Last CQC Inspection: 8th and 16th September 2022

Ratings

CQC's Overall Rating for this Service:	Good	
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SRG's Overall Rating for this Service:	Good	
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Key Questions	Rating	Overall Score
Safe	Good 	71 (out of 100)
Effective	Good 	70 (out of 100)
Caring	Good 	70 (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 23rd & 24th July 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, 3 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 Accommodation for persons who require nursing or personal care. Willow Court is a residential care home without nursing and provides support for younger people with learning disabilities. The service provides support for up to 11 people; there were 11 people living in the home at the time of the visit

There was enough staff to support people with their care needs and going out in the community. Staff received the necessary training and their competency to manage medicines was assessed. Staff understood how to protect people from abuse. Care plans were reviewed taking into consideration people's communication, personal and health needs. Mental Capacity Act assessments were completed.

People had access to healthcare and could also seek support from social care professionals. Staff provided support for people to attend healthcare appointments if needed to make sure there was clear communication about any treatment and support. Monitoring systems were in place and mainly well completed, but there were some areas of improvement.

Health and safety checks took place. Overall, the environment was safe, but there were some areas which needed addressing.

Accidents and incidents were monitored and audits and checks to place to maintain the safety of the service.

PEOPLE'S EXPERIENCE OF THIS SERVICE

Staff were seen to be caring with people and spent time listening to what they said.

People said that staff treated them with dignity and respect and listened to what they had to say.

Two people said they were fully involved and could make their own choices.

Two people said their independence was promoted.

One observation showed that one member of staff needed to spend more time when supporting someone to eat their meal and demonstrate more patience.

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 culture of safety, based on openness and honesty. The management team listened to concerns and investigated and reported safety events. When incidents and accidents happened, these were reviewed and discussed with the staff team so any improvements could be implemented.</p> <p>Accidents and incidents were reported and recorded through the RADAR system. Samples viewed evidenced that generally that actions were taken. There was good evidence that overall, these were managed appropriately.</p> <p>There was one incident that had not been reviewed appropriately, in that there was no debrief in the records, although the incident indicated that there should be. There was no risk assessment created with the management team and the PBS team seen in Blyssful, and no record of this information being updated into care plan and risk assessment. Discussions with the Registered Manager evidenced that they had not been aware of this incident and it should have been highlighted to them. (SR 1)</p> <p>Lessons were learnt to continually identify and embed good practice.</p> <p>Safe systems, pathways and transitions – Score 3</p> <p>The management team worked with people and healthcare partners to establish and maintain safe systems of care, in which safety was managed or monitored.</p> <p>Reviews of care needs and risk assessments were carried out on regular basis, unless there had been any changes in need, in which event, these were carried out a point of identification.</p> <p>It was seen that people had been referred to appropriate professionals when required to ensure individual needs were met. This was to both the internal and external professionals.</p> <p>Safeguarding – Score 3</p>

Key Question	Applicable Regulations	Quality Statements and Comments
		<p>There was a proactive approach to reporting any concerns. For example, following a missed medication due to communication, although the advice was that there was no harm, a safeguarding was raised. Where unexplained bruises were identified these were reported as a safeguarding concern. Records were maintained with updates and outcomes.</p> <p>Whistleblowing was taken seriously. For example, following a whistleblowing to CQC, a full investigation had taken place, with remedial actions taken to address any concerns, which resulted in the whistleblowing being closed by CQC.</p> <p>Staff were aware of the safeguarding procedure and the actions they had to take if they saw people being at risk to abuse, commenting, <i>'I will report to the manager or the most senior on duty. I would not leave anything we are here to keep people safe'</i>.</p> <p>Observations showed that people were comfortable and at ease with staff. The atmosphere in the home was calm, relaxed, and friendly. Staff were attentive and alert to any changes that might indicate people needed support for any anxiety or discomfort they might be experiencing. When concerns were noted around potential behaviours of one person, staff were quick to respond and were ready for any untoward event.</p> <p>Involving people to manage risks – Score 3</p> <p>Individual risk assessments were in place in the care records reviewed. These included personal support, support with decision making, medical and health care and support with free and structured time, for example.</p> <p>Each risk assessment identified risks and actions. There was information on how to support people to manage individual risks.</p> <p>There was a risk that that one person may abscond as part of their behaviours. There was a risk assessment within the Blyssful system which identified that they were at risk of absconding. There was reference to two</p>

Key Question	Applicable Regulations	Quality Statements and Comments
		<p>occasions in 2019, where they had scaled the fence, however there was a recent incident on 30 June, where again they had scaled the fence and jumped over and staff had to support them to come back. This was not reflected in the risk assessment. (SR 2)</p> <p>People had positive behaviour support (PBS) plans in place. These were developed from the PBS team and identified how to support people. Staff spoke with confirmed that they had received appropriate training such as Proact Skipr. One member of staff said, <i>‘we have had training in managing behaviours which can challenge and proact skip, but we have never needed to use the proact training.’</i></p> <p>Safe environments – Score 2</p> <p>There was regular safety checks carried out in the environment. These included fire safety with a daily fire patrol, a weekly fire alarm test, weekly fire door checks, monthly fire extinguisher checks, and a monthly fire door check.</p> <p>There were some inconsistencies in the results of the weekly fire door checks. A fire risk assessment had identified that some doors needed attention. The audit was not always identifying this and on occasions had scored the audit at 100% and having passed, because the question which asked if hinges, handles, and door closers were in good working order had been answered yes, and scored as a pass even though on one audit it had been recorded that ‘doors not close proper’ [sic], which meant that it was not compliant. Other weekly fire door audits had correctly identified that this was an area of improvement. This was discussed with the Registered Manager at the time, who addressed this with staff who completed the checks.</p> <p>Fire drills were completed monthly. The fire drills did not always record the initials of people supported and staff on duty, which would made it difficult to assess who had participated in a fire drill. For example, for the June fire drill there was only the initials of someone who was sleeping, rather than the initials of those who had taken part. (SR 3)</p>

Key Question	Applicable Regulations	Quality Statements and Comments
		<p>The grab bag was checked monthly and a review found that there was appropriate emergency equipment such as Hi-Viz jackets, foil blankets, torches and PEEPs were in place. PEEPs were noted to have reference to flammable creams.</p> <p>Checks were made on the carbon monoxide detectors, plugs, window restrictors, extractor fans and garden equipment.</p> <p>Water outlets were flushed regularly, and checks were made on the water temperatures. However, on two occasions staff had only checked the water temperatures for people who were receiving personal care. For example, the water temperature checked for 28th May recorded that where the audit asked if <i>'all the PWS area basin, baths and shower outlet temperatures have been checked to ensure they do not exceed 44 degrees.'</i> The staff member has recorded <i>'not all of them, only for those having personal care'</i>, which indicated not all outlets were checked. The Registered Manager confirmed that all water temperatures should be checked weekly and individually prior to a bath or a shower. (SR 4)</p> <p>Generally, the environment was well-maintained, but there were two key areas that needed to be addressed. There was a poorly maintained radiator in the main communal area, with a broken radiator which was bent and poorly maintained. (SR 5)</p> <p>Of more concern was the air conditioner unit in the meditation room. This was broken and constantly dripping, with staff having placed a bucket under the unit to catch the constant flow of water. (SR 6)</p> <p>Safe and effective staffing – Score 3</p> <p>Throughout the visit it was observed that there were enough staff to support people safely. Staff were allocated on either a one-to-one or two-to-one basis, depending in the needs of the individual. Staff had enough time to provide people with the care and support they needed. Observations showed staff supporting people with different tasks and activities throughout the day.</p>

Key Question	Applicable Regulations	Quality Statements and Comments
		<p>Recruitment was managed by a central team from head office. They carried out all checks as required by regulation.</p> <p>Evidence of recruitment was kept electronically. A check was made on two staff members recruitment records.</p> <p>Employment histories were in place on one of the files viewed, but for a longer-term member of staff there was no information around the employment history as there was no application form of C.V., and the staff information pack had not been completed. (SR 7)</p> <p>References were in place for the newer member of staff, but again for the longer-term member of staff there was only one reference in place. There was a second reference, but this was not a reference direct to Liaise. (SR 8)</p> <p>Staff records viewed contained other necessary documentation, such as interview questions, a medical questionnaire and disclosure and barring checks (DBS). Right to work checks were in place along with proof of ID and address.</p> <p>New staff were supported with an induction, through the induction booklet. This was mapped to the care certificate and the in-house training programme. Staff were supported with observations of care practices work exercises to demonstrate competency and understanding of their role. Although there were no recent new members of staff, there was evidence that the most recent had completed their induction.</p> <p>For bank staff who worked in the home for extra support, there was a separate mini induction into the home which included the reading of the individual support plan, and local procedures within the home.</p> <p>There was an ongoing training programme. This was primarily online through the training provider Your-Hippo, with some face-to-face training including Proact Scipr.</p>

Key Question	Applicable Regulations	Quality Statements and Comments
		<p>Mandatory training included 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, and manual handling.</p> <p>Required training included End of Life, Sepsis, Diabetes Duty of Candour, Duty of Care, IDDSI, Epilepsy Mental Health, Nutrition, and Oral Health.</p> <p>Staff were up to date with their training requirements.</p> <p>Supervisions were happening every three months, and these were on a face-to-face basis. There were a range of discussion points which gave staff the opportunity to discuss their own work performance, relationships with colleagues, people who were being supported, and any learning and development, for example. It was noted that although actions were discussed at supervision, these were not fed into an action plan at the end of the supervision and reviewed at the next meeting, this would be worth considering. (SR 9)</p> <p>Staff meetings were held, and discussions were around people who were being supported, the CQC audit, when an inspector calls, incidents, training, MDT, feedback from Operations manager and staff wellbeing. However, there tended to be a lack of detail around the actual discussion points, and it would be useful to expand on these, and record more detail so staff who are not present at meetings are able to read the minutes and understand the context. (SR 10)</p> <p>Infection prevention and control - Score 3</p> <p>Staff completed training in infection control, both during induction and on annual basis. Records showed that staff training in infection control was up to date.</p> <p>There was a CoSHH register in place with a risk assessment for individual products.</p>

Key Question	Applicable Regulations	Quality Statements and Comments
		<p>There were cleaning schedules in place for the general environment and the kitchen. All areas of the home were seen to be clean.</p> <p>Medicines optimisation – Score 3</p> <p>People were supported appropriately with their medicines.</p> <p>People had an individual medication file which included their profile, temperature records, changes to medicines, medication administration record (MAR) charts, a pain profile, easy read medication guide, as and when needed medicine (PRN) protocols, body maps, medication stock monitoring, consent forms and home leave records.</p> <p>Where people had an easy read medication profile in place, these did not always correspond with the current medication prescribed. (SR 11)</p> <p>Pain profiles were in place but were not always completed in in the medication profile records. (SR 12) There was, however, a pain pictorial guide in Blyssful and in the medication record</p> <p>A check against medicines administered found that these had been administered accurately. It was noted that on one day the morning medications were recorded as an ‘O’, which is other. Although it was established that this was where medication had been missed as a result of miscommunication and a hospital appointment, there was no reference on the MAR or back of the Mar charts as to what ‘O’ meant. (SR 13)</p> <p>PRN (as and when medicines) protocols were seen and these included the medication details, reasons for use, signs, and symptoms to be managed, alternative suggestions, conditions to administer, when medical advice should be sought any side effects and actions taken after. Reasons for administration were recorded on the MAR charts.</p> <p>There were systems in place for collecting, recording and disposal of medicines.</p>

Key Question	Applicable Regulations	Quality Statements and Comments
		<p>There was a dedicated clinical room, and temperatures were taken daily.</p> <p>Evidence was seen of medication competencies. This was a mixture of knowledge and practical assessment, with staff being assessed to ensure that they were competent to administer medication.</p> <ul style="list-style-type: none"> • This service scored 71 (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’ 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 care needs were assessed. Staff involved people and their representatives in assessment of needs. Staff assessed people’s needs and reviewed them regularly.</p> <p>People were supported with ongoing reviews and assessments, and evidence was seen that information was updated when there were changes in need.</p> <p>Delivering evidence-based care and treatment – Score 3</p> <p>There were internal specialist practitioners who supported the service. This included the Positive Behavioural Specialist (PBS) practitioner, speech and language therapist (SALT) and occupational therapist (OT). They supported with various aspects including assessments and involvement in care planning.</p> <p>The SALT team supported people that had any risks associated with dysphagia or choking, they provided staff with information on the level of food and fluid modification, positioning, and any particular risks.</p> <p>People had a Medical and Health support plan, these contained information relating to individual health and medical care needs. Those viewed contained detailed information on how to support people with different health care needs, such as catheter care, risks of constipation and individual medical conditions.</p> <p>Where people had epilepsy or diabetes, information within risk assessments or care plans was in place which identified the risks and how to support.</p> <p>How staff, teams and services work together – Score 3</p> <p>The service collaborated with other professionals, both internally and externally. There was an internal specialist team who provided support including the PBS, and SALT specialists.</p> <p>Referrals were made, and staff collaborated with these professionals to implement recommendations and changes to how people were supported.</p> <p>Supporting people to live healthier lives – Score 3</p>

Key Question	Regulations	Quality Statements and Comments
		<p>People were supported to live healthier lives. Individual health care needs were well met. There was good evidence to demonstrate that people were supported to access health care professionals and appointments as required. Support was provided through internal and external support. This enabled individual health to be monitored.</p> <p>People were supported with an annual health check, and regular reviews of medication through the STOMP (Stopping Over Medication of People with a learning disability, autism or both with Psychotropic Medicines) process, along with within anti-psychotic medicines reviews. Where people were diagnosed with diabetes, they were supported with an annual review and the HbA1c test.</p> <p>The internal SALT (Speech and Language Therapy) had recently re-assessed three people to ensure that their needs had not changed in relation to the modification of meals.</p> <p>Where one person had a shellfish allergy, there was information in the care plan and risk assessments on how to manage this.</p> <p>Hospital passports were seen in place. This is a document which goes with the service user when they attend the hospital. Information included within this passport supports the hospital staff to be aware of the most pertinent things they needed to know about the person, which included any risks.</p> <p>People were encouraged and supported to maintain healthy diets.</p> <p>Monitoring and improving outcomes – Score 2</p> <p>There were systems in place within the Blyssful care planning system to monitor the care and support provided to people. Alongside the care notes, there were systems for monitoring bowel care, oral care, activities, and observations checks including hourly night-time checks.</p>

Key Question	Regulations	Quality Statements and Comments
		<p>Some of the monitoring records were better than others. There were inconsistencies in relation to supporting with oral care, for example. Where people were to be supported twice a day with oral care, this was not being consistently recorded. (ER 1)</p> <p>Bowel charts again were intermittent. Where people were at risk of constipation, records sometimes recorded that they had been supported and at other times, these were not recorded. Where people were identified as being self-managing and needing no support to monitor bowels, again these were sometimes recorded and at other times not. (ER 2)</p> <p>Hourly night checks were seen to be completed in line with individual care plans.</p> <p>Alongside the regular monitoring checks, monthly health checks were carried out. A review of the last three months of monthly health checks for four people evidenced that these were being carried out on a regular basis. However, at times there was a lack of information within the monthly health check, with a lack of evidence of how the individual areas had been checked. For example, some areas of the monthly health checks routinely recorded '<i>no comments</i>' or '<i>no abnormalities</i>' or '<i>yes</i>' for example. Although, this was not recorded by all staff, there was a pattern and staff do need to ensure that they record an accurate review of the individual monthly health. (ER 3)</p> <p>Consent to care and treatment – Score 3</p> <p>The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.</p>

Key Question	Regulations	Quality Statements and Comments
		<p>Individual and decision specific MCA assessments were in place. Assessments included medication, activities and free structured time, communication, personal care, diet and nutrition, catheter care, personal care, and finances, for example.</p> <p>The service was working within the five key principles of the MCA. And there was evidence within the assessments that people were supported to understand the information being presented through different ways of communication such as social stories, Makaton and pictures. This helped people to understand the decision which was being discussed.</p> <p>However, within the content of the MCA under the assessment of capacity, there tended to be a lack of detail with comments such as '<i>X is unable to understand relevant to the decision</i>', or '<i>X is unable to retain the information.</i>' There was no detail of the actual conversation, or a record of how the information was presented. This area of the MCA assessments would benefit from containing more detail on how the individual assessments were progressed, with a record of how the person was not able to understand the information. (ER 4)</p> <p>Best interest decisions were clearly recorded with reasons why the decisions were made in the person's best interest, risks of not taking the decision, consideration of all circumstances and why the decision was the least restrictive in the person's best interest.</p> <p>Support plans were in place for support with MCA, although these did not tend to identify where people lacked capacity to make specific decisions, and it would be useful to add reference to this within the support plan. (ER 5)</p> <p>Staff were trained in the requirements of the MCA and knew the importance of applying this in practice when supporting people. One member of staff described how they asked people about the support they wanted and always made sure that they gained their consent and involved them in making decisions. Observations showed staff asking people for consent and offering them choices in all aspects of their lives as they supported them.</p>

Key Question	Regulations	Quality Statements and Comments
		<p>Restrictions were minimised within the service, the only areas which were routinely locked within the service were the kitchen and laundry areas, and this was for reasons of safety. Observations showed that people could access these areas with staff support as they wanted.</p> <p>People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).</p> <p>Applications had been made where people were subject to limitations on their freedoms under the deprivation of liberty safeguards (DoLS). These were monitored for progress.</p> <ul style="list-style-type: none"> • This service scored 70 (out of 100) for this area.
<p>SRG RATING: Good</p> <p>This service maximised the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.</p> <p>“Characteristics of services the CQC would rate as ‘Good’ People and communities have the best possible outcomes because their needs are assessed. Their care, support and treatment reflect these needs and any protected equality characteristics. Services work in harmony, with people at the centre of their care. Leaders instil a culture of improvement, where understanding current outcomes and exploring best practice is part of everyday work”.</p>		

Key Question	Regulations	Quality Statements and Comments
Caring	<p>Regulation 9: Person-centred Care</p> <p>Regulation 10: Dignity and Respect</p>	<p>Kindness, compassion and dignity – Score 3</p> <p>Overall staff treated people with dignity and respect.</p> <p>Observations showed that staff worked well with the people they were supporting. They provided unobtrusive care and support by supporting people in a dignified manner. Staff spoke positively of how they supported people and were able to explain individual needs.</p> <p>One person was waiting for a taxi to go to a medical appointment; staff sat with them and reassured them about their appointment to ensure that they were not anxious and explained again why they were going and that it was to help them. This was visibly seen to reassure the person, who became more relaxed.</p> <p>Treating people as individuals – Score 3</p> <p>Staff treated people as individuals and considered individual preferences. There were details within the support plans about individual likes, dislikes and preferences. This helped staff to know and understand people.</p> <p>People were supported to get involved with preparing meals, menu planning, and planning activities through regular meetings.</p> <p>Support plans were individualised to the person with details of the individual support needed.</p> <p>Independence, choice and control – Score 3</p> <p>People were supported to make choices about how they spent their time and had opportunities to take part in different activities. These included leisure activities and going out and about and support with household activities.</p>

Key Question	Regulations	Quality Statements and Comments
		<p>People were supported with maintaining daily living skills, such as preparing snacks or clearing away plates and cutlery. When people were doing general tasks in the kitchen, staff stayed with them to offer support without rushing them.</p> <p>People could choose how they wanted to spend their time. For example, one person wanted to watch the football and staff arranged for the highlights to be put on the T.V. for them. Another person preferred to spend their time in their room, and staff accommodated this.</p> <p>Two people said they could choose what they wanted to do.</p> <p>Responding to people's immediate needs – Score 2</p> <p>One staff member was helping one person with their lunch time meal. However, the person was reluctant to eat some of their meal. The staff member was rushing the person and was concentrating on them eating their meal. When the person said, no, they continued to give them another spoonful and did not always wait for them to finish their last mouthful. In addition, they were not sitting with the person, but standing next to them, rather than being at their level. (CR 1)</p> <p>Behaviours of concern records showed how staff responded and supported people during such incidents. Staff were responsive to individual needs. They recognised when people were unsettled and distressed and supported them in a sensitive and responsive manner.</p> <p>Communication tools were used to help people identify to staff support needs.</p> <p>Workforce wellbeing and enablement – Score 3</p> <p>Staff well-being was considered. Staff spoken with said they were aware of the support staff support systems in place.</p> <p>There was an employee assistance programme in place, which included occupational health, and access to confidential mental health support for staff.</p>

Key Question	Regulations	Quality Statements and Comments
		<p>Above and beyond nominations were in place for staff who have gone the extra mile to support people to help recognise where staff had achieved good outcomes for people.</p> <p>Adjustments were made to help balance individual work and home life. Staff reported that the management team worked with them to make these adjustments.</p> <p>There was an open-door policy, and staff said the management team was supportive.</p> <ul style="list-style-type: none"> This service scored 70 (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>Support plans were written sensitively. They were recorded in a fashion that promoted a person-centred approach which considered the individuality of the person, their capabilities, and how they liked to be supported.</p> <p>Support plans included social relationships and networking, personal care, personal relationships, sensory needs, activities and community access, culture, religion and end of life, family, medical and health care, diet and nutrition, and communication.</p> <p>Consideration was given to how people spent their day, and their time and staff listened to what people had to say. People were able to make choices and observations showed that staff knew people well. Staff were able to explain how they gave people choices and involved them in their care.</p> <p>There was a relaxed atmosphere during the visit and staff and people using the service were comfortable in each other presence.</p> <p>Appropriate staffing enabled people to be supported in the way they wanted to be supported. Routines were flexible so people were supported with personal care, meal preparation and assistance with daily living at times that met with their needs.</p> <p>Care provision, integration, and continuity – Score 3</p> <p>Staff worked with health and social care professionals to promote outcomes for people. Reviews of care was undertaken.</p> <p>People were supported to access health care professionals as needed and as identified throughout this report.</p> <p>Providing information – Score 3</p>

Key Question	Regulations	Quality Statements and Comments
		<p>There was a large white board outside the main communal areas, this recorded people's names, and activities for the day. It was poorly maintained and generally not well presented. This needs to be reviewed. (RR 1)</p> <p>Communication passports were in place. These included information about the person, what they did and did not like, how they communicated and how to communicate with them and tools to use. There were a range of communication tools in place including Makaton, easy read and social stories to help people communicate with staff.</p> <p>Listening to and involving people – Score 3</p> <p>People could choose what they wanted at lunchtime and when they wanted to eat. People were supported to help to make different meals and snacks.</p> <p>Where one person had been out on an appointment, they to have a take-away at lunch time, which staff went and got for them.</p> <p>One person was actively involved in the running of the home and took part in different activities such as helping staff out with the kitchen checks. They had been given their own 'staff' name badge.</p> <p>People were supported with key workers. Key workers were allocated as the lead support worker for an individual person and supported them with reviews, practical matters, and emotional support.</p> <p>Keyworkers met with people on a monthly basis and discussed support provided in relation to individual health, achievements, goals, meals, things that had gone well, activities, if anything was troubling the person and if there were any actions identified. Records showed that key workers discussed the different areas with people, although when considering any actions to follow up, staff tended to record either 'no' or 'not applicable', rather than following up on areas discussed within the meeting. (RR 2)</p> <p>Regular house meetings took place, where people had opportunities to discuss events and activities, and plan meals.</p>

Key Question	Regulations	Quality Statements and Comments
		<p>Equity in access – Score 3</p> <p>People could access care, treatment, and support when they needed to and in a way that worked for them. Staff made referrals to other professionals to support people to ensure that their individual needs were met.</p> <p>People were not disadvantaged by staffing levels and were supported to access the community as they chose.</p> <p>Equity in experiences and outcomes – Score 3</p> <p>Support plans were personalised based on people’s preferences and choices.</p> <p>People were supported to access a range of activities and pastimes. People were having more opportunities to go out and about and staff understood what people liked to do. People joined in different activities including music therapy, cycling, tenpin bowling, going out for walks and trips to different locations. People enjoyed watching planes and on one day a trip was arranged to go to Heathrow to watch these.</p> <p>One person enjoyed knitting, and one person had a voluntary placement at a local zoo, which they attended regularly and enjoyed.</p> <p>Goals still needed further development, although staff were able to talk about individual goals, these did not always reflect what was in the support plan. For example, one person had a goal to volunteer at a local hairdresser, but this was not included in the support plan. (RR 3)</p> <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. However, consideration was given to end of life matters and where people wanted to discuss this, it was included in their care planning.</p> <p>Family input had been sought in relation to end-of-life planning. Where families had felt able to participate, this information was included in the support plan.</p>

Key Question	Regulations	Quality Statements and Comments
		<p>Although for one person, the risk assessment stated that there was an end-of-life plan, but none was available. (RR 4)</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>The culture at the service was positive. Staff understood their main role was to support people to have positive experiences. Throughout the visit observations showed that people were happy and relaxed when being supported by the staff team, who supported people to make choices about how they wanted to spend their day.</p> <p>People were at the centre of service and staff supported people to make decisions in relation to the control of their care and support. Staff were proactive in providing ways for people to be involved.</p> <p>It has been noted that CQC have recently been identifying that if areas such as visions and values and strategic goals are not discussed at staff meetings, this does not promote a well-led approach as staff are not being supported to be aware of these. It would be good practice to include this as a standing agenda item for staff meetings. (WR 1)</p> <p>Capable, compassionate and inclusive leaders – Score 3</p> <p>Staff were positive about the management of the home and said they that they always had time for them. Staff said the Registered Manager and the Deputy Manager were actively involved in supporting people and were always available to provide support.</p> <p>One member of staff said that the manager was supportive and took time to listen to staff.</p> <p>There was an open and transparent culture which acted on concerns raised and protected people in line with safeguarding and whistleblowing procedures.</p> <p>There was an aim to promote more independence for people using the service and involve them more in the community through going out and about on a more regular basis.</p> <p>Staff champions had been put into place. These included staff taking responsibility for a lead role in areas such as activities, health and safety, the kitchen, laundry and medication. As yet this was still under</p>

Key Question	Regulations	Quality Statements and Comments
		<p>development, and it would be useful to provide a job role and description for these to ensure that staff were aware of their responsibilities for these roles. (WR 2)</p> <p>Freedom to speak up – Score 3</p> <p>Staff were supported to be able to give their views and contribute to the running of the service. Teamwork was being promoted with discussions at team meetings, with regular meetings taking place. Staff could also contribute their ideas through supervisions.</p> <p>Communication books and handover procedures were in place to help staff share information.</p> <p>A staff survey was in progress, which again gave opportunities for staff to be involved and have their say.</p> <p>There was a staff champion who spoke up on behalf of staff at the service.</p> <p>Staff reported that they felt listened to and their opinions mattered.</p> <p>Workforce equality, diversity and inclusion – Score 3</p> <p>An equality and diversity policy was in place and staff had been trained in this area.</p> <p>Systems were in place for flexible working arrangements as shift plans showed staff were able to work flexibly.</p> <p>Consideration was given to individual cultural or religious requirements.</p> <p>Governance, management and sustainability – Score 3</p> <p>Audits and checks were completed on a weekly, monthly and quarterly basis. These identified areas of improvements, with actions made to address any identified areas of improvement. These had been completed in line with the provider’s schedule and frequency.</p> <p>Quality audits and checks included:</p>

Key Question	Regulations	Quality Statements and Comments
		<ul style="list-style-type: none"> ➤ Manager Walk Around Audit. Last completed on 22nd July with a score of 100% ➤ Weekly Medication Shift Leader Audit. Last completed on 16th July with a score of 100% ➤ Managers Monthly Medication. Last completed on 14th July with a score of 88%. There had been a gradual improvement in the findings of the medication audit. In April the findings had resulted in a score of requires improvement, since this audit there had been an improvement, and the current findings were good. There were three areas of improvement, two of which had been completed and one which was still in progress as this was for new cabinets to be purchased for people's bedrooms, and these were on order. There was evidence of compliance with photographs uploaded. ➤ Health and Safety Monthly Audit. Last completed on 18th July with a score of 92%. ➤ Out of Hours Check. Last completed on 16th July with a score of 100%. ➤ Finance Audit. Last completed on 10th July with a score of 89%. Remedial actions were in place. ➤ Manager's Quarterly Support Plans and Risk Assessments. Last completed on 19th June with a score of 90%. This included actions to ensure that discussions were held with staff in team meetings and with key workers in relation to reading the support plans. The action identified that this was discussed in a team meeting for 23rd June 2025. A review of the meeting minutes identified that this had taken place. ➤ Vehicle Maintenance Audit. Last completed on 13th July with a score of 100%. ➤ Operations managers visit. Last completed 13th May with a score of 90%. Remedial actions had been put in place. ➤ Quarterly Medication Operations Manager Audit. Last completed 10th March with a score of 55%. Actions had been made and the action plan identified these as being completed. ➤ When an inspector calls. This was completed weekly but not scored and checked whether staff had an understanding around key areas of safety, of the person they support and aspects of their work such as

Key Question	Regulations	Quality Statements and Comments
		<p>training and supervision. Those viewed were seen to have been completed with staff being aware of different areas such as safeguarding and MCA requirements.</p> <p>Oversight was maintained by the provider through a trends and monitoring analysis (Tami). This collated information from the different systems including Radar, Blyssful, the training department and the quality team and reviewed key areas of staffing, auditing, people who were supported, events and assurance. Willow Court was currently at 89% compliance within these areas.</p> <p>Partnerships and communities – Score 3</p> <p>The service had a good relationship with another Liaise service located within the vicinity. Systems were in place to ensure people had support from health and social professionals when required. The Registered Manager and staff said they worked in partnership with health and social professionals to ensure people's needs were consistently met.</p> <p>Records showed how the home worked in partnership with social and health professionals to ensure people received safe and effective support. There was evidence that reviews took place to ensure people's support needs were met.</p> <p>Learning, improving and innovation – Score 3</p> <p>There were processes in place to promote learning. The Registered Manager reported that there were manager workshops where reviews were undertaken with the quality team, such as a health charter and reviewing of processes so there was a uniform approach within the service.</p> <p>Meetings at different levels for the management senior management team were happening, which helped to share learning and improvements.</p> <p>Through reviews of accidents and incidents and debriefs, service level learning was in place.</p> <p>The Radar action plan monitored actions from internal and external audits.</p>

Key Question	Regulations	Quality Statements and Comments
		<p>Environmental sustainability – sustainable development – Score 3</p> <p>One of the service users had recently become the environmental champion and was responsible for recycling within the home. New bins had been purchased so recycling could be completed responsibly.</p> <p>Efforts were made to reduce the use of paper through reducing the use of printing as much as possible. Electronic programmes also helped to reduce paper.</p> <ul style="list-style-type: none"> This service scored 75 (out of 100) for this area.

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.

“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”.

ACTION PLAN:

CQC Key Question - SAFE							
By safe, we mean people are protected from abuse and avoidable harm.							
Reference Point	Recommendation Made	Action to be taken	Who By	Date to Complete by	Evidence of Completion	RAG Status	Comment
SR1	Ensure that any incidents are recorded appropriately with follow up actions.						

CQC Key Question - SAFE

By safe, we mean people are protected from abuse and avoidable harm.

SR2	Ensure that recent risks of absconding are included in the relevant risk assessment.						
SR3	Include the initials of people and staff who have taken part in the fire drill.						
SR4	Ensure that all water temperatures are taken on a weekly basis, not just those for people who are having a bath or a shower.						
SR5	Fix the radiator in the communal area and make safe						
SR6	Ensure that the air conditioner unit in the medication room is fixed.						
SR7	Ensure that there were employment histories in place for all staff.						
SR8	Ensure that appropriate references are in place						
SR9	Include action points at the end of individual supervisions which can be reviewed at the next meeting						
SR10	Include more detail in the staff meeting minutes						

CQC Key Question - SAFE

By safe, we mean people are protected from abuse and avoidable harm.

SR11	Ensure that easy read medication profiles contain an up-to-date list of current medication.						
SR12	Ensure that medication pain profiles are completed						
SR13	Ensure that where 'O' is recorded on the MAR charts, there is an explanation as to what 'O' represents.						

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
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ER1	Ensure staff record when oral care is provided or identify when refused.						
ER2	Consistency to be promoted where recording individual bowel care.						
ER3	Ensure that staff record an accurate review if individual monthly health rather than statements such as 'no comments', 'no abnormalities', or 'yes'.						
ER4	Include more information within the capacity test of the MCA assessments to evidence how individual people do not have capacity in relation to the decision						
ER5	Include reference in the MCA support plans to where people lack capacity to make specific decisions.						

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	When supporting people to eat their meals, ensure that people are given the time they need.						

CQC Key Question - RESPONSIVE

By responsive, we mean that services are organised so that they meet people's needs.

Reference Point	Recommendation Made	Action to be taken	Who By	Date to Complete by	Evidence of Completion	RAG Status	Comment
RR1	<i>Review the white board to ensure that it is more user friendly</i>						

RR2	<i>Staff to ensure that they record any actions needed as a follow up to areas identified within the key worker meetings.</i>						
RR3	<i>Review goals and ensure they are reflective in the care plans.</i>						
RR4	<i>Ensure where identified that end-of-life plans are in place.</i>						

CQC Key Question - WELL-LED

By well-led, we mean that the leadership, management and governance of the organisation assures the delivery of high-quality and person-centered care, supports learning and innovation, and promotes an open and fair culture.

Reference Point	Recommendation Made	Action to be taken	Who By	Date to Complete by	Evidence of Completion	RAG Status	Comment
WR1	<i>Include a section on staff meetings to discuss visions and values and strategic goals for the service.</i>						

WR2	<i>Implement a job and role and description for the different champion roles</i>						
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