AUDIT REPORT

Cornfields

Date of Visit: 6th & 7th of October 2025

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Contents:

Service Name: Cornfields **Provider:** Liaise (South) Limited

Address of Service: 98 Roman Road, Basingstoke, RG23 8HD

Date of Last CQC Inspection: 24TH April 2018

Ratings

CQC's Overall Rating for this Service:	Good	
SRG's Overall Rating for this Service:	Good	

Key Questions	Rating	Overall Score
Safe	Good 	71 (out of 100)
Effective	Good 	70 (out of 100)
Caring	Good 	85 (out of 100)
Responsive	Good 	82 (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 6th & 7th October 2025. The purpose of this review was to highlight in a purely advisory capacity, any areas of the service operation which should or could be addressed in order to improve the provision and recording of care and increase overall efficiency and compliance with CQC Standards and Regulatory Requirements.

TYPE OF INSPECTION

Comprehensive inspections take an in-depth and holistic view across the whole service. Inspectors look at all five key questions and the quality statements to consider if the service is safe, effective, caring, responsive and well-led. We give a rating of outstanding, good, requires improvement or inadequate for each key question, as well as an overall rating for the service.

METHODOLOGY

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

OUR VIEW OF THE SERVICE

The service is a residential care home providing accommodation and personal care for adults. People expressed feeling safe, and staff demonstrated a clear understanding of managing risks effectively. Managers investigated incidents thoroughly, taking appropriate actions to mitigate future risks. While the home was generally clean, refurbishment and redecoration were due to take place by the end of the year. Equipment was well-maintained and met the needs of the people living in the home.

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

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

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

PEOPLE'S EXPERIENCE OF THIS SERVICE

People and their relatives expressed positivity about the quality of care provided. They felt safe and actively involved in planning their care. Individuals were supported to make their own choices and were encouraged to maintain their independence wherever possible. Feedback evidenced that individuals felt happy and safe in the home and stated *"I get to make choices."*

Both people and their relatives noted that the staff were kind, respectful, and upheld their dignity. One person shared, *"Everyone here is nice and kind to me here"* A variety of activities are available inside and outside the home and individuals choose to take part or fully participate as they feel like. Food is cooked fresh with a variety of choices and healthy options.

For people unable to directly share their experiences, observations during the assessment were used to evaluate the quality of care. On the first day, staff sought consent before providing support and were consistently engaging in communication and ensuring they were happy with the care provided.

Both people and their relatives described the staff as caring and attentive. One person stated, *"The staff are caring and very good."*

Visiting professionals also shared positive feedback about the staff team and the support they delivered, "it is a happy home, very welcoming, I feel I am part of the team

DISCLAIMER

The matters raised in this report are only those that came to the attention of the reviewer during this visit. The work undertaken is advisory in nature and should not be relied upon wholly or in isolation for assurance about CQC compliance.

RATINGS

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

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

Outstanding – The service is performing exceptionally well.

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

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

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

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

Key Question	Applicable Regulations	Quality Statements and Comments
Safe	**Regulation 12: Safe Care and Treatment** **Regulation 13: Safeguarding Service Users from Abuse and Improper Treatment** **Regulation 17: Good Governance** **Regulation 18: Staffing** **Regulation 19: Fit and Proper persons employed** **Regulation 20: Duty of Candour** **Regulation 15: Premises and Equipment**	**Learning culture –** Score 3 Accident and Incident logs are in place in the service. Robust systems are in place to support learning from when things went wrong. Action was taken and improvements put in place to reduce the risk of reoccurrence. Accident and incident records are logged on RADAR. The Registered Manger is notified of any accident/incidents logged and reads through to then take any actions required and notifications. Records evidenced body maps being completed and relatives being notified. Records evidenced staff reflection is sought for any learning and evidenced PBS plan information being followed to support with behaviours and incident reduction. Accidents and incidents were analysed to identify themes and patterns. Notifications to Local Authority Safeguarding teams and CQC were evidenced. There is a three hour quality meeting that takes place once a month for all Managers and the Quality Lead, all incidents recorded on RADAR are gone through to identify any learning to improve future recording or actions taken. This meeting was taking place during the Inspection. A complaints and compliments log is kept. No complaints have been received in the last 12 months. **Safe systems, pathways and transitions –** Score 3 The provider worked with people and healthcare partners to establish and maintain safe systems of care, in which safety was managed or monitored. They made sure there was continuity of care, including when people moved between different services. Communication and behaviour information are put into hospital passport and PEEP information on records.

Key Question	Applicable Regulations	Quality Statements and Comments
		Continuity of care for people was maintained through ensuring staff support teams had access to all appropriate information about people's needs. All individual information was held on electronic records accessed by all workers on mobile devices. When people moved into the service, this was managed safely with transitions being as short or lengthy as required dependent on the individual. Initial assessments were undertaken with the individual to ensure the provider was aware of people's needs prior to them moving in the service. Detailed care plans were created from information gathered at the assessment for care and support to be in place and provided safely. **Safeguarding –** Score 3 Staff training for safeguarding is in place, staff spoken to were knowledgeable on safeguarding and whistleblowing. Evidence was seen of safeguarding reporting and internal investigations taking place. DoLS applications were in place, tracked and best interest meeting information was uploaded to the individuals' records. Staff spoken to were knowledgeable on Mental Capacity Act, assessments and Deprivation of Liberty safeguards. **Involving people to manage risks –** Score 3 Family members or those who know the individual best are involved in risk assessments and care planning.

Key Question	Applicable Regulations	Quality Statements and Comments
		Evidence was seen within the files of individuals of how the service works with individuals to create a care plan to enable them to live as independent life as possible, supporting outings and activities in the safest way without restricting individuals. Personal profiles and support plans detailed what is important to the individual and anything that gives comfort, joy or makes them feel safe. Continual promotion of independence and increasing communication by trying small changes was evidenced. A Positive Behaviour Support colleague supports to create individualised PBS plans, and a bimonthly specialist support tracker meeting takes place to review behavioural incidents, identify triggers and review restrictive support plans and review any training needs for the team. The service worked well with people to fully understand and manage risks by thinking holistically. Records evidenced partnership working with other healthcare professionals such as GPs, Occupational Therapists, Osteopaths, Dentists, Psychiatrists, Dieticians to reduce their level of risk and regain greater independence. Complementary therapies to support wellbeing were explored as well as health and medical care. The provider assessed risks well to ensure people were safe. Risks in relation to people's health and wellbeing were assessed and measures put in place to reduce any risk of harm. **Safe environments –** Score 3 Current work was taking place external to the main property during inspection, access down to the large garden at the back was restricted and clearly signed not to enter, due to a previous structure being demolished and a new building being built. A patio area was still available for use. Evidence was seen of refurbishment/redecoration due to take place this quarter in the service, the kitchen, bathroom, whole redecoration throughout, including the conservatory area that had a Perspex roof that had been painted with a product to help with the glare from the sunlight that unfortunately looked extremely dirty and unpleasant when looking up. CoSHH was safe and cupboard secure.

Key Question	Applicable Regulations	Quality Statements and Comments
		Planned preventative maintenance checks are logged on Radar, weekly checks were evidenced such as probe thermometer and outlet flushing records and monthly checks such as emergency lighting, first aid box, water temperature checks, fire drills with lessons learned section included. A fire drill took place during the Inspection. A record for pest control was identified as missing during the Inspection. The Registered Manager contacted the contractor immediately and confirmed the file had been taken in error and confirmed dates attended, also that worker has been on site during the Inspection however did not enter manager office. Choking awareness and first aid for choking guide is on the wall in dining room for ease of reference. An emergency response plan was in place. **Safe and effective staffing –** Score 2 Staff files seen evidenced safe recruitment process, DBS checks take place and references are obtained. Staff training records show all staff are up to date in mandatory training. Staff shortages are covered usually by bank staff, the current recruitment shortages meant that recent shifts were covered by an agency staff member, there was no profile sheet for this worker to ensure safe recruitment. **(SR1)** A competency assessment for a new to the service bank staff member for Buccal Midazolam took place during the Inspection. It was a fantastic role play example of how an individual can present during seizure by the Deputy Manager and the staff member experience was evident in physical demonstration of giving medication, talking through the administration and importance of following the individuals' protocols being detailed and thorough.

Key Question	Applicable Regulations	Quality Statements and Comments
		Supervision and appraisal were in place. Supervision records shown that records were not factually correct in one instance, this was discussed with Registered and Deputy Manager. **(SR2)** **Infection prevention and control –** Score 3 PPE was available throughout the home. PPE is available for staff to use. Staff were given training in health and safety, infection prevention control, fluid and nutrition. Fridges, freezers, cooking equipment and dry storage cupboards were clean, tidy and temperatures were checked daily with opening and closing checks in place. Food within fridges had opened and use by labels in place. Cleaning schedules were evidenced. **Medicines optimisation –** Score 3 Medication observed as safe practice. Medication was stored safely in locked cupboards accessed via keysafe. Each individual had a shelf each for medication and identified with their name and photograph. The Integro system is used where medication blister packs have the individuals photograph and packs are coloured with clear description of medication in the pack. Individuals had medication folders with profiles within advising on the preference of taking medication. Medication audits by the operations manager were evidenced as taking place quarterly with actions such as medication hadn't been recorded correctly on Blysful, this information was evidenced as shared with the team through the communications book. Medication is reviewed. A separate cabinet is used for the storage of creams. Staff were knowledgeable of actions to take when errors are identified and the safe management of PRN medication.

Key Question	Applicable Regulations	Quality Statements and Comments
		• This service scored 71 (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' 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".

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**	**Assessing needs –** Score 3 A referral received to service triggers an assessment of individuals needs and outcomes prior to entering the service. In the event of the Registered Manager being on leave the Operations Manager undertakes the home assessment with the applicant. Evidence was recorded of assessment of peoples health, care, wellbeing and communication needs. All individuals have a support plan on Blysful system, which includes, care needs, any risk associated with support and actions for staff to take to support effectively, what and who is important, communication, detailing past and present relevant information. Records highlight any DNAR information. Conversations around any treatment and end of life plans are discussed with individuals/appropriate relatives, attempts to have discussions are recorded. A formal review takes place 6 weeks after entering the service and ongoing regular reviews were evidenced on records, the last review date and next due date were seen on the system to evidence continued review of support plans and associated risk assessments and actions. A list of previous review dates and whether changes were made or not at that review are also recorded. Keyworkers were allocated to individuals and held monthly keyworker meetings. **Delivering evidence-based care and treatment –** Score 3 Evidenced based assessments were in place which included SALT, Osteopath, oral care, MUST, constipation assessment, mobility and falls risk assessment, choking and nutritional assessments. This helped to ensure that people were assessed appropriately. Staff recording evidenced consent being obtained, care that was being delivered in line with assessed needs and detail of wellbeing, activities offered and taken part in and how much joy or engagement within the activity, as noted above ongoing work is taking place to ensure detailed recordings are taking place. **How staff, teams and services work together –** Score 3

Key Question	Regulations	Quality Statements and Comments
		Handovers are recorded on the Blysful system, messages highlighted in a staff communication book and in person handovers take place between shifts. The service collaborated with other professionals. There was evidence that assessments were obtained from other professionals when people start using the service and advice sought from relevant professionals as ongoing. **Supporting people to live healthier lives –** Score 3 The menu was reviewed and updated, it is currently being update again by the Registered Manager to include information such as which vegetables or salad are regularly offered and eaten with main meals. GP had been contacted for advice/appointments. On the Blysful system where photos had been uploaded as sent to GP for GP being contacted for advice/appointments, this was evidenced as shared with the team through the communications book records of the same date. Night checks were evidenced as taking place hourly to support one individual with their health needs throughout the night. Health checks are undertaken monthly, oral hygiene checks were in place, actions were recorded on the system of health professionals input being sought. Social stories are created to support in routine for attending health appointments, individuals unable to go to health appointments were supported to receive visits at the service. One in individual discussed with Registered Manager re previous success during covid testing, using the same method of preparation of vitals observations being taken prior to needing in emergency situation. **(ER1)**

Key Question	Regulations	Quality Statements and Comments
		Monitoring and improving outcomes – Score 2 Outcomes are recorded on Blysfull and reviewed. Lots of photos were seen of activities and events taking place, however the photos were not linked with any timelines of outcomes. For example, for one individual (arrived in March) a goal was set of trying life skills with Mencap, the individual tried and enjoyed, however, it did not work out due to the travelling involving walking at the time, whereas health is improved and travelling easier, this can now be reattempted and covers 2 outcomes combined of weight loss, healthy living with social community independence. None of this is recorded on system. **(ER2)** Social stories created for another individual to be able to manage anxiety as expecting visitors due to deliveries taking place and builders coming to do work were examples of support in achieving outcomes however were not linked to dates/stories/outcomes achieved in maintaining her mental health wellness from remaining calm, having information in advance. **(ER3)** **Consent to care and treatment –** Score 3 Consents are all evidenced as recorded on the Blyssful system. Staff spoken to were knowledgeable on MCA and DoLS and were observed obtaining consent throughout the duration of the Inspection. • This service scored 70 (out of 100) for this area.

Key Question	Regulations	Quality Statements and Comments
SRG RATING: GOOD- This service maximises the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them. **"Characteristics of services the CQC would rate as' Good' People and communities have the best possible outcomes because their needs are assessed. Their care, support and treatment reflects these needs and any protected equality characteristics. Services work in harmony, with people at the centre of their care. Leaders instil a culture of improvement, where understanding current outcomes and exploring best practice is part of everyday work".**		

Key Question	Regulations	Quality Statements and Comments
Caring	**Regulation 9: Person-centred Care** **Regulation 10: Dignity and Respect**	**Kindness, compassion and dignity –** Score 3 All staff were observed in treating people with kindness, compassion and dignity. Consent was sought before delivery of any support and choices confirmed. Trust and good rapport was evident during interactions observed. One individual stated, "everyone is nice and kind here". All staff at all levels were consistently friendly, kind and welcoming throughout the Inspection and were happy to communicate openly. **Treating people as individuals –** Score 3 Individuals were known well to staff and managers, and it was clear that everyone felt comfortable approaching each other. Behaviours and body language of individuals were well known to identify to staff where reassurance or space was required. 'Influencers' are individuals supported in different regions of the company that get together at Influencer meetings attend by the Operations Managers and Quality Team for bringing ideas and opinions on the services provided. **Independence, choice and control –** Score 3 Although structure was in place, choice and control remained with the individuals supported in what time to get up each day was the individuals preference, what activities to take place or not and changing decisions when they wanted to staff worked flexibly to support as and when required. Individual care plans and risk assessments were in place. Specific information is completed to ensure all information captured is relevant to the individual only. People's personal, cultural, social and religious needs are identified and understood. The Registered Manager, Deputy and shift leads are familiar of the care details and behaviours of each individual in the service.

Key Question	Regulations	Quality Statements and Comments
		Responding to people's immediate needs – Score 4 Managers and staff were seen as responsive when individuals asked for something or gestured something was needed. Independence is encouraged with the individuals supported where possible, in line with their support plans and risk assessments. They have choice as to how their support is to be provided and every effort is made to support a choice. Staff were seen supporting people to be independent at mealtimes encouraging to prepare and cook own meals. Activities being attended were the individuals' choice in a subject or activity they were interested in or made them happy taking part in **Workforce wellbeing and enablement –** Score 4 Regular supervision was evidenced as taking place and monthly team meetings. Staff are nominated for 'above and beyond' awards. Bank staff advised they receive the same benefits as permanent staff, Blue light cards are provided by the company and wage stream if you want it is available. Carefirst is a free confidential support line available for all staff 24/7, and referrals can be made to occupational health teams. At Christmas all staff receive a thank you card with an amazon voucher from the CEO of the company. The service has a 'house champion' staff are able to raise concerns, issues or pass on ideas through the champion direct to Operations Managers at Champions meetings.

Key Question	Regulations	Quality Statements and Comments
		All staff spoke of being happy working in the service and feeling like a family. • This service scored 85 (out of 100) for this area.

SRG RATING: GOOD - This service maximises the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

"Characteristics of services the CQC would rate as 'Good' People are always treated with kindness, empathy and compassion. They understand that they matter and that their experience of how they are treated and supported matters. Their privacy and dignity is respected. Every effort is made to take their wishes into account and respect their choices, to achieve the best possible outcomes for them. This includes supporting people to live as independently as possible."

Key Question	Regulations	Quality Statements and Comments
Responsive	**Regulation 9: Person Centred Care** **Regulation 17: Good Governance** **Regulation 16: Receiving and Acting on Complaints**	**Person-centred Care –** Score 2 The Registered Manager advised of already working on improving person centred recordings with the staff team and recent meetings noted the discussions on improvement to temperature recordings. Choices offered and preferences not always detailed, behaviours recording not always captured and keyworker meetings are not consistently detailed of choices, preferences, updates on outcomes. **(RR1)** Support plans were detailed and clearly identified the individuals choice for support and preferences in all aspects of daily life. Families and friends are able to visit the service at any time. Discussion with Registered Manager of one observation of an individuals choice of program being the potential preference of staff member not the 2 individuals in the lounge at the time, due to programme being in different language than the individuals being supported at the time. When the staff member was questioned, comment from one individual supported that they will be able to put their choice of music on soon. **(RR2)** **Care provision, integration, and continuity –** Score 3 People's care and treatment was delivered in a way so that their assessed needs from services were coordinated and responsive. There was evidence that people regularly accessed GP and other community health services. Feedback from professionals was not yet received, an external professional visiting during the Inspection commented "managers and staff always follow instructions given and are always asking what they can do more". PEEPs and hospital passports are in place for emergency situations. Family and friends are able to attend the home for visits and the home supports with group or separate spaces to use for individual celebrations and parties.

Key Question	Regulations	Quality Statements and Comments
		Providing information – Score 4 Pictoral communication aids are on walls, the weekly menu with food pictures are up on the wall with the current days meals highlighted with green outline to identify the meals of the day. Easy read guides are made for individuals for any process. Social stories are created for upcoming appointments or events, one individual had one created for joining in interviewing potential new staff, another individual had one created for the weekly sessions with the osteopath of what he does and the cost for this. Evidence was seen of regular emails to families with updates and if incidents have occurred. Registration information and ratings are displayed. **Listening to and involving people –** Score 3 Feedback requested via surveys to family in has not been received. **(RR3)** Previous survey responses were evidenced in a “you said we did” response where feedback noted; restrictions on going out due to limited vehicles and 9 seater vehicle had been acquired. People supported were not involved in interviewing new applicants, an easy read guide had been created so people supported were able to join in interviews. People were not involved in helping prepare meals, the menu was reviewed and each individual supported selected a day to choose the meal they wanted and were supported to go to the shops for ingredients and cook the meal.

Key Question	Regulations	Quality Statements and Comments
		Individuals supported within the home attend any team meeting the service has and their input is recorded within minutes. A staff survey went out in June 2025 however no responses received as yet. **(RR4)** An external professionals feedback survey was sent out in July 2025 however no responses received as yet. **(RR5)** Compliments received are recorded and feedback/thanks passed onto the staff team. There was 7 recorded compliments on the system from the last 12 months. **Equity in access –** Score 4 With the exception of garden space due to current building works, the premises were accessible for people living in the home, there was appropriate equipment in place for people using the service if needed. Staff advocated for people to ensure that they were supported to access care and treatment when they needed it. Home visits from professionals were encouraged if this was people's preference. People were also supported to attend appointments. All have access to activities and are supported separately individually or together dependent on individual preference. **Equity in experiences and outcomes –** Score 4 People were supported with various activities and pastimes, including games, going to discos, exercises, pampering sessions, one-on-one time, walks in the community, and visits to the shops/parks/cafés.

Key Question	Regulations	Quality Statements and Comments
		Staff involved people in their preferred types of activities arts and drawing, dancing, cooking in the home to pass the time and keep active. External activities of gardening, attending clubs, swimming and a wealth of trips out were taking place. The service works continuously to identify individual likes and get family input for ideas to try new experiences or support to gain further in independence in experiences. **Planning for the future –** Score 3 End of life discussions are attempted with individuals, if capacity is lacking family members are sought for end of life planning. DNACPR (Do not attempt cardiopulmonary resuscitation) records were noted on records and available should they be needed in the event of an emergency. Continuing planning for future needs/transitions as independence develops are discussed as required. • This service scored 82 (out of 100) for this area.
SRG RATING: GOOD- This service maximises the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them. **"Characteristics of services the CQC would rate as 'Good' People and communities are always at the centre of how care is planned and delivered. The health and care needs of people and communities are understood and they are actively involved in planning care that meets these needs. Care, support and treatment is easily accessible, including physical access. People can access care in ways that meet their personal circumstances and protected equality characteristics".**		

Key Question	Regulations	Quality Statements and Comments
Well led	**Regulation 17: Good Governance** **Regulation 5: Fit and Proper Persons Employed - Directors** **Regulation 7: Requirements Relating to Registered Managers** **Regulation 18: Staffing** **Regulation 20A: Requirement as to Display of Performance Assessments**	**Shared direction and culture –** Score 3 Staff spoke of a supportive working environment where they felt part of a family, having good communication and good culture within the service. The company vision and values are displayed on screen savers on laptops and displayed on wall prints. All staff spoken with felt they were part of a family and that people using the service were the focus, to continually make things better for them. There was an open and transparent culture. The management team understood their responsibilities to respond to accidents, incidents, or complaints. Relatives were kept informed of any accidents, incidents or behaviour changes that had occurred. The Manager and Deputy Manager had good rapport with individuals and staff members throughout the Inspection, the home was a calm, happy environment. **Capable, compassionate and inclusive leaders –** Score 3 The management team knew the service, people and staff well. The Registered Manager has many years' experience in the company and industry. The Deputy has a number of years' experience working as a support worker and senior within the home prior to becoming the Deputy Manager and spoke highly of their training an development into the Deputy role. The My Hippo system showed the Registered Managers own supervision was due in May and had not taken place. The Registered Manager advised Operations Managers are in touch via Teams and visits to the home and a Manager meeting online every week. There is a current support concern that is ongoing, the Registered Manager is having open discussion with Operations Managers to resolve. The Registered Manager spoke of good, valued peer support from the group of existing managers in the company.

Key Question	Regulations	Quality Statements and Comments
		The Registered Manager would like to be in involved in creating a menopause support process within the company from own personal experience. **(WL1)** Also has a goal for self-improvement on technology/applications used in the company. **Freedom to speak up –** Score 3 The Registered Manager advised of an open door policy, staff and individuals were seen approaching managers for chat or advice throughout inspection. One staff member stated, "Managers are all approachable, it is a lovely home". The service has a 'house champion' staff are able to raise concerns, issues or pass on ideas through the champion direct to Operations Managers at Champions meetings. Posters encouraging to speak up with a QR code to scan are up on notice boards. There were procedures in place support staff to voice their views. For example, there was a whistle blowing policy and staff knew how to escalate concerns. Staff spoken with said they would report any concerns. **Workforce equality, diversity and inclusion –** Score 3 Staff Completed equality and diversity training, the workforce is diverse, celebration days and awareness days are celebrated, evidence was seen of service activities such as trips out to cultural celebrations and all wearing green for LD Awareness Day. A monthly email with what awareness and cultural days are happening are sent out by head office so the service can plan celebration days, trips out for experiences in advance. Birthday days are celebrated, one individual supported told me about upcoming celebrations for birthdays and was making cards for birthdays during the Inspection.

Key Question	Regulations	Quality Statements and Comments
		Governance, management and sustainability – Score 3 The Registered Manager and Deputy had good oversight of the service. A manager walk round takes place twice a week and all daily, weekly, monthly audit checks in place have an oversight sign off by Registered Manager or Operations Manager. Unannounced night audits also take place monthly. Audits are also evidenced as undertaken by Senior Management teams. **Partnerships and communities –** Score 3 The Registered Manager advised the service has good relationships with the neighbouring service also under the same Registered Manager and individuals were requesting to pop over for a cup of tea throughout the Inspection. Some individuals attended Mencap, the service had good relationships with them and their weekly schedules are printed off so all in service know what is on to decide if to attend. Photographs were seen of regular trips to shops, bowling and local cafes. The management team collaborated positively with other services. They shared information with appropriate professionals to work together to promote partnership working and provide good outcomes for people. People's care records demonstrated how staff worked with professionals, with referrals being made where needed.

Key Question	Regulations	Quality Statements and Comments
		The Registered Manager is connecting with the café project to support an individual into a volunteering position within the café. **Learning, improving and innovation –** Score 3 Staff spoke of learning and improving and managers always being available to listen to their ideas and support them with them. The Deputy Manager is undertaking a Level 5 qualification to keep continually developing in their leadership roles. The Registered Manager attends a managers meeting every Friday online receiving updates from Senior Managers and sharing learning from other managers within the group. There is no service improvement plan in place with action dates to monitor achievements/follow up. **(WL2)** There has been a case study story documented of one individuals move into the home in May, showing how the move helped reconnecting with old school friends, trying new activities, receiving family feedback of how well the move has gone. **Environmental sustainability – sustainable development –** Score 3 Recycling does take place within the service, food waste is not currently as they are awaiting food waste bin being delivered. Water butts are used to collect rainwater for use in the garden. Cooking with garden grown vegetables of spinach, beetroot, potatoes and strawberries has saved on some shopping costs this year. Shopping is bought fresh, fruit, salad vegetables are cooked from scratch, so are bought on the day or picked reducing packaging need and bags for life are always taken by staff.

Key Question	Regulations	Quality Statements and Comments
		The conservatory roof has a coating painted cover to prevent room getting too hot in summer and retaining heat in winter. Newline products are used for cleaning; these are diluted into bottles for sprays to save rebuying plastic cleaning contained products. Staff come to work by public transport, and all discuss to meet up and walk together. Lights are switched off in rooms when not in use. • This service scored 75 (out of 100) for this area.

SRG RATING: GOOD- This service maximises the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

"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

CQC Key Question - SAFE **By safe, we mean people are protected from abuse and avoidable harm.**							
SR1	Agency staff						
SR2	Supervision accuracy						

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	Preparation for health requirements						
ER2	Record outcome journeys						
ER3	Record celebrate success						

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	Person centred detail recording						
RR2	Explore & record individual choice						

RR3	Chase family survey responses						
RR4	Chase staff survey responses						
RR5	Chase external professional survey responses						

CQC Key Question - WELL-LED

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

Reference Point	Recommendation Made	Action to be taken	Who By	Date to Complete by	Evidence of Completion	RAG Status	Comment
WR1	https://www.menopausematters.co.uk						
WR2	Service improvement plan						