



AUDIT REPORT

Linnet House

Date of Visit: 1st & 2nd of October 2025

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Service Name: Linnet House

Provider: Liaise (South) Limited

Address of Service: 168 Kempshott Lane, Basingstoke, RG22 5LA.

Date of Last CQC Inspection: 19th April 2023

Ratings

CQC's Overall Rating for this Service:

Good



SRG's Overall Rating for this Service:

Good



Key Questions	Rating	Overall Score
Safe	Good 	78 (out of 100)
Effective	Good 	83 (out of 100)
Caring	Good 	85 (out of 100)
Responsive	Good 	85 (out of 100)
Well-led	Good 	81 (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 1st & 2nd 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, four care plans were reviewed, three 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 home providing accommodation for people requiring nursing or personal care. 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, all areas were fully cleaned by the second day of the assessment. 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.

People were treated with kindness and compassion, with staff respecting their privacy and dignity. Staff recognised people as individuals and supported them in making choices about their care. A wealth of opportunities for activities were available, 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. One relative commented, *"Living here has been transformational for him (son), he sees it as home"*.

Both people and their relatives noted that the staff were kind, respectful, and upheld their dignity. One person shared, *"They care, he comes home to see family but is always happy to come back and has a smile on his face"*.

People and their relatives felt comfortable raising concerns and confident that any issues would be addressed promptly. One relative mentioned, *"They do deal with anything quickly, Liaise know how to support autistic people, and they invest in training for staff."*

For people unable to directly share their experiences, observations during the assessment were used to evaluate the quality of care. Staff sought consent before providing support and staff were fully interacting with people during support ensuring they were happy.

Relative feedback described the staff as caring and attentive. One person stated, *(relative) "has built up warm relationships with the staff, especially those that have been at Linnet for a while."* Another stated *"it is very useful to have a chat with the managers before seeing my son"*.

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 Learning from safety incidents was evidenced. Accident and incidents are recorded, staff complete incident forms, all logged onto the electronic system, managers' investigation and any actions are logged, debriefs are held by the shift leader or manager which include lessons learned. Operations managers have overview of the process and final sign off. Team meetings are held monthly where lessons learned are shared. Support plans and associated risk assessments are reviewed and updated where required as part of the actions process. 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. 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. 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. A relative spoke of the transition into the service being a 'fantastic slow transition into the service that worked very well'.

Key Question	Applicable Regulations	Quality Statements and Comments
		Safeguarding – Score 3 Evidence was seen of referrals being sent to the relevant safeguarding team. DoLS applications were in place and forms sent to extend existing DoLS when dates were tracked for reviews are due were evidenced. Best interest meeting information were uploaded to the individuals records. Staff spoken to during inspection were very knowledgeable on safeguarding, Mental Capacity Act, assessments, Deprivation of Liberty Safeguards', giving detailed explanations of their relating responsibilities within own roles. A locked door policy is in place as part of the safeguarding of individuals living at the property, although all staff were aware and clear signage in place within the service as a reminder, on arrival on day one of the Inspection the door was unlocked and open, the Inspector was able to walk into the service unannounced without challenge. This was rectified and door remained secure for the remainder of the Inspection. (SR1) Involving people to manage risks – Score 3 Family members or those who know the individual best are involved in risk assessments and care planning. Positive Behaviour Support team are involved 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. 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

Key Question	Applicable Regulations	Quality Statements and Comments
		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. The provider worked well with people to fully understand and manage risks by thinking holistically. Records evidenced partnership working with other healthcare professionals such as GPs, Occupational Therapists, 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 PEEPs are in place for each individual, additional risk and safety information is included such as use of emollients. Window restrictors are in place and monthly bed and mattress inspections are recorded on individuals' records. 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. Records of fire marshall training of 10 staff including Registered and Deputy Manager were evidenced. Shift leaders have checklists in place to ensure checks are not missed – daily fire patrol, weekly fire alarm test, weekly window restrictors, weekly plant room check, weekly medication audit, weekly water flush check, weekly laundry equipment check, weekly first aid check, weekly carbon monoxide check. An Emergency response plan was in place for event of emergency.

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		Additional risk assessments are undertaken for individual trips out, inclusive of individual descriptions and clothing worn, medication required during trips are signed out and moods/behaviours checked and recorded prior to leaving the service to ensure all safety measures are in place for successful outings. The service was having redecoration take place on the week of the Inspection, a plan was in place to repaint rooms with as little disruption to individuals as possible. The office, toilet room, sensory room and staff room were not fully accessible at the start of the Inspection, this was rectified by day two. Safe and effective staffing – Score 3 Staff files seen evidenced safe recruitment process, references were obtained, DBS checks took place and were rechecked 3 yearly, the Registered Manager had undertaken a staff file audit and missing documentation highlighted to the HR team to locate. However, this was raised some time ago and had not been actioned by the HR team and the manager did not have a service improvement plan in place to ensure follow up. (SR2) Sickness and absence folder evidences return to work interviews take place when staff are returning from absences from illness or injury. The service currently had 2 vacancies under recruitment, bank staff are used where cover is required. Infection prevention and control – Score 3 PPE is available for staff to use. Staff were given training in health and safety, infection prevention control, fluid and nutrition As noted above the service was having redecoration take place, the toilet room on day one of the Inspection was cluttered and had a sanitary bin with an open lid, this was rectified by day two. (SR3)

Key Question	Applicable Regulations	Quality Statements and Comments
		The CoSHH cupboard in the kitchen was not locked on day one of the Inspection, this was rectified and remained locked throughout the rest of the Inspection. (SR4) Fridges, freezers, cooking equipment and dry storage cupboards were clean, tidy and temperatures were checked daily with opening and closing checks in place. Medicines optimisation – Score 4 Support plans were evidenced to show the individuals capacity around medication, what the medication was for and how best for staff to support with medication. The manager ensures medication prescribed is reviewed and safe process in place to ensure all alternatives are explored with appropriate health professionals to identify any opportunity to optimise. A medication journey was recorded evidencing of one individual who arrived with several health needs that required support and monitoring, over a 3-year journey the service supported medication being reduced and monitored with continual GP review, resulting over time of psychotropic medication being reduced and some discontinued whilst ensuring his health and wellbeing throughout. A relative spoken to advised of their family members medication also going through a similar process since being in the service and the result that all psychotropic medication has been reviewed and the service safely in conjunction with the Hampshire psychiatric team reduced and finally discontinued use. Medication was stored locked away safely. Safe medication administration was evidenced, each individual has a medication folder with details of how medication is to be taken, each individual has an allocated shelf for their medication storage, Integro system is used with individual photograph, details, medication and medication visual descriptions printed on the blister pack. Staff were knowledgeable of the company medication policies and administration process, MAR sheets are manually completed, medication cabinet temperatures are taken and administered medications recorded on individuals

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		Blyssful records. A separate cabinet is used for the storage of creams. Staff spoke of reporting process when errors are identified and the safe management of PRN medication. PRN protocols are in place, one individual's medication file documented protocols were reviewed, the review date was 18/08/25 which had not taken place. (SR5) All other files checked evidenced reviews taking place within due dates and next review dates planned documented. This service scored 78 (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 Peoples needs and outcomes are assessed prior to entering the service. Evidence was recorded of assessment of their health, care, wellbeing and communication needs. All residents have a support plan on the electronic 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. Individuals days are logged onto the Blyssful system throughout the day by staff, detail on choices offered and chosen, activities and outcomes are not consistently recorded. The Managers are aware of this and service records detail this is being continuously worked to improve with support and guidance given to staff, improvement in bowel and constipation recording, charts being used more consistently and bath temperature being checked and recording improved. (ER1) Delivering evidence-based care and treatment – Score 3 Evidenced based assessments were in place which included the oral care, MUST, constipation assessment, mobility and falls risk assessment, choking and nutritional assessments. This helped to ensure that people were assessed appropriately.

Key Question	Regulations	Quality Statements and Comments
		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 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. Handover information is recorded on the Blyssful system and in person handovers take place to ensure all teams are aware of important information. Staff told us they worked well together to achieve the best outcomes for people. Supporting people to live healthier lives – Score 4 Health checks are undertaken monthly, oral hygiene checks were in place, actions were recorded on the system of health professionals input being sought. One individual has a goal of losing weight to lose 1kg of weight per week to be achieved by July, the Keyworker monthly review records note that weight is being recorded, team meetings evidenced a healthy and nutritious diet being discussed. External support such as psychology support for motivation techniques to support weight loss. An example evidenced of how to use preferred food items as a motivator for movement/activity. 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.

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		Food items in fridges and freezers were in date, labelled with opened and use by dates. Food was cooked fresh and healthy diets and opportunity for exercise encouraged. The garden beds were refurbished to enable access for individuals to support growing own vegetables to use within meals prepared and cooked. Monitoring and improving outcomes – Score 3 Keyworker monthly catch ups review individuals’ overall wellbeing, goals and outcomes attempted or achieved. A varied selection of photographs were seen that evidenced the wealth of activities individuals were involved in undertaking. The staff team had started to add captions to the photographs such as “burning calories through a walk” to link with the recorded outcome for an individual of increasing activity to lose weight. A photograph album also captured the wealth of days out, trips and activities taking place. (ER2) Managers spoke of outcomes being achieved and compliments received from families of milestones and moments that had deeply affected them such as receiving a hug from their relative for the first time in 14years, however this was not able to be evidenced. (ER3) Consent to care and treatment – Score 4 Consent for care and all aspects of daily support were evidenced on the individuals’ records on the Blyssful system and linked to the risk assessment relating to task or activity. In the event of individuals lacking capacity evidence was on file of capacity assessments, best interest assessments and decisions. Best interest assessments involved input of relatives of people who know the individual best or who’s health professional opinion was relevant in relation to the decision.

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		Assessments were decision specific and various ways to communicate the information in different formats to the individual were attempted. Consent for use of photographs were evidenced in the compliance folder. This service scored 83 (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 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 observed treated people with kindness, compassion and dignity. Consent was sought before delivery of any support and choices confirmed. Good rapport was evident during interactions observed. All staff at all levels were consistently friendly, kind and welcoming throughout the Inspection and were happy to communicate openly. They demonstrated the welfare of people they support, colleagues and visitors were an important part of the culture of respect within the home. Treating people as individuals – Score 3 Individual care plans and risk assessments were in place. Specific information is completed to ensure all information captured is relevant to the individual only. The Registered Manager, Deputy and shift leads are familiar of the care details and behaviours of each individual in the service. Staff explained they have an induction period and training is provided, along with individual support given to them and time allocated to ensure they understood the details of support and were confident. People’s personal, cultural, social and religious needs are identified and understood. A staff member spoken to commented of the impact the equality, diversity and inclusion training received had on them in developing their understanding of diversity and gave a different perspective on working with colleagues from other cultures. Independence, choice and control – Score 3 Independence is encouraged with the individuals supported where possible, in line with their support plans and risk assessments. They have choice as to how their support is to be provided and every effort is made to support a choice.

Key Question	Regulations	Quality Statements and Comments
		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. Responding to people's immediate needs – Score 4 If needs change then these are reflected in care plans and risk assessments. This was identified where a resident may have had a deterioration in health or additional needs being identified. Staff and Managers were responsive to people's needs in the moment and were seen to respond to requests and minimise any discomfort, concern or distress throughout the Inspection. Activities varied daily. Individuals had structure in place however were supported to choose how they wanted to spend their day. The activities chosen were tailored to each resident dependent on daily circumstances. Staff spoken to were happy to change round their day tasks to support colleagues to ensure the individual was able to be supported in the best way possible. During the Inspection, staff advised the Inspector how to interact and respond to individuals, and when to relocate from a room to support the individual. Workforce wellbeing and enablement – Score 4 The company pays for Blue Light Card for all staff to support access to online and in shop discounts. Staff are encouraged to apply for awards and managers also nominate individual team members and the whole service for various awards throughout the year, such as Above and Beyond awards and various competitions. The service won competitions for 'Winning Pancakes' and 'Best New Garden' category which earned the team £50 vouchers for completing each competition, and staff get to choose what to spend them on. Photographs of the competition winners and what the vouchers get spent on are sent in to go out onto social media and in newsletters.

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		Carefirst is a free 24/7 advice and support line available for all staff to use for confidential advice. A separate staff room is available for staff to use for breaks furnished with fridge, freezer, kettle, toaster, microwave and computer for use. Staff recognition is documented in meeting minutes and supervision of thanks given for their ongoing commitment to the service and individuals support. The service celebrates all staff Birthdays, all staff and individuals supported are involved in surprising the staff member with a birthday cake and the home being decorated to celebrate. A staff member who plays saxophone comes to play happy birthday to them. A staff member told us she had never celebrated her birthday prior to working in the service and now really enjoys the day and looks forward to celebrating each year. Staff spoken to advised how much they enjoy working in the service, feel part of a family and receive so much support from managers and colleagues to develop. • 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 3 Support plans were detailed and clearly identified the individuals choice for support and preferences in all aspects of daily life. Communication tools are continually evolving to support each individual to communicate in their own way. Pictures of words, items and activities are used to plan days and make choices. Menus, activities in the home and trips outside the home are personal choice of each individual. Individuals told the Inspector of their excitement of upcoming activities and planned trips that they had chosen to do as they enjoyed them and were looking forward to. Choices were offered and preferences not always detailed, as noted earlier in report, the manager was already aware and has addressed in a team meeting last week. Management advised of also ongoing education of staff team of individuals preferences within their own home and had recently addressed in the team meeting inappropriate labelling of individuals' furniture items and used as an example to explain to support staff to understand the difference of this not being a persons choice in their own home it was a staff members that is best placed within support plan information. (RR1) Maintenance needs and requests were acted on straight away to log a request for work to take place. 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 evidenced and a visitor confirmed that

Key Question	Regulations	Quality Statements and Comments
		the only improvement that could be made is the “family and IT connection, family being able to see their relatives care records online is their only request”. (RR2) 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. People had access to advocacy services if required. Providing information – Score 4 A service guide is available for new residents and families or visitors to the home. Service registration and ratings are on display in the office. A notice board in the entrance hallway displays information on giving feedback and responses from previous feedback received. Information is tailored to individuals supported in easy read formats. The Registered Manager has created business cards for the team to carry in case of incident in the community these can be handed out, they explain who and where staff are from, that they are trained and their responsibility is supporting the individual at that time and encourage the member of public to get in touch with the service with any questions or concerns. Reducing the pressure on staff whilst supporting in challenging situations. This idea has been shared through the company by the Operations Manager for other services to use. Visual activity schedules for each individual are created.

Key Question	Regulations	Quality Statements and Comments
		Pictures, social stories, and easy-read communication materials to explain the reasons for certain safety measures. Listening to and involving people – Score 3 Feedback from relatives is sought in annual surveys and visits to the home, 2 of which were evidenced for the last 12 months which gave positive feedback to the team and managers. Feedback from individuals supported themselves is sought annually in easy read format, none have taken place in the last 12 months. Feedback is not sought from external professionals involved in activities outside the home, attending the home for activities or health involvement. (RR3) Compliments received are recorded and feedback/thanks passed onto the staff team. ‘You said we did’ responses are given to colleague surveys, addressing reoccurring themes and what has been put in place from these, such as “better pay” staff received the national living wage pay increment and the company are hoping to introduce banding to roles to further recognise experience and qualifications. The company acknowledged bank holiday pay and has paid this at time and a half. “Communication and culture” the service has held meetings with clear expectations on staff conduct and operate an open-door policy in the office, team meetings have been increased and promotion of using available whatsapp chats for staff to update the home. Equity in access – Score 4 The premises were accessible for people living in the home, there was appropriate equipment in place for people using the service if needed.

Key Question	Regulations	Quality Statements and Comments
		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, holidays take place 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, film afternoons, exercises, pampering sessions, one-on-one time, music sessions, walks in the community, and visits to the shops/parks/cafés. As sensory room has been developed that doubles as a movie room, utilised for interactive sessions and frequently used. Staff involved people in their preferred types of activities arts and drawing, dancing, karaoke, in the home to pass the time and keep active. External activities of gardening, cycling 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. Planning for the future – Score 3 Care plans included sections for information on people's end of life considerations. Discussions with family were noted as taken place re future needs of ill health and palliative treatment. No individuals are receiving palliative or end of life treatment at this time.

Key Question	Regulations	Quality Statements and Comments
		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 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 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 4 There was an aim to ensure that there was accountability, respect and individual responsibility with open and honest communications. Staff spoke of a supportive working environment where they felt part of the community and members of a team. The company vision and values are displayed on screen savers, laptops and displayed on wall prints. Staff spoken with knew and understood the visions and values of the service. All staff spoken with felt they were part of a family and that people using the service were the focus. 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 and untoward incidents that had occurred. The Manager and Deputy Manager had good rapport with individuals and staff members throughout the Inspection, the home was happy, relaxed even with the additional pressure of redecoration disruption and the Inspection. Capable, compassionate and inclusive leaders – Score 4 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. Senior Managers visit the service and are available for support as and when required, an online managers meeting with senior managers takes place weekly.

Key Question	Regulations	Quality Statements and Comments
		Staff told us management were a visible presence in the home, were approachable and staff felt comfortable speaking with them and raising concerns. Staff also said they felt supported by managers. Staff were positive about the management of the service. It was seen that the management team had a good relationship with people and staff. There was an open and inclusive culture at the service. The management team were available and had an open-door policy, which meant that people, families, and staff could speak to them, when they needed. Feedback from a relative confirmed that the management team were both proactive and responsive. The Registered Manager had received a number of positive feedback from staff members and prior colleagues and has also been presented with an award the day previously for his dedication to the people supported and staff team and results in the service. A staff member commented “I would not have achieved some of the outcomes with the people I support without the Managers support.” The Registered Manager advised a personal goal set was to look into how he can provide mental health support for men, stemming from conversations with staff. No mental health first aiders are within the company. (WR1) Freedom to speak up – Score 3 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. Staff were comfortable approaching managers for support and guidance throughout the Inspection. Staff comments during the Inspection told us “Managers are very supportive, they are there with you doing it with you as a team you are never on your own feel always supported”.

Key Question	Regulations	Quality Statements and Comments
		“The Deputy has been a colleague a Team Lead before being a Deputy, everyone will describe him as a friend/brotherly/fatherly he has to be in office and doing admin sometimes but still finds the time to be with you and the individuals we support.” Staff were supported with regular meetings and supervision. Supervision evidenced showed some inconsistency in discussion taking place regarding training requirements. This was discussed with the Registered Manager and Deputy during the Inspection. (WR2) Staff spoken with felt they had opportunities to speak up and have a say. Staff confirmed there was an open-door policy, and they could seek advice from the management or senior team as they needed. Workforce equality, diversity and inclusion – Score 3 Cultural preferences were considered. Staff reported that they felt part of a team, and that consideration was given to individual cultures and diversity. A member of staff spoke positively of how the service embraced diversity and inclusion. They explained how company training helped them understand diversity and the service incorporates everyone’s cultures within meal planning. There were policies and procedures in place for equality and diversity, and staff received training. Governance, management and sustainability – Score 3 The management had good oversight of the service. A management checklist was in place that the Manager and Deputy followed to ensure audits and checks take place daily/weekly/monthly and audits were evidenced.

Key Question	Regulations	Quality Statements and Comments
		Audits are also undertaken by Senior Management teams quarterly actions were logged onto RADAR for managers to follow and complete within timescales set. Partnerships and communities – Score 3 The Registered Manager advised the service is ‘buddied’ with another local home a few minutes away for management support when required. Also, other service colleagues visit the home with their residents to use facilities such as the sensory room, no evidence was seen of these. Some individuals had relationships with local community businesses for example shops, cafes, charity shops that are frequently visited. Photographs were seen of regular trips to shops 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. Learning, improving and innovation – Score 3 Managers encourage learning and development as a team, the Registered Manager encourages staff to be innovative by ensuring their responsibilities are understood to encourage autonomy with decision making in their role, supporting them to try anything new that supports independence or increases activity for individuals and reviewing what went well or did not. You said, we did on documentation on notice boards in entrance hallway evidences where feedback has been listened to and what the managers or company have put in place or changed from the feedback. Team meeting minutes evidenced discussion of individuals supported and staff contribution to support health or activity ideas.

Key Question	Regulations	Quality Statements and Comments
		Staff spoke of learning and improving and managers always being available to listen to their ideas and support them with them. The Registered Manager is undertaking a second Level 5 qualification in Operational management and the Deputy Manager is undertaking a Level 4 qualification to keep continually developing in 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 a quality improvement plan for the service however this has not been updated this year. (WR3) Environmental sustainability – sustainable development – Score 3 Vegetables and fruit grown in the garden is used in meals, the impact of this has not been looked at environmentally or reduction of any food bills for financial impact. (WR4) Electronic systems are used for recording where able. Sensor lighting is in place in management office and all communal areas and some waste is recycled. This service scored 81 (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		

Key Question	Regulations	Quality Statements and Comments
		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	Locked door policy safety						
SR2	Recommend service improvement plan to ensure actions documented/follow up						
SR3	Plan for infection control continuation during service disruption						
SR4	COSHH locking						
SR5	PRN review						

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	Ongoing recording detail & consistency						
ER2	Link photographs with goal outcomes with dates and comments to capture progression.						
ER3	Include relative comments, compliments & impacts in outcome capturing.						

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
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CR1	NO RECOMMENDATIONS MADE						
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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	Ongoing strengthening of pc detail recording in keyworker meetings and daily records.						
RR2	Professional feedback						
RR3	External peers/activity feedback						

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	www.mhfaengland.org						

WR2	Supervision factual accuracy						
WR3	Service improvement plan/actions						
WR4	Capture environmental and financial impacts						